

ITALY

a) Ministry of Labour

Long Term Care National Fund

The Ministry of Labour, together with other central administration, has been managing the Long Term Care National Fund for 65+ persons since 2007 (more than 1.5 billion euros until 2013). The Fund is distributed to Regions following an interinstitutional agreement on the basis of the principle of co-operation among different levels of government and of promoting promotion of cooperation of health and social care services

Action and Cohesion Plan

On May 2012 the Italian Government launched a specific national programme on care service for older persons in the framework of the Italian Action and Cohesion Plan for 330 million euros for the southern regions. The programme , lasting until 2015, aims to strengthen the offer of long term care services to 65+ older persons and involves several central Ministries and Departments.

b) Department for Family Policies of the Presidency of the Council of Ministers

"ADI" experience in Cremona

In the territory of Cremona there are many services to support families, predominantly welfare, both in the health care and social health as in the social area, with the aim to lighten the load supporting family groups in situations of fragility and in their function of assistance.

These services are provided by the local ASL of the three Social Areas District and by the municipalities of the territory (as far as social services are concerned) and by the Local Health Company (related to health services, social and health services), as part of a more extensive and detailed system in which planning interventions and services are based on the fitting of private and public policies, diversified sectors and actors. Over the past decade the Region of Lombardia has implemented a reorganization of the ADI that has deeply changed the governance model of the system, redistributing responsibilities between ASL (Local Health Company) users and entities.

"ADI" experience in Ragusa

The project carried out in the territory of Ragusa, since 2009 began a change in perspective of the social services provided by the municipality. In fact, from an approach based on the combination of public authority – social sector organizations, the municipality uses now an approach that focuses on the protection of family relationship. Ragusa used the instrument of intergenerational family mediation applied, which allowed the families interested a full co-participation in the preparation, organization and management of the services. In this way, the public body, from a simple service provider, initially took the role of promoter and organizer of family responsibilities, and secondly it has combined this function with service provider function. The involvement of families has meant that the services provided were found to be more geared to the needs of the target of the initiative.

Department for Family Policies

With a series of agreements between the State and regional autonomies in 2012 a total of € 70 million has been allocated for the regions for the purpose of expanding services for seniors and families as well as of social and educational services for early childhood (0-3 years). These agreements have as their purpose the development and strengthening of actions in the field of integrated home care for the social component, and interventions that aim to support the elderly, to stay at his home, the participation of older people to society, promoting independent and healthy living, the promotion of the relationship between the generations through solidarity, dialogue and communication of experience and projects to bridge the digital divide.

As part of the 2007-2013 National Strategic Framework (QSN) Objectives of Service - system actions and technical assistance for the achievement of the target for the services of integrated home care (ADI) for the elderly - the Department for Family Policies of the Presidency of the Council of Ministers, with other administrations responsible for the matter, managed an activity of technical assistance to the eight regions of the South from the funds allocated for this purpose by the MISE, amounting to EUR 1 million for two years. The overall objective was to support those regions in the implementation of actions aimed at achieving the S.06 "Increase in the percentage of elderly assisted in home care from 1, 6% to 3.5%."

c) Best practices reported by Regions

Emilia-Romagna: Continuity of care in hospital discharge "difficult"

It has been established a single access point called "Continuity care center, Access, Audit, Control and Quality of Care Intermediate" capable of managing hospital discharges at risk and to provide for the development of two care pathways depending on the degree of fragility of the person assisted. The path A "From hospital to home with support social welfare temporary" and a path B "A network of care for the elderly in the family."

Liguria: Silver Project code: protected discharges for the elderly and people with chronic

The project Silver code aims to achieve, for the people elderly and frail, an appropriate and correct access to the hospital's emergency room, offering alternatives and timely to meet the needs of health. Alongside the development of "trails health" dedicated for emergencies, there are policies for home care in cases of emergency, with the involvement of general practitioners, health agencies rescue (emergency medical service, 118) and the Houses of health.

Toscana: Project "After the hospital better at home"

Is established an ad hoc center for managing the protected path of hospital discharge called "Continuity of care between hospital and service territory". Activation of the service is done directly on the initiative and responsibility of the above mentioned center that receives notification from the department of a hospital about an difficult discharge. The service of Territorial Home Care shall prepare a care plan specifying the number of accesses, the types of performance, complexity and intensity of needs detected.

Veneto: Procedure for taking charge in protected discharge the patient from hospital

The procedure describes the modality and responsibilities for taking care of the adult and elderly patient from the hospital to the territory services ensuring continuity of care. Through this path it defines the steps that must be followed to transfer from the various hospital departments the adult and elderly patients who need health and / or social care and can be cared for at home or other structure of the network of local services.