



Policy Context Analysis

Project Partner LP01
KUJAWSKO-POMORSKIE
VOIVODESHIP



CARES

This template is meant to help partners in carrying out the Policy Context Analysis (PCA) in their region. Each section of the template is set up for to accommodate not only textual information, maps, tables, diagrams and images that align with your desired descriptions. The outcomes of the analysis will not only guide you in selecting Good Practices of your interest but also in plotting your Roadmap in the 4th Semester.

The Policy Context Analysis (PCA) serves as a diagnostic document of the current situation of telecare and telemedicine in the different regions of the CARES partners. Its purpose is to identify the strengths and potential for the development of such services in each region and to characterize the policy areas which are to be addressed in the project. The provided descriptions on e.g. national/regional regulations, demography, available services will be incorporated in a Final Report. The PCA will act as a stepping stone for further work on guiding the refinement the chosen policy instrument, including the development of a Roadmap in the 4th Semester.

1. Policy instrument addressed in the CARES project: name and short characteristic

Name: European Funds for Kuyavia and Pomerania 2021-2027

European Funds for Kuyavia and Pomerania 2021-2027 is a regional programme which is the basic instrument for implementing the objectives of the regional development strategy, prepared on the basis of socio-economic analyses of the region and the resulting development challenges. The goal of the EFKP is to make the KPV a competitive and innovative region in Europe and to improve the quality of life of its inhabitants. The ROP is co-funded by the ERDF and the ESF. The managing authority of the programme is the Management Board of KPV. The EFKP envisages the specific objective: Ensuring equal access to healthcare and supporting the resilience of healthcare systems, including primary care, and supporting the transition from institutional care to family and community-based care. The objective assumes increasing high quality of medical services, including improving accessibility and quality of medical care, as well as a quality of provided services through new centers' establishment or development of activities of centers which provide services within the scope of palliative and hospice care, geriatric care and care and nursing services.

2. Other policy instruments relevant to the project scope (plans, programmes, strategies on national and regional level).

- *Review the project's goals and objectives to ensure alignment with the policy instruments being addressed*

Name: Development Strategy of Kujawsko-Pomorskie Voivodeship until 2030 - 2030+ Acceleration Strategy and Social Policy Strategy of the Kujawsko-Pomorskie Voivodeship until 2030

Policy instruments related to telecare and telemedicine services, in the context of demographic changes, are integrated into the social policy strategy, as well as in the regional development strategy, and have been successfully implemented for several years to support the needs of residents requiring assistance in the region.

Within the Strategy, under the operational goal "41. Infrastructure for Social Development," determinations are formulated regarding the development of this infrastructure. Emphasis is placed on further development of information technologies, including telemedicine (diagnosis and remote procedures), e-administration (digitization of medical documentation), and precisely telecare. The

CARES

project "Kujawsko-Pomorskie Telecare" is listed in the indicated Key Projects in the Strategy. This list identifies initiatives considered as essential for the success of accelerating the region's development.

The Social Policy Strategy indicates that one of the fundamental directions in the deinstitutionalization process of long-term care is, in line with pan-European guidelines, the development of telecare and telemedicine systems. Therefore, the Strategy points out the necessity of implementing appropriate actions in this regard in the Kujawsko-Pomorskie region. Direction 1.1.9 of the Strategy encompasses increasing access to services in the healthcare sector, especially those supporting the independent functioning of elderly individuals, including telemedicine, telerehabilitation, and telecare.

3. General characteristic of your region, including its current demography, projections for future demographic changes, and the aspect of an ageing population

- *Basic information on your region (incl. area covered by the policy instrument), e.g. area, demography, economy*
- *The current state of the aging population in the region and the demographic forecast*

Kujawsko-Pomorskie is one of the 16 voivodeships in the territory of Poland which is regarded as one of the most rapidly aging countries in Europe. Poland has been experiencing a gradual decrease in population due to a declining natural growth rate, which has remained negative since practically 2013. According to data from the Central Statistical Office (GUS), by the end of 2022, Poland's population stood at 37,766,327 individuals, which is over 141,000 fewer than at the end of 2021.

Currently, the number of post-productive age individuals (women aged 60 and older, and men aged 65+) is over 8.5 million, constituting 22.6% of the total population. According to demographic forecasts, the percentage of the population in the post-productive age group within the total number of citizens is projected to rise to 32.7% by 2050, which amounts to over 11 million people.

The proportion of the population composed of the oldest individuals, often referred to as the seniors above 80 years of age, will also significantly increase. This trend is observed in the KPV as well. Over the past years, a successive growth in the number of elderly individuals has been spotted, confirming the ongoing phenomenon of societal aging.

According to GUS data, between 2002 and 2022, the population of our voivodeship decreased by 3.0%, reaching a total of 2,006,876 individuals by the end of 2022, of which 463,731 were in the post-productive age group, accounting for over 23% of the total population.

Demographic forecasts for the Kujawsko-Pomorskie region until 2050 are unfavourable, predicting a further 13.6% decline in the population of the voivodeship due to a diminishing natural growth rate and low fertility rates among women. An ongoing trend will be the change in the demographic structure of the population, characterized by an increase in the percentage of individuals in the post-productive age group, projected to reach nearly 30% by 2050.

4. The current services and offerings for the elderly in the region, considering their adequacy and accessibility.

- *Care services and institutional care*

CARES

- *Health and medical care*
- *Activation of seniors*
- *Access to public services for senior citizens*

In Kujawsko-Pomorskie, care services for seniors provided in their environment or place of residence encompass a variety of support and assistance provided to older individuals to enhance their well-being, health, and overall quality of life. Institutional care for seniors in turn involves the provision of care within dedicated facilities that specialize in catering to the needs of older individuals.

ENVIRONMENTAL SUPPORT (in the place of residence) includes:

a) Care services and specialized care services in the place of residence are non-monetary social assistance benefits granted to individuals who, due to age, illness, or other reasons, require support. The decision regarding their provision, scope, and location is made by the social welfare centre. According to the provisions of the Social Assistance Act, these services encompass assistance in meeting daily life needs, hygiene care, doctor-prescribed care, and social interaction (to the extent possible).

Specialized services (as a municipality's own task) are carried out by individuals with specialized professional qualifications in cases of specific health needs resulting from illnesses or disabilities.

Accessibility (information based on the Assessment of Social Assistance Resources in the Kujawsko-Pomorskie Voivodeship for the year 2022 - AZPS):

In 2022, care services were provided in 135 municipalities in Kujawsko-Pomorskie Voivodeship (out of 144), but they covered only 1.6% of the post-working-age population. Meanwhile, specialized care services were provided in only 20 municipalities (the number of individuals covered has been steadily decreasing since 2019).

Care services are not limited to individuals residing in rural, peripheral areas characterized by depopulation and scattered households.

In reality, care services are provided in both large and smaller cities, as well as in villages with varying population sizes. It's important to note that the number of seniors in need is increasing, and there is significant fluctuation. Some beneficiaries pass away due to natural causes, some experience improved health after illness and can function independently, but there is also a significant annual increase in the number of new beneficiaries requiring support from others. Therefore, it is difficult to determine the actual growth in the quantity of services.

b) Alternative Care Services

Alternative forms of care services include neighbourly assistance and caregiving volunteering, which are dedicated to individuals who do not yet qualify for formal care services but show signs of dependence. These services involve providing assistance with basic household and life activities. Additionally, there are services provided by daily caregivers, primarily focusing on support with household chores and domestic tasks for elderly individuals living in rural, peripheral areas characterized by depopulation and the dispersion of households.

Availability: Assessment of Social Assistance Resources

Alternative forms of care services were implemented in 2022 in 25 municipalities (17%). The scope of support in this area is still limited in our region and primarily depends on external project-based sources of funding.

c) Supportive care services provided by Day Care Centres (DCC)

CARES

Day care centres are organizational units of daily social assistance providing assistance in the form of care services, specialized care services, and meals for individuals who, due to age, illness, or disability, require partial care and assistance in meeting essential life needs.

In 2022, 52 Daily Care Centres operated in 42 municipalities (out of 144 in the Kujawsko-Pomorskie Voivodeship). According to the data presented in the Assessment of Social Assistance Resources in the Kujawsko-Pomorskie Voivodeship for the year 2022, the scale of development of DCC facilities is still small, and there are significant needs in this regard.

2. INSTITUTIONAL CARE includes nursing homes (NH), institutions providing 24-hour care in the form of living, care, support, and educational services at the level of applicable standards, in the scope and forms determined by the individual needs of the residents. This is a form of support addressed to individuals requiring 24-hour care due to age, illness, or disability, who cannot independently function in daily life and cannot receive necessary care in the form of care services.

Facilities for the elderly in need of round-the-clock care can also operate within the framework of commercial activities conducted by private entities, which constitutes a desirable alternative in cases where the needs for care are not met by nursing homes.

Since 2019, the infrastructure of DDPs in the Kujawsko-Pomorskie Voivodeship has remained at the same level (49 DPS). Over 200 people are waiting for a place in DPS (according to OPS data), with every fourth person waiting for placement in a facility dedicated to the elderly. The demand for this type of support is also evident in the fact that over the last 5 years, the infrastructure of private facilities for 24-hour care has steadily increased (even doubling from 12 to 26 facilities when comparing 2018 to 2022).

3. Medical Care

a) Geriatric Care - Health services in the field of geriatric care, addressing health issues and treatment of diseases related to aging individuals aged 60 and over, are provided through geriatric clinics, daily and stationary geriatric hospital wards.

In 2022, in the Kujawsko-Pomorskie Voivodeship, 12 entities provided geriatric care services (including 9 geriatric clinics, 1 geriatric ward, 1 geriatric clinic, and 1 primary care clinic) in only 5 out of 23 counties.

b) Long-Term Care

Long-term care services are provided in two forms: at home (nursing long-term care) or in institutional settings (within the framework of long-term care facilities - ZOL/ZPO), funded by the National Health Fund (NFZ) and provided to individuals who scored 40 or fewer points on the Barthel scale measuring their level of independence.

Nursing and care facilities/long-term care facilities are part of the healthcare system, offering 24-hour care, support, rehabilitation, and continuity of pharmacological and dietary treatment over an extended period.

In 2022, 26 long-term care facilities (ZOL/ZPO) operated in 21 municipalities in the Kujawsko-Pomorskie Voivodeship. Such facilities operated in 18 out of 23 counties in the region.

Nursing long-term care was provided by 67 entities in 35 municipalities in the Kujawsko-Pomorskie Voivodeship.

c) Hospice - an entity providing palliative care in the terminal stages of a disease in the final period of life. In 2022, 11 stationary hospices operated in 9 municipalities in the Kujawsko-Pomorskie Voivodeship, and 24 home hospices operated in 20 municipalities.

CARES

4. Senior Activation in the KP Region

a) Senior Clubs - serve as meeting places for seniors, encouraging integration, exchange of experiences, discussions, and pursuing personal passions. Their mission is to counteract the loneliness and marginalization of elderly individuals.

The number of clubs/recreational centres for seniors is steadily increasing in municipalities where they operate (in 2022, there were 117 out of 144 municipalities in the Kujawsko-Pomorskie Voivodeship).

b) Universities of the Third Age - focus on education, learning, knowledge enhancement, maintaining intellectual abilities, and enabling active leisure for seniors. They offer lectures, seminars, language courses, interest groups, artistic, sports, and recreational activities.

In 2022, 84 Universities of the Third Age (including 49 branches) operated in 68 municipalities in the Kujawsko-Pomorskie Voivodeship.

c) Non-governmental organizations also contribute to senior activation. An example is the Polish Scouting Association, which organizes activities for seniors through its local units and Senior Circles, where seniors themselves initiate development-promoting activities.

5. Innovative Forms of Senior Support Recently Implemented in the Region

a) Care Farms - agricultural farms offering support and care to individuals who require assistance in their daily functioning for various reasons.

In the Kujawsko-Pomorskie Voivodeship, the operation of care farms is based on EU-funded projects, and there is a lack of permanent funding sources for this type of infrastructure. In 2023, a project was completed in the Tuchola County, which developed a model for supporting individuals with intellectual disabilities based on care farms.

b) Respite Care Policy - aimed at supporting actual caregivers.

In 2022, 40 municipalities in the Kujawsko-Pomorskie Voivodeship declared the provision of support services for family/actual caregivers, with respite care services being the most common (32 municipalities).

c) Telecare System (known as "Life Bracelets") - the project involves partnerships with 87 municipalities in the region, providing life bracelets to residents in need of this form of care. The project is highly popular among elderly, sick, disabled, and dependent individuals. By the end of the first half of 2023, almost 3,600 people had used life bracelets.

In the Kujawsko-Pomorskie Voivodeship in 2022, telecare services were provided in 94 municipalities, including 87 within the "Kujawsko-Pomorska Telecare" project.

6. Availability of Infrastructure for Seniors

The current state of infrastructure and adaptations in the region to the needs of seniors is considered insufficient. This issue is particularly noticeable in rural areas. Overall, the development of infrastructure for seniors in the region, excluding the five largest cities, lags behind other generational groups and is objectively underdeveloped. A significant portion of elderly individuals reside in areas lacking the necessary infrastructure for maintaining health and active participation in local communities, increasing the risk of social exclusion for this group.

Other public services dedicated to seniors:

Senior Card - major cities in the region operate their own senior support systems using Senior Cards, which entitle seniors to use local partner services at reduced rates in various categories such as culture, tourism, recreation, gastronomy, services, and trade, as well as special additional

CARES

services. Such systems are in operation in cities like Bydgoszcz, Grudziądz, Toruń, and Włocławek. In most cities, individuals aged 60+ are eligible for these cards, while in Toruń, the age limit is 65+. Inowrocław, starting from the third quarter of 2018, offered support for seniors in the form of "Taxis for Seniors." As part of this initiative, seniors residing in Inowrocław and aged 70 or older could use taxis for free trips to offices, medical facilities, and cemeteries three times during the project's duration.

There is a need for the development of transportation services, especially in rural areas where public transportation options are limited. A valuable initiative in providing transportation services for individuals with limited mobility, especially the elderly and dependent, is "door-to-door" services with assistance, which include help in leaving their place of residence or another location, transportation, and assistance in reaching the destination. Financing for such services is possible within a project implemented by PFRON.

In 2022, 63 out of 144 municipalities declared providing access to transportation services, with most of them involving transporting residents to daily support centres. Only 9 municipalities offered "door-to-door" services.

More information about senior support systems can be found in the annual Senior's Guide published by the Regional Social Policy Centre in Toruń.

The current state of development of services for the elderly is considered unfavourable. Significant difficulties in accessing services for seniors are particularly evident in rural areas. Overall, the development of infrastructure necessary for this generational group outside of the five largest cities in the voivodeship is assessed as the worst among all generational groups and is objectively underdeveloped. The vast majority of elderly individuals live in places lacking key infrastructure for maintaining their health and active participation in local communities.

The lack of infrastructure significantly increases the risk of social exclusion for this group. Local governments are not prepared for the significant increase in demand for such services associated with the projected growth in the post-working-age population, and they are already unable to provide satisfactory levels of services to elderly individuals.

Despite continuous development in these areas, the needs of elderly individuals still surpass the current capabilities of providing services to them, even when considering positive actions and the implementation of innovative solutions in the care and support of the elderly (e.g., telecare systems). The reach and number of individuals receiving support remain insufficient compared to existing needs. In particular, there are gaps in the provision of care services.

For more information about senior support systems, refer to the annual [Senior's Guide](#) published by the Regional Centre for Social Policy in Toruń (in Polish).

5. The legal regulation of telecare and telemedicine at national and regional, local levels

- *Current legislation and guidelines*
- *Alignment with policy instruments addressed in the project*

In Poland, there are currently no statutory regulations or systemic solutions for telecare. However, some activities are based on governmental **Social Strategy for Elderly 2030**, issued 2018, within the action: supporting activities in the area of health promotion, disease prevention, access to diagnostics, treatment and rehabilitation and the action: reducing the scale of dependency by

CARES

facilitating access to services that enhance independence and adapting the living environment to the functional capabilities of older people in need of support in daily life.

The organization and implementation of telecare systems in Poland mainly occur through projects financed at various levels of local governments using EU funds, which are gaining increasing popularity. At the national level, the **Senior Support Corps Programme** has been in operation since 2020. It was initiated as a mean of supporting the elderly and those in need during the COVID-19 pandemic. This program is aimed at municipal governments and encompasses activities within two modules:

- **Module 1** - providing support services to individuals 65 + through the provision of services specified in the program, based on identified needs within a given municipality. Volunteer engagement, including youth and civic community members, is essential for the program's implementation, particularly in offering daily assistance to those in need of support
- **Module 2** - enhancing the safety and independent functioning of the elderly in their place of residence by increasing access to remote caregiving, as well as supporting municipalities in delivering caregiving services (e.g. life bracelets).

Moreover, the document encompassing telecare and telemedicine in the Kujawsko-Pomorskie region is the **Social Policy Strategy of the Kujawsko-Pomorskie Voivodeship and the Development Strategy of the Voivodeship until 2030 - Strategy for Acceleration 2030+**.

In terms of telemedicine, its legal framework is more solid. For instance, the possibility of using teleconsultations was introduced as early as September 2019, but they were practically initiated in March 2020, following the declaration of the COVID-19 epidemic state. However, it became evident that standards for their implementation were necessary. These standards were issued only for primary healthcare facilities, i.e. family doctors. These matters are regulated by the following legal acts:

- **The Act of December 5, 1996**, concerning the professions of physician and dentist, which defines the framework for the actions of physicians and dentists, including the principles of providing medical advice remotely.
- **The Act of July 15, 2011**, on the professions of nurse and midwife specifies that nurses and midwives practice their profession using the guidance of current medical knowledge and through the use of teleinformatics systems or communication systems.
- **The Act of October 27, 2017**, on primary health care states that collaboration within the scope of primary health care, collaboration of the primary health care team with a community nurse or school nurse, and collaboration of the primary health care team and its members with other entities may be conducted using teleinformatics systems, electronic communication means, or publicly available teleinformatics services.
- **The Act of November 6, 2008**, on patient rights and the Patient's Rights Ombudsman, which guarantees patients access to medical information and the right to consultations and healthcare in the form of telemedicine.
- **The Regulation of the Minister of Health of June 30, 2020**, on medical consultations and medical advice at a distance, which regulates the principles of providing medical advice through telemedicine.

Regional and local government authorities at the regional and local levels can introduce initiatives and programs that support the development of telecare and telemedicine, especially in the context of healthcare in rural areas or smaller communities. Regional and local administrative

CARES

units can collaborate with medical entities, technology providers, and non-profit organizations to develop telemedicine and telecare projects.

6. Characteristic of telemedicine and telecare services at local, regional and national levels, focusing on their availability and effectiveness

- *Services for the elderly and people with limitations also from peripheral areas*
- *Systemic solutions and experimental actions/pilot projects already implemented (numbers, technologies)*
- *Link to Good Practices*

Telecare and tele-medicine solutions appeared in Poland only a few years ago and they are slowly gaining popularity as various programs and projects utilizing e-health solutions are gradually implemented. Referring to tele-care solutions its organization and implementation primarily occur through projects carried out by local governments at different levels, financed by European Union funds. The initial projects started to emerge between 2012 and 2015, mainly in the Pomeranian Voivodeship. In July 2012, telecare service was launched in the city of Gdynia as a pilot program providing support to isolated beneficiaries of the Municipal Social Welfare Centre, who were using care services. Initially, the service covered 50 elderly, dependent, disabled, and lonely individuals, later expanding the initiative to 100 people. Projects aimed at implementing telecare systems in elderly care also began to be implemented in other voivodeships. The majority of these projects were financed by the European Social Fund.

Examples of the most popular telecare projects include:

" **Region of Good Support**" is a 3-year project funded by the national budget and the European Social Fund under the Regional Operational Programme WZ 2014-2020. Its goal is to enhance the accessibility of social services, particularly community services, care services, and support services for individuals at risk of poverty and/or social exclusion.

This project is a continuation of the " **Good Support - Local Social Services System**" project, which received recognition in the EU competition for the most innovative social project funded by European funds - **RegioStars 2019**.

Dependent individuals will receive support in the form of neighbourly care services, free rental of rehabilitation equipment, and specialized services.

<https://dobrewsparcie.wzp.pl/rdw/>

<https://dobrewsparcie.org/>

<https://dobrewsparcie.org/projekt/>

Śląskie Voivodeship, Safely at Home the project (2017-2019) which provided support to 550 residents of Jastrzębie Zdrój, Częstochowa, Rybnik, Wodzisław Śląski, and Racibórz;

<https://ebi.org.pl/teleopieka/>

Mazowieckie Voivodeship, „Z@OPIEKOWANI - Comprehensive support for dependent persons in the city of Warsaw". It embraced a 50-person group of Warsaw senior persons, living on their own, including those unable to leave their homes. The project's idea is to ensure participants with comprehensive care while making use of modern information and communication technologies. Participants received bands fitted with a red button that they can be used in the event of a threat to one's life or health. Thanks to the inbuilt GPS function, they can call for help. They are also equipped with a fall detector, pulse monitoring, and also the function of reminding the wearer of

CARES

the need to take medication. In addition, the senior persons were equipped with tablets providing an integration function, and stimulating active involvement in the local community. In the event of difficulty, assistance is provided by carers, supporting their wards in their everyday activities.
<https://um.warszawa.pl/waw/europa/-/z-opiekowani-kompleksowe-wsparcie-osob-niesamodzielnych-w-m-st-warszawie>

Małopolskie Voivodeship, Małopolski Tele-Angel [Małopolska Tele-Angel](#) the largest telecare project that has been implemented since 2018. The aim of the "Małopolska Tele-Aniol" project is to organize a system of care with the use of modern information and communication technologies, which will enable 6,300 dependent participants to remain safely in their environment and place of residence for as long as possible. The project includes the following forms of support:
a Telecare Centre - providing all participants with the possibility of 24-hour transmission of information about the need to call for help in the event of a threat to life, health or safety,
support in the form of care services and neighbourhood care services in the place of residence (assigned depending on the needs and degree of dependency) and trainings for **caregivers and neighbours** in providing care services.

7. Current challenges and needs regarding the availability and implementation of telemedicine and telecare services for older people at local and regional levels

- *SWOT analysis to identify areas of improvement, potential opportunities, and threats to the implementation of telemedicine and telecare services*
- *Areas to be developed*
- *Relevance of the policy instrument*

Strengths:

- Increased accessibility to specialized medical examinations
- Advanced diagnostic using new technologies
- Time and cost savings (avoiding travel, access to specialists)
- Monitoring of chronic diseases
- Rapid response to emergencies
- Relieving the burden on care institutions and relatives
- High priority among European and national policies
- Funding available on EU, national and regional levels
- Cost savings in the provision of services

Weaknesses:

- Technological barriers for older generations, fear of new technology
- Insufficient societal awareness regarding new technologies
- Lack of proper training for healthcare providers in telemedicine practices
- Privacy and security concerns in remote healthcare
- High service provision costs
- Technical limitations
- Inconsistencies in regulations
- Lack of a strategic approach to service financing
- Lack of a universal standard and system for storing and medical data processing
- Insufficient level of computerization of medical facilities
- Unqualified medical personnel in handling telemedical infrastructure

CARES

	<ul style="list-style-type: none"> • Doctors' & patients' uncertainty about the safety of telemedical care • Insufficient national policy on e-health solutions, stemming from a lack of recognition of the issue posed by the growing number of seniors • delays in utilizing the funds effectively
<p>Opportunities:</p> <ul style="list-style-type: none"> • Enhancing the safety of elderly individuals • Improving the quality of life • Improved control of compliance with recommendations by care recipients • High priority among European and national policies • Funding available at the European, national, and regional levels. • Increasing patient engagement in taking care of their own health • More efficient prevention practices • Shorter treatment durations • Time savings • Reduction in queues • Lowering treatment costs • Increasing the number of provided services • Integration of telemedicine and telecare into existing healthcare systems • Enhanced preventive care and chronic disease management • Collaboration between healthcare professionals and technology experts • Ability to strategically allocate funds to modernize healthcare infrastructure and implement senior-focused solutions • Potential to leverage EU expertise and guidelines in shaping effective policies for seniors' well-being • Potential to increase accessibility to medical services for older individuals of the entire voivodeship, including remoted areas • The possibility of exchanging information between different entities providing care for seniors. 	<p>Threats:</p> <ul style="list-style-type: none"> • Inadequate technological infrastructure in certain regions • Resistance to change among healthcare practitioners (medical staff) and patients • Legal and regulatory challenges in practicing telemedicine • Financial limitations, including dependence on funding from EU programs for project implementation • Weakening of family bonds and interpersonal relationships • Reduced sense of responsibility for the health of seniors among their immediate family members • Uncertainty about the continuity of funding beyond 2027, potentially disrupting ongoing initiatives

CARES

- The ability to provide care to a larger number of seniors.
- Advancement of telemedicine potential in senior care.

The aforementioned analysis recognizes the potential telemedicine and telecare services have in enhancing accessibility to medical care for seniors across the region, including remote areas. The ability for remote monitoring and timely intervention is noted for its time-saving and efficiency-enhancing potential. Additionally, the user-friendly nature of healthcare services tailored to seniors, with possible integration of telemedicine, is seen as a convenience.

Furthermore, the comprehensive approach of these services is acknowledged, which not only focuses on reactive treatments but also emphasizes such measures like preventive screenings and chronic disease management. The availability of substantial financial resources from the European Funds for Kuyavia and Pomerania provides a strong basis for these endeavours, along with the potential for targeted investments in addressing senior care challenges.

The analysis also identifies several weaknesses and challenges. These encompass technological barriers and resistance to new technology among older generations, which could hinder the adoption of telemedicine and telecare. Moreover, there's a recognized lack of societal awareness about these innovations, along with insufficient training for healthcare providers, thereby posing potential threat to successful implementation.

The analysis also highlights privacy and security concerns regarding remote healthcare, which need to be addressed. High service provision costs, improper device usage among seniors, technical limitations, inconsistencies in regulations, and insufficient computerization of medical facilities are other notable challenges. The lack of a strategic approach to service financing, unqualified personnel managing telemedical infrastructure, and uncertainties among doctors and patients about the safety of telemedical care are identified as potential obstacle.

The lack of a comprehensive national policy on e-health solutions is another hindrance which arises from a lack of recognition of the aging population's needs. Dependency on a specific funding period may limit long-term planning and sustainability, and administrative complexities could affect efficient fund utilization.

8. Characteristics of the local Stakeholder Group

- *Composition, purpose, tasks performed, possible influence on the policy instrument to ensure they are effectively contributing to the project's objectives.*

CARES

The Local Stakeholder Group comprises representatives from institutions, non-governmental organizations, and higher education institutions who, due to their knowledge and experience, possess a good understanding of the subject of the project. They will contribute to developing the framework for improving the policy instrument so that the best practices, solutions, etc., learned during the project participation, can be implemented in our region.

One of the key stakeholders is **The Regional Center for Social Policy in Toruń** which is responsible for coordinating the tasks of the regional self-government in the field of social policy, including the implementation of new solutions of social services. Another stakeholder which is crucial in expert support is **The Nicolaus Copernicus University in Toruń**, represented by academic staff from various departments: Department of Applied Informatics, Institute of Technical Sciences, Faculty of Physics, Astronomy, and Applied Informatics. The university is vividly engaged in scientific research in the fields of artificial intelligence in social services entitled „Artificial Intelligence for Social Good” and cooperating with Japanese partner RIKEN Center for Advanced Intelligence Project, namely Cognitive Behavioral Assistive Technology Team.

Interdisciplinary Center for Modern/Academic Research Center AKAMED Ltd. Which is combining academic knowledge and cutting-edge magnetic resonance technology with an individual approach to each patient's needs. Another entity engaged in the project LSG is **Center for Academic Entrepreneurship and Technology Transfer** which facilitates the process of taking academic research and innovations from universities and research institutions and transforming them into practical applications. Additionally, representatives from the following entities and institutions are part of the Stakeholder Group:

Toruń Regional Development Agency - working for the economic development of KPV, with a focus on integrating businesses with the European Union.

Kuyavian-Pomeranian Center for Digital Competences Ltd. - a telecommunications operator covering the entire KPV, providing services like Internet access and cloud-based solutions.

Toruń Center for Social Services - coordinating and integrating social services in Toruń, aiding residents in formulating individual action plans, diagnosing problems, and finding solutions in collaboration with various social service providers.

Regional Chamber of Nurses and Midwives in Toruń - a professional self-government organization uniting nurses and midwives.

Kuyavian-Pomeranian Agricultural Advisory Center in Minikowo - implements projects related to care farms, agricultural holdings offering care for individuals who, for various reasons, require support in daily life.

Kuyavian-Pomeranian Voivodeship Management of the Polish Social Welfare Committee - engages in organizing care services.

Polish Red Cross. Kuyavian-Pomeranian Regional Branch - involved in social assistance and educational programs.

Sue Ryder Foundation - works for the benefit of chronically and terminally ill and disabled children and adults, as well as the activation and integration of older people.

The Department of Basic Clinical Skills and Postgraduate Education for Nurses and Midwives, as well as the **Department of Preventive Nursing**, the **Department of Family Nursing**, within the **Faculty of Health Sciences, Collegium Medicum** - education and scientific research in the field of health sciences and medical sciences.

The selection of these institutions and entities is based on their tasks and competencies that will contribute to achieving the project objectives related to developing an integrated telecare and

CARES

telemedicine service. The presence of academic institutions will provide knowledge derived from studying cognitive and physiological functions of older people in interaction with modern technology, enabling the creation of an optimally accessible telecare/telemedicine model. Educational institutions will bring expertise in teaching methods and adapting training programmes for the health and aid professions in line with the telecare/telemedicine model developed. Technological and teleinformatics institutions will aid in developing the necessary technical conditions, software, and device selection to meet the requirements of the developed telecare/telemedicine model. The planned support system within the telecare/telemedicine model will rely not only on technological solutions but also on social services provided in the local environment through neighbourly assistance and caregiving volunteering, encompassing unpaid support in basic daily and household activities, thereby ensuring comprehensive care.