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Policy Context Analysis

Project Partner 05
The R & D Center the municipality of Linkoping

2023

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 4thSemester.

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

Name: Workplan 2022-2023 LGVO. Management group care and nursing
Description (max. 1000 characters):
The policy instrument highlights three different target groups for initiatives in health, care and social services. The LGVO (Health and care management group) are categorised according to age groups "Growing up", "In the middle of life" and "Ageing" and priority development areas. The LGVO work plan decides, prioritises and allocates resources for joint initiatives between the Region's health and medical care and the municipalities' responsibility for elderly care and certain medical care in ordinary homes. E-health, telecare and digitization are a central part of the policy instrument. The policy highlights collaboration between the various municipalities and health and medical care actors. LGVO work plan, wants to act as a cohesive force for goal image, direction and common needs and ensure that activities can be carried out independently in municipalities and regions, to enable rapid development.

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: Integrated care transition
Description (max. 1000 characters):
The transition to integrated care is a reformation work initiated by the Swedish government 2020. The transition is about reconstructing the organization of Health Care and Social Care in order to meet the challenges of the future in a better way. According to the public investigations that have been done there is a need to structure care to a greater degree based on the idea of proximity and accessibility. That is to say, care must be brought closer to patients and users and the care system needs to be organised with focus on the persons rather than diseases and institutions. The person-centeredness is guiding the work both as an approach and a way of working in the organisation. This includes that the cooperation between municipalities and the Health Care services needs to improve and a use of new technology in order to develop new working methods in health care and care. It also includes investments in competence provision that supports the

transition towards integrated care where the ability to work across traditional boundaries, communicate, work preventively and proactively are important parts. Another key issue is to use technology in this transition.

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 ageing population in the region and the demographic forecast*

Description (max. 2000 characters): The Region of Ostergotland is the fourth biggest region in Sweden with 467 000 inhabitants. The region is divided into 13 municipalities, Linkoping is the largest city with 166 673 inhabitants (5th largest city in Sweden) and Ydre the smallest with 3 747 inhabitants.

Sweden is the country in Western Europe where assets in the form of wealth are most unequally distributed; this also applies to the Region of Ostergotland. Those with the highest income are the ones who have increased their income the most. At the same time as the economic standard has increased in the population, the share with low economic standards has more than doubled since the beginning of the 1990s. It is particularly high among the unemployed. The socio-economic differences in health are large and increasing. They recur for all measures of socioeconomic status among other education, work and income, and are today most clearly for income. The differences exist in almost all areas of health, so that lower socio-economic status is associated with shorter lifespan, higher morbidity, death from cardiovascular disease, cancer, Covid-19 and more as well as mental illness and caries. The overall health of the inhabitants in Ostergotland is good and stable over time although there are differences between different groups in the society as described above. Men rate their health better than women and there are differences between the municipalities in the region. According to forecasts the proportion of people 65+ is estimated to rise more than the number of younger people in Sweden overall. In Ostergotland today there are 37 elderly people per 100 people of working age (20–64 years) and in 2040 it is estimated to be 43 per 100. In Ostergotland, municipalities with smaller populations have the highest proportion of elderly people and this is forecasted to increase further. The group that are increasing the most are those aged 90 and over. This means that a healthy ageing where diseases or bad health is postponed benefits both the individiual's health and well-being as well as society as a whole.

4. **The current services and offerings for the elderly in the region, considering their adequacy and accessibility.**
   - *Care services and institutional care*
   - *Health and medical care*
   - *Activation of seniors*
   - *Access to public services for senior citizens*

Description (max. 3000 characters):

The overall principle of the Swedish healthcare system is equal and universal access to medical care. The health care system is largely funded through taxes and government subsidies. The responsibility for healthcare is divided between the municipalities and regional health care (county councils). The municipalities are governed by the principle of autonomy which has led to big differences between municipalities. The divided responsibility is divided as following:
Municipalities are responsible for primary care and social services such as: elderly care and home nursing, disability services and support, mental health services at the local level, rehabilitation programs, child healthcare and maternity care.
Regions (county councils) are responsible for providing specialized and more advanced medical care such as complex medical treatments, surgeries, hospitals and specialized medical centers, emergency medical services, medical research and education, disease prevention and control at a regional level. This means that one big challenge is to manage coordinated and integrated care for the individual. All doctors are employed by the region and they are also responsible for allocating that resource to the municipalities.
The care for elderly is mainly the responsibility of municipalities and is regulated by the Social Services Act. Services are distributed by the municipality or private contractors on behalf of the municipality or by relatives. Although the majority of care distributed by relatives is carried out on a voluntary basis. The available services for elderly include:
Home Care Services: in-home assistance with personal hygiene, meal preparation/meal delivery, medication, household chores, alarm bracelets, companionship and support.
Assisted Living Facilities: private accommodation with a communal space, social activities and staff available 24 hours a day. This is for those who need more assistance that can be provided at home. There are special facilities tailored for dementia.
Adapted Housing: Housing tailored for seniors with mobility challenges or other physical limitations. This is often combined with Home Care Services.
Day Care Centers: Provide a structured and social environment for seniors during the day including meals and snacks.
Respite Care: Offers temporary relief for caregivers who are looking after elderly family members. Staff available 24 hours a day.
Rehabilitation, therapy and memory care: Include rehabilitation and therapy/memory programs tailored to specific needs of seniors
End-of-life Care: Offering comfort, dignity and support to seniors in their final stages of life.
Social Activities and meeting points/clubs: Promotes recreational activities and prevent isolation
All services to seniors provided by the municipality are heavily subsidized by public funding, individuals receiving these services may be required to contribute co-payments or fees based on their income and financial situation. Co-payments are designed to ensure that the cost of care is proportional to an individual's ability to pay.

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*

The goal of the Swedish digitization policy is to be the best in the world at using the possibilities of digitization. The government's goal for the digitization of the public administration is an easier everyday life for citizens, a more open administration that supports innovation and participation, as well as higher quality and efficiency in operations. There is an ongoing investigation regarding the proposal from the government that a provision should be included in the Social Services Act that digital technology may be used when assistance is provided in the form of home care or living in special accommodation. Digital technology should only get used outside the human body. The provision should regulate the use of digital technology in general rather than regulating the use of specific technical products.

The individual can receive welfare technology via an aid decision according to the Social Services Act (2001:453), SoL, or as an aid prescribed according to the Health Care Act (2017:30), HSL. It may also be the case that residences for the elderly and residences for people with functional disabilities purchase technology that the individual can use in the residence, without special examination by aid workers. Interventions according to the Health and Medical Services Act (2017:30), HSL, the Social Services Act (2001:453), SoL, and the Act on support and service to certain disabled persons (1993:387), LSS, are based on voluntariness and in other words require consent. This means that in care and social care, as a rule, measures cannot be taken against the will of the individual. According to ch. 2 Section 6, second paragraph of the form of government, everyone is protected vis-à-vis the public against significant infringements of personal integrity, if it takes place without consent and involves monitoring or mapping of the individual's personal circumstances. Privacy protection according to ch. 2 Section 6, however, the form of government is not absolute, but can under certain conditions be limited by law (ch. 2 §20 form of government).

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*

This list is technologies implemented in the region
   - **Mobile security alarms** -. A mobile security alarm, sometimes also called a GPS or positioning alarm, works outside the home unlike a stationary security alarm.
   - **Digital locks -** A device staff always can carry with them. It makes it easier for staff, who do not have to spend travel time collecting keys before visiting individuals, for example in the event of an alarm.
   - **Digital supervision -** Digital supervision is a service for those who need security visits at night. An alternative or supplement to personal visits.
   - **Medicine vending machines -** The machine is filled with medicines & programmed with which medicines are to be taken at what time. It also reminds the individual that it is time to take them & can also communicate with responsible staff &, for example, notify if the medication has not been taken.
   - **Purchase online -** Purchasing online means that the purchase takes place digitally & the chosen supplier's solution for ordering, collecting, packing & delivering the goods & replaces the physical visit to a store.

- **Mobile apps -** Support staff by streamlining various work tasks and allowing employees to perform them during their work shift. Mobile apps can also promote the independence of care recipients and increase accessibility to the municipality's services & employees.
- **Digital signing of healthcare measures -** Signing takes place in real time & any measures that are not carried out according to prescription are notified to the organisation for action.
- **Activity and movement with digital technology -** Interactive films can promote movement and activity, create initiative & motivation. VR technology has also been shown to stimulate speech skills linked to stimulation. **Interactive screen, Smartboard**- the screen has fields with different options, enabling more people to work interactively on the tablet at the same time. **Projector for interactive games** - provides the opportunity to project the selected activity onto a table or floor for varied movement training/activation for the whole body. Images with movement stimulate initiatives that create the "will to act". **Digital therapy animal/ Stimulus animal**- Therapy animals, such as a cat, have a calming effect. **Time aids** - Provides structure & clarification for people with cognitive impairments. **Music pillow/ Music vest** - sensory stimulation. Soothing supplement for getting peace of mind & feeling safe. With music vest, the music experience is created by the user. **Lounge chairs** - Recliners that rock & provide stimulation/music. It is possible to use a weighted blanket or music pillow (sensory stimulation)

Link to good examples: SALARS homepage

https://skr.se/valfardsteknik/exempelpavalfardsteknik.66064.html

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	Weaknesses
Services provided is equal in the region Technical solutions can be an alternative to use human resources.	No common definition on digitization in the region of Ostergotland There are no resources allocated for cooperation with other municipalities in the budgets of the municipalities The divided responsibility of care between the municipalities and the regional Health care system
Opportunities	**Threats**
The power of the municipalities is greater when they collaborate with a common goal	All municipalities have procured their own suppliers of welfare technics and have their own agreements with different time limits

In collaboration the technical solutions can be upscaled to a bigger volume of users Share the costs of digital investments	The technical systems that is used by the municipalities is not able to communicate and collaborate with each other There are a lack of businesses who can provide the technical solutions the municipalities are requesting The costs of implementing new systems whereas the different municipalities have different conditions

During spring 2023 researchers from the University of Gothenburg conducted a study in the region of Ostergotland; Collective digitization of welfare: Municipal collaboration around welfare technology on behalf of all the heads of the social administration in Ostergotland. Research points out the importance of digital competence in the implementation and of a successful digitalization. The two bigger cities in the region have shown to have a higher demand of staff with digital competence during the studied period. Another highlighted area in the report is the lack of common definitions of welfare technics and digitalisation in the region which in turn leads the lack of common definitions to vagueness about what the framework conditions for collaboration are. In addition there are no overall guidelines or policies regarding collaboration between the municipalities. The respondents in the study express a clear lack of mandate and authority for collaboration/cooperation. The smaller municipalities are characterised by rapid mobility and lack of resources. In terms of governance, there are prerequisites in the smaller municipality to make decisions more quickly about, for example, introduction or pilot, and given that the smaller scope and complexity of the operations thus make the smaller municipalities meritorious experimental sites to investigate the consequences of introducing welfare technologies. The legal application is not yet clear for the application of certain welfare techniques which constitutes an advantage for smaller municipalities if there would be a white set. The white system is built on the size and condition of each municipality to pay. The larger municipalities are characterised by inertia and resource availability as well as better conditions regarding the digital infrastructure and the digital heritage. The most central condition for success is related to governance, and previous studies point unanimously to the need to create governance that is appropriate for the organisation and consensus around the digital infrastructure. On the basis on the findings the authors recommend following concerning municipal collaboration welfare technics in Ostergotland that is relevant to policy development:

- Establish a common municipality-wide definition of digitization and welfare technology.
- Establish clear, politically anchored objectives between municipalities regarding the need for cooperation concerning digitization and welfare technology.
- Allocate resources clearly earmarked for collaboration, increase use of investment funds.
- Implement portfolio management of digital development initiatives that includes all initiatives around welfare technology.
- Establish a common control base through templates and processing order, ensure follow-up.

Previously it existed a network consisting of appointed representatives working with digitalisation in order to collaborate around this issue in the region. The network is not active at the moment

although starting up such a network again could also be one way to work on the above listed possible areas of improvement.

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.*

Description (max. 2000 characters):

Until now the local stakeholder group has consisted of all heads of the social administrations from the municipalities of Östergötland. There are thirteen municipalities in the region and to make effective work in the project we have now after the summer invited the stakeholder group to appoint representatives for a new stakeholder group. This group will consist of a combination of specialists in welfare techniques from the municipalities and also one or two heads of the social administrations. The aim with formation of the local stakeholder group is to have a broader group closer to the target question. It will also be easier to gather the stakeholder group with fewer in the top of social administration due to their busy schedule. The new stakeholder group will report to the regional network of heads of the social administrations.

The stakeholder group has great opportunities to influence changes in the policy instrument LGVO workplan. The heads of the social administration are all a part of the regional group with focus on health and care issues, *Länsgemensam grupp för vård och omsorgsfrågor*, LGVO. The work plan that LGVO produces every second year is a document that consists of areas to focus on for the next two years and the decisions regarding the areas to focus on involve the whole group of LGVO. The work on a plan for 2024-2025 is almost finished and the area of digitization will be included more clearly in this plan compared to the one for 2022-2023.