

CARE PLAN 2020

The Norwegian
Government's plan for
the care services field
for 2015–2020



Norwegian Ministry
of Health and Care Services

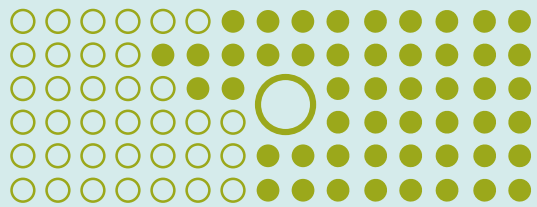
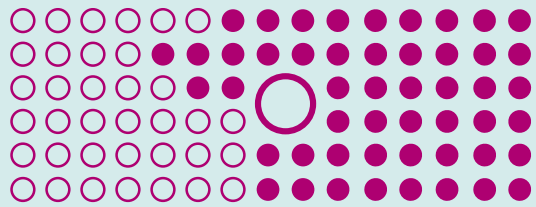
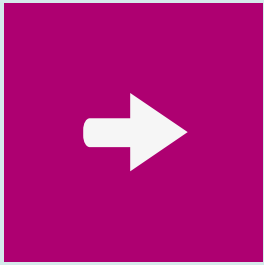




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Introduction

The Care Plan 2020 is the Government's plan for the care services field for 2015–2020. The document addresses priority areas set out in the Government's platform and includes important measures for enhancing quality and expertise in the care services, while at the same time following up the Storting's deliberations of the white paper Future Care (Meld. St. 29 (2012–2013)), cf. Recommendation 447 (2012–2103). As the Care Plan 2015 is drawing to a close, efforts to develop and incorporate new future-oriented solutions for meeting current and future challenges have already been launched.

The white paper Future Care (Meld. St. 29 (2012–2013)) received broad-based political support in deliberations by the Storting in June 2013, and the Government is prepared to implement the measures and plans following in the wake of the Storting's decision. However, it has been necessary from the outset to strengthen the financial instruments that promote competence-building and the renovation and construction of nursing facilities and residential care homes in order to achieve the objectives of the care plan.

To ensure higher quality in the services, the Government puts emphasis on new, enhanced measures in the Care Plan 2020 as described in the white paper Primary Health and Care Services of Tomorrow – Localised and Integrated (Meld. St. 26 (2014–2015)). The measures are designed to promote new solutions for enabling users to have greater influence over their own daily lives through more freedom of choice and a sufficiently wide array of high-quality services. The Government envisages that the state will assume a greater financial responsibility for ensuring that the municipalities develop sufficient capacity and quality in the health and care services. In the white paper, the Government also presents measures to improve medical follow-up in nursing homes and home care services and to ensure better, more systematic cooperation and coordination between the various sub-services in the municipalities. For further details, please refer to the white paper Primary Health and Care Services of Tomorrow – Localised and Integrated (Meld. St. 26 (2014–2015)).

The foundation will be laid for a long-term restructuring process that ensures innovation and development of new and better solutions in the care sector. Simplification, renewal and improvement of the public sector is one of the Government's main priority areas. To achieve renewal and innovation in the care sector, the municipalities must have the freedom develop professional knowledge, management, new technology and new forms of organisation.

To address future care challenges, the Government will, in keeping with previously approved policies, encourage the municipalities to focus on renewal and improvement of the care sector in municipal planning and development activities. In this context, five main priority areas are emphasised:

COOPERATION WITH USERS, PATIENTS AND FAMILY MEMBERS

The health and care services of tomorrow must be developed together with patients, users and their family members. The users must be given greater influence over their own daily lives through more freedom of choice and a wider array of services. The objective is to create health and care services that ensure all service recipients have their basic needs met and are able to live active, satisfactory lives in fellowship with others. The situation of family members will be improved through better relief services, support and professional guidance.

A HIGH LEVEL OF PROFESSIONAL EXPERTISE IN THE HEALTH AND CARE SERVICES

To ensure sustainable health and care services in the future, there is a need for professional restructuring with a higher level and different kinds of expertise, new work methods and new professional approaches. Professional restructuring in the services is related to e.g. greater emphasis on skill mastery, rehabilitation, early intervention, activation, networking, activity therapy, guidance for family members and volunteers, and the implementation of welfare technology. The medical follow-up of users of the care services must also be improved. More emphasis must be placed on systematic quality-enhancement activities, organisation and management in order to improve planning and development of professional expertise in the health and care services.

Improved health and care services require professional, strategic management. The Government will therefore work actively to promote leadership development and networking activities and create conditions that support innovative, future-oriented management. The Government will give priority to ensuring that managers in the care services receive clear guidance and tools for following up professional quality and conducting service development.

MODERN BUILDINGS AND LIVING ARRANGEMENTS

Nursing homes and residential care homes of the future must be designed on the basis of the needs of tomorrow's users. Users of all ages will be represented. Some users will be there to receive rehabilitation. Some will spend their final days of life there, while others will be long-term residents and receive assistance from the health and care services. This will require a wide variety of living arrangements. Modern, well-equipped buildings are essential for effective operation and a good working environment for the sector's employees. The Government will therefore invest billions of kroner in the construction of new nursing homes and residential care homes as well as in the modernisation of older ones.

THE NEW HOME CARE SERVICES

The greatest changes in the municipal health and care services in recent decades have occurred mainly in the home care services, where the in-home nursing services in particular have risen.



This is due to the fact that the number of younger users under the age of 67 has tripled. Owing to a number of reforms, responsibilities and tasks have been transferred from the specialist health care services to the municipalities. Added to this is the restructuring of the specialist health care services with shorter hospital stays, more daytime treatment programmes and outpatient programmes. Thus, the municipal health and care services have acquired new user groups with more professionally demanding, complex medical and psychosocial needs. A large gap remains between the services provided in a patient's own home and those offered in an institution, especially for the oldest age groups. There is great potential in an even greater expansion of the home care services in terms of both quality and resources. The home based services often encounter users and their family members at an early stage of disease progression, and can help to ensure that users are able to live and reside independently and have an active, meaningful life in fellowship with others. Enhanced home care services may also prevent a further reduction in functionality and slow disease progression, and may help to delay a patient's admission to an institution or avoid it altogether. As a result, there is a need to give higher priority to home care services and early intervention. This will also create a basis for further development of cooperation between the public care services, volunteer and family-based caregiving, and the specialist health care services.

RENEWAL AND INNOVATION

To promote high-quality, sustainable health and care services in the future, there is a need to design new solutions that involve mobilising all of society's care resources, utilising new technology and new professional methods, and supporting local innovation activity. This must be done primarily as part of the innovation and renewal efforts in the municipalities. The Government will support the municipalities' innovation ability and opportunities by simplifying funding schemes and by ensuring the documentation and dissemination of new solutions.

Purpose of this document

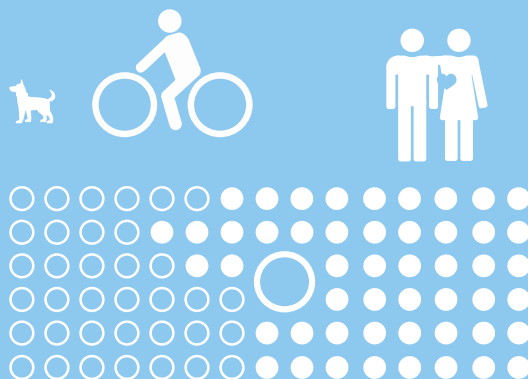
The purpose of the Care Plan 2020 is to present this Government's priority areas in the care services field along with specific measures as a follow-up of the white paper Future Care (Meld. St. 29 (2012–2013)), cf. Recommendation 447(2012–2103), in a single document that includes practical information and an overview of relevant partners.

The document promotes a long-term perspective in the joint efforts to enhance capacity, competency and quality in the health and care services, and provides an important basis for the municipalities in their planning, development and operation of the health and care services sector.

Together, the white paper Primary Health and Care Services of Tomorrow – Localised and Integrated (Meld. St. 26 (2014–2015)), the white paper on public health (Meld. St. 19 (2014–2015)), the national health and hospital plan and the Care Plan 2020 provide a consolidated picture of the Government's policy for the health and care services.

2

In cooperation with –





The care services of tomorrow must be designed and developed together with users, patients and close family members in cooperation with volunteers, non-profit organisations and private actors, and they must be based on sound expertise, effective management and multidisciplinary cooperation. The services must be administered effectively and innovatively, with adaptations to meet the needs of patients and users, and at the same time provide an inspiring, attractive environment that attracts professionals to the field.

There are currently two, almost equally large actors in the care services sector, measured in terms of the number of person-years: the family and the municipality. The work performed by municipalities amounts to more than 130 000 person-years, while the care provided by families and close family members is estimated to be about 100 000 person-years. In addition to this, volunteers, non-profit organisations and private actors account for a small percentage of service production.

Future challenges will require more actors to carry out health and care-related work. At the same time, it will be critically important that close family members who perform extensive caregiving tasks are not also subjected to major financial and health-related burdens and that they receive support and professional guidance from the public health and care services.

In a welfare society, the overall care services are a public responsibility which is laid down in health and care legislation. This does not mean that the municipality must be the only service producer to carry out these tasks. The municipality is not just an administrative entity, but is also a local community comprised of families, social networks, organisations, companies and measures. To create a caring society, everyone must be involved in this task. New, innovative solutions arise primarily at the interface of, and through the interaction between, all of the various caregiving actors in society, together with high-quality professional and knowledge environments in both the public and the private spheres.

SUSTAINABLE DEVELOPMENT

To promote sustainable development for the care services, the white paper Future Care (Meld. St. 29 (2012–2013)) sums up the main points as follows:

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When addressing future challenges in the care services, it will be necessary to mobilise all of society's care resources and examine how tasks are distributed among the actors in the care services sector. Public care services have undergone continual growth over the past several decades. In light of the demographic challenges that are expected to hit full force in 10–15 years, this growth must be organised so that it supports and stimulates the resources found among the users themselves, their families and social networks, neighbourhoods and local communities, idealistic organisations and trade and industry that assume their share of social responsibility. Professional activities will need to be restructured with a greater emphasis on networking, interdisciplinary cooperation, prevention, early intervention and rehabilitation. Furthermore, people will have to take responsibility for ensuring optimum adaptation of their own homes and we as a community must adapt the physical surroundings to ensure they are accessible to everyone and to all generations.

2.1 Users and patients – Mastery and diversity

Currently the care sector covers the entire life course, and has users and patients in all age groups with highly divergent needs and diverse diagnoses, disabilities and challenges. In recent decades the number of users under the age of 67 has almost tripled, and will soon account for 40 per cent of care services recipients. At the same time, the number of users between 67 and 79 years old has decreased, while the number of users who are 80 years and older has remained at roughly the same level, despite substantial growth in the proportion of the oldest age group among the population.

Thus, more than ever before, there is a need for a wide variety of living arrangements, care services and professional approaches centred on the needs of the individual.

The Government seeks to create health and care services that help each and every service recipient to live an active, satisfactory life in spite of illness, problems and loss of functionality. The users must be given greater influence over their own daily lives through more freedom of choice and a wider array of services, and their needs must serve as the focal point for development and change in the health and care services. This entails making use of the users' resources in new ways, with greater focus on mastery and the individual's experiential knowledge as the basis for service development.

User involvement should be increased on at least three levels:

- At the individual level in relation to influence over one's own life situation and the services available;
- At the group level in relation to meeting, sharing experiences with and supporting others in the same situation;
- At the municipal and societal levels through patient and user representation.

In addition to the provisions set out in patients' and users' rights legislation, the Government has implemented a number of measures that more directly help to enhance the patient's position and influence at these three levels:

INDIVIDUAL FREEDOM OF CHOICE AND INFLUENCE

The individual approach involves measures that increase freedom of choice through user choice schemes and other measures that enhance accessibility and flexibility, strengthen information, and improve communication between providers and recipients of the services. The measures are intended to give individuals the opportunity to shape the combination of services they receive, take decisions and influence the course of their treatment, and assume their share of responsibility for completing their rehabilitation or treatment programme. The purpose of the new guidelines on user choice in the municipalities from the Ministry of Local Government and Modernisation is to give the users greater freedom to choose their service providers and the form and content of the services they receive.

Implementation of welfare technology, telemedicine and new technological solutions for information and communication are included in this as well.



BOX 2.1 USER CHOICE SCHEME

To facilitate greater freedom of choice in the municipal services, the Ministry of Local Government and Modernisation is revising the guidelines on greater user choice in municipal service provision. The current guidelines are from 2004, and they need to be updated with more recent knowledge and experiences from the municipalities. The guidelines will serve as a tool for municipalities that wish to consider introducing greater freedom of user choice in their services. User choice may encompass who provides the services, what the services consist of and when, and how they are delivered.

Source: regjeringen.no

Many users find that their right to 24-hour care is unclear. To address this, an effort has been launched to look more closely at current legislation on rights related to 24-hour care services. Please refer to the Government's proposal in the white paper Primary Health and Care Services of Tomorrow – Localised and Integrated (Meld. St. 26 (2014-2015)) to establish the right to 24-hour nursing and care in law and to consider whether criteria for 24-hour care spaces should be set.

GROUP METHODOLOGY AND PEER SUPPORT

More extensive use of group work and group methodology in prevention efforts, rehabilitation and treatment will bring users and patients together and encourage peer support, self-help groups, and sharing of knowledge and experiences. This will also help to give the users a stronger voice because they will act as a united force in their encounters with the professional fields and public services.

This will require broader competency, adaptation and greater cross-disciplinarity in the health and care services, and it will challenge traditional attitudes about who possesses the knowledge and expertise.

The specialist health care services administer Centres for Learning and Mastery throughout Norway based on cooperation between users and health and care professionals. The Centres for Learning and Mastery employ an educational approach that incorporates user involvement and empowerment and uses group work and dialogue as a key method. The purpose is to mobilise people's own strengths and stimulate processes and activities that enhance people's self-esteem, knowledge and skills. User involvement encompasses planning, implementation and evaluation of the learning activities. This is a method that can be applied in the municipal health and care services. Some municipalities also administer their own learning and mastery centres. Two funding schemes have been established to encourage the municipalities to develop models for more integrated, cross-disciplinary municipal follow-up and treatment services for people with chronic conditions.

BOX 2.2 MUNICIPAL LEARNING AND MASTERY CENTRES

Tromsø municipality has established an independent learning and mastery centre in affiliation with the rehabilitation services. The centre is to conduct low-threshold, preventive and health-promoting activities using group-based training. The purpose is for people with chronic, long-term illnesses or reduced functionality and their close family members to acquire knowledge that helps them to cope with their situation and master daily life. The main focus is on COPD, cancer, obesity, diabetes and mental health. The centre is also planning to offer mastery courses for close family members of people who have suffered a stroke and a meeting place for children and adolescents with illness in their families.

In addition, the learning and mastery centre in Tromsø municipality offers self-help groups as a means of increasing people's own ability to master their situations and make conscious changes in their own lives. These groups meet on a regular basis to share and process experiences, events, thoughts and feelings in a setting based on a shared sense of community, trust, respect, and confidentiality.

Source: Se www.tromso.kommune.no/lms

Please also see the Norwegian National Advisory Unit on Learning and Mastery in Health at mestring.no

FROM INVOLVEMENT TO PATIENT AND USER CONTROL

Both user representation and user participation in planning, innovation and development will be key instruments at the municipal and societal levels.

Most residents are users of the health and care services to some extent, or they have close family members or people in their social network who are users of the services. Therefore, many elected officials at the local and central levels have experience as patients, users and close family members. In addition, the users in most municipalities are represented through municipal senior citizen councils and councils for people with disabilities. Some municipalities also have “youth councils” and other ways of organising user representation in municipalities, urban districts and local communities that may be significant for the health and care services. These groups should also be included and be represented e.g. on building committees and in planning activities. Many patient and user organisations have local groups and associations as well, and it will be natural to include these in the planning and design of the services and to enlist their help with regard to volunteer efforts.

The Government wants to take this one step further. Professionals in the field and users will be invited to work together in various ways to create and design the health and care services of tomorrow. In the effort to draw up the new Dementia Plan 2020, the Government incorporated people with dementia and their close family members in the process of designing measures to create a more dementia-friendly society from the outset. A broad-based consultative review is planned before the new Dementia Plan is presented in autumn 2015.

User-control schemes and user-owned companies and measures will gradually assume a more important role alongside non-profit organisations and private actors as providers of health and care services, with agreements with the municipalities.

The Storting has adopted amendments to the Patients' Rights Act which establish the right to user-driven personal assistance for people under the age of 67 who have a significant, long-term



need for personal assistance. The right also encompasses relief measures pursuant to the same Act for people with legal parental responsibility for children under the age of 18 with reduced functionality who live at home.

Against this backdrop, the unbound income allocated to the municipalities will be increased by NOK 300 million to follow up the realisation of this right in 2015. The follow-up effort must be viewed in connection with other measures, including a new circular, competency grants, and preparation of training materials and courses. The ministry will ensure that an evaluation of the impact of the rights amendment is conducted.

The Ministry of Health and Care Services will introduce a number of quality indicators in the care services. It will be important to consider how to incorporate the experiences of users and their close family members in these efforts. A larger number of more relevant quality indicators for the health and care services sector will lead to greater transparency in the services for users, close family members and society as a whole, strengthen local learning activities, and provide steering-related information for managers. Please refer to the more detailed discussion of these efforts in the white paper Primary Health and Care Services of Tomorrow – Localised and Integrated (Meld. St. 26 (2014–2015)).

BOX 2.3 DEMENTIA PLAN 2020 – USERS AS A RESOURCE

The Government's common objective is to create user and patient-centred health and care services. This means that service development must be based on the needs of the users, as defined by the users, and that processes ensuring genuine user involvement must be employed. During the preparation of the Dementia Plan 2020, a number of regional dialogue meetings were held for people with dementia, their family members, volunteers and professionals in the field. The dialogue with people with dementia and their family members, together with experience from the current plan and new knowledge, will form the basis for the Dementia Plan's challenges and measures. One of the main points that emerged in the dialogue meetings was the need to involve people with dementia and their family members in decisions that affect them.

"We have many resources, except for memory." (quote from a person with dementia)

"Imagine how much happiness we could create if we could utilise our resources." (quote from a person with dementia)

Source: Helse- og omsorgsdepartementet.no

The Government seeks to ensure that patients and users have greater influence over their own daily lives through more freedom of choice and a wider array of services, and that their needs serve as the focal point for development and change in the health and care services. The Government will achieve this in the following ways:

- Propose legislation that gives people the right to 24-hour nursing and care, and consider whether criteria for 24-care spaces should be established in the white paper Primary Health and Care Services of Tomorrow – Localised and Integrated (Meld. St. 26 (2014–2015));
- Involve people with dementia in the preparation of the Dementia Plan 2020;
- Follow up the legal establishment of the right to user-driven personal assistance (BPA) through e.g. an evaluation of this right and a new circular;
- Introduce quality indicators for the care services sector, based in part on the experiences of users and their close family members;

2.2 Informal care providers – Support and visibility

The user's family and social network are the most important care actors alongside the municipality, and they still perform almost the same number of person-years as the municipal services. It is not a given that this will continue in the coming decades. On the contrary, changes in age-related demographics, family conditions, and settlement patterns suggest that the family's ability to provide care may decrease. This is one of the most serious challenges confronting the care services.

PROGRAMME FOR AN ACTIVE, FUTURE-ORIENTED INFORMAL CARE POLICY

The adopted programme for an active, future-oriented informal care policy will be implemented in the period up to 2020. The programme seeks to maintain informal caregiving at the current level. In keeping with recommendations in Official Norwegian Report 2011: 11 Innovation in the Care Services and Official Norwegian Report 2011: 17 Når sant skal sies om pårørendeomsorg ("The Truth Be Told About Informal Care"), the Government will formulate a policy that helps to ensure that family members are valued and seen and that improves gender equality and affords greater flexibility. The objective of the programme for an active, future-oriented informal care policy is to:

- draw attention to, acknowledge and support family members who perform demanding caregiving tasks;
- improve coordination between the public care services and informal care, and enhance the quality of the overall services available;
- create a framework to ensure that the current level of informal care is maintained and that makes it easier to combine work with caring for children and adolescents, adults and elderly with serious illness, reduced functionality or mental health and social problems.

This entails measures that support family members and enhance cooperation between the health and care services and family members through:

- flexible schemes that provide relief to caregivers;
- support for family members, information, training and guidance;
- coordination and cooperation;
- improvement of the pay for family caregivers scheme;
- research and development;
- leave-of-absence schemes.

Family members who take care of their loved ones make a vital contribution and deserve to be met by public services that work together with them and provide them with relief. The Government will reform the pay for family caregivers scheme and the scheme for nursing pay for parents with sick and disabled children as a follow-up of the recommendation in Official Norwegian Report 2011: 17 Når sant skal sies om pårørendeomsorg ("The Truth Be Told About Informal Care").

As a follow-up to the policy programme, the Ministry of Health and Care Services has launched measures to develop flexible relief schemes and measures to provide training and guidance to in-



formal caregivers. Additionally, the Norwegian Directorate of Health has started activities to compile more knowledge and launched a development project as a follow-up to the informal care policy programme and the Government's objective to reform the pay for the family caregivers scheme.

To improve the daily lives of people with a need for assistance and their close family members, the Government presented a proposal to legally establish the right to user-driven personal assistance, which was approved by the Storting on 17 June 2014. Parents with children under the age of 18 with reduced functionality and a major need for assistance will, together with the child, be able to choose to organise the services they receive as user-driven personal assistance. Relief for the parents will be taken into account when assessing the magnitude of the need for assistance.

GIVE INFLUENCE TO CLOSE FAMILY MEMBERS

The Government's objective is to create patient and user-centred health and care services. As part of this vision, close family members will in most cases have an important role to play. Close family members often have experience and competence from their contact with the health and care services over a long period of time, and can serve as spokespersons for users who need help in safeguarding their interests and needs. Their experiences and insights must be systematised and used in the planning, development and operation of the services, both now and in the future.

The municipalities must take active steps to ensure that residents of nursing homes and residential care homes, as well as users of home care services and daytime activity programmes, are given more influence and that this is done in cooperation with their close family members. The individual's efforts should be given much greater attention and recognition by the municipal authorities. Agreements made with family members and volunteers should be recorded in the case files and individual plans, both in order to coordinate these efforts with the public care services and to assess relevant measures relating to training, guidance, and relief from the caregiving burden. It is expected, however, that participation of these care providers is in keeping with the user's own wishes and interests.

The Ministry of Health and Care Services will explore the need for arenas or meeting places where patients, users and family members can raise issues of common interest. Therefore, as part of the informal care policy programme, the ministry has asked the Norwegian Directorate of Health to compile knowledge and experiences from established models and to make specific recommendations for instruments that can facilitate effective solutions. The aim is to lay a better foundation so that close family members are able to serve as active change agents for the benefit of their loved ones and promote quality development in the services. Please refer to the discussion of this in the white paper Primary Health and Care Services of Tomorrow – Localised and Integrated (Meld. St. 26 (2014–2015)).



FAMILIES AND THEIR LOVED ONES AS A RESOURCE

There is reason to expect that the coming decades will see a shortage of both trained care workers and volunteer care providers as the need for caregiving increases. Measures to strengthen and preserve informal caregiving will therefore have great significance for society. To maintain the current level of informal care and prevent it from decreasing and unravelling, there is a need to take care of and provide relief for close family members with demanding caregiving tasks and to create a framework that makes it possible to combine employment and caregiving.

Meld. St. 29 (2012–2013) Future Care, white paper from the Ministry of Health and Care Services

The Government seeks to ensure that close family members who take care of their loved ones are met with public services that work together with them and provide them with relief. The Government will achieve this in the following ways:

- Implement the approved programme for an active, future-oriented informal care policy 2020;
- Reform the pay for family caregivers scheme and the scheme for nursing pay for parents with sick and disabled children as a follow-up of the recommendation in Official Norwegian Report 2011: 17 Når sant skal sies om pårørendeomsorg ("The Truth Be Told About Informal Care");
- Explore the need for arenas or meeting places where patients, users and family members can raise issues of common interest.

2.3 Volunteers, non-profit organisations, and trade and industry

VOLUNTEERS

A democratic, diversified volunteer sector is essential for a good, well-functioning local community. Volunteerism must be given greater freedom from political control than has been the case in recent years. The Government will stipulate fewer guidelines for funding and transfers to the volunteer sector. Volunteer groups and organisations must control the direction and development of their activities themselves.

The Ministry of Culture has the overall coordinating responsibility for the central government's relationship to the non-governmental sector. This means, among other things, that the Ministry of Culture is responsible for setting the broad framework conditions for the non-governmental sector. A declaration of intent regarding interaction with the non-governmental sector has been developed. At the same time there is also sectoral responsibility for volunteerism. The Ministry of



Health and Care Services is responsible for funding for and dialogue with volunteer organisations that cooperate with the health and care services.

About half of the population performs volunteer work during the course of a year, but less than 10 per cent of the “unpaid” volunteer work in Norway is carried out within the care services sector. A stronger volunteer effort in the health and care services field is needed, and there are good opportunities to volunteer for care work. Organisation, guidance and motivation are critical for recruiting and keeping volunteers. Volunteerism is changing, and it is essential that new potential volunteers can be reached.

Systematic networking activities can help to recruit and keep volunteers, as well as to map and link the user’s networking resources. It is also important to develop arenas for volunteerism and to enhance cooperation between the government and non-governmental sectors. Experience shows that volunteer work with the elderly is stimulated by activity at local senior centres or by a systematic effort to invite volunteers and close family members to participate at nursing homes and in daytime activity programmes.

BOX 2.4 NETWORKING ACTIVITIES AT NURSING HOMES

Ammerudhjemmet, a nursing home and cultural centre, is owned and operated by the Church City Mission. They have always sought to create a centre that is open to volunteers, close family members and neighbours. In recent years, Ammerudhjemmet has worked in a systematic manner to achieve this and made the methods they use available to others through an information book on networking activities in nursing homes.

Source: bymisjon.no

NATIONAL STRATEGY FOR VOLUNTEERISM IN THE HEALTH AND CARE SERVICES FIELD

Cooperation between the Norwegian Association of Local and Regional Authorities (KS) and the Association of NGOs in Norway has been established for the purpose of developing a strategy for volunteerism in the health and care services field. The strategy will lay the foundation for systematic, effective cooperation between the government administration and non-governmental organisations, and will help to increase the amount of volunteer work performed and reduce loneliness. Key areas in the strategy will be recruitment and follow-up of volunteers and new types of volunteer activities, coordination and cooperation between the volunteer sector and municipalities, organisation and coordination of volunteer efforts, and framework conditions that promote development and innovation.

Several measures to increase volunteerism in the care services sector have already been implemented:

ACTIVITY AT SENIOR CENTRES

A grant for senior centres has been established for activities to counteract loneliness, passiveness and social withdrawal and to enhance activity and fellowship. This funding will help make it possible to create meeting places for senior citizens, either through dedicated activities for this age group or by establishing meeting places across generations.

VOLUNTEER COORDINATORS

To help to increase competency in coordinating and leading volunteers, funding is being provided for training coordinators of volunteer activity at the Dignity Centre in Bergen. The target groups are professional staff at nursing homes, the volunteer sector, and the health and care services sector.

KNOWLEDGE AND RESEARCH

There is a need to increase knowledge about the volunteer sector. The Centre for Research on Civil Society and Voluntary Sector under the auspices of the Ministry of Culture plays a key role in this regard. During the 2014–2020 programme period, emphasis is being placed on the need for new knowledge about relations and interaction between civil society, non-governmental organisations and other sectors in society, and on the new forms of social engagement that are emerging. The Ministry of Health and Care Services is participating in this programme.

MEETING PLACE FOR PUBLIC HEALTH

In cooperation with the Association of NGOs in Norway, the ministry has established a meeting place for public health. Two meetings per year are planned to be held. Two of the key themes will be the health-promoting effects of the organisations and how the organisations can cooperate with each other and the public sector to tap into this potential.



NON-PROFIT ORGANISATIONS

Cooperation with the non-profit sector is vital for the development of the welfare state. The Government wishes to strengthen private and volunteer initiative to ensure that services are of high quality and that there is more freedom of choice and a greater diversity of services. Non-profit organisations have often been pioneers that have shown the way for what later have become natural tasks for the welfare society. This continues to be the most important role that non-profit organisations can play as a service producer: to address areas where the welfare society is under-developed, bring a critical eye to public sector activities and encourage positive change, pursue innovative directions, conduct ground-breaking activity, and develop new treatment methods.

EEA regulations set some parameters for procurement of services from non-profit organisations by public authorities. The EU's revised directives on public procurements introduced new rules for procuring health and social services. The new rules do not permit competitive tendering to be reserved only for non-profit organisations. In Official Norwegian Report 2014:14 Enklere regler – bedre anskaffelser ("Simpler rules – better procurements"), a government-appointed commission presents recommendations which the Government will examine more closely, including in connection with the directive's ramifications for public procurement of health and social services. The latitude for action will be utilised to the fullest extent possible when this is relevant to ensuring that users and patients have access to sound, stable services. The Government is also preparing a plan of measures to improve the framework conditions for non-profit suppliers of health and care services.

In addition, the Government has begun a dialogue to strengthen the existing collaboration agreement with the non-profit sector on delivery of health and social services. It will be beneficial to hold regular dialogue meetings with the non-profit sector to share experiences and information and to facilitate the further development and renewal of the health and social welfare sector.

TRADE AND INDUSTRY

It is an objective of the Government for Norway to be among the most innovative countries in Europe. To lay a broader foundation for value creation, the investment in industry-oriented research and innovation will be strengthened.

The public sector can play a vital role as a driving force for innovation. The central government and municipalities have substantial buying power, which means that they can take advantage of their role as a procurer of goods and services to lay the foundation for innovation in many branches of industries and at the interface between the public and private sectors. Furthermore, the public sector has a role to play as a promoter of diversity and innovation by facilitating entrepreneurial activity. By cooperating on the development of services and products, public and private actors can create new solutions that benefit the users. An active private sector that participates in the design of solutions for municipal development needs will lead to better, safer and more effective services and create positive ripple effects within trade and industry.

The foundation will be laid for a policy that develops new services at the interface between the

care sector and trade and industry and develops health and care services that may also be of interest in an export-oriented market. The business sector has special expertise in the area of innovation which the care services sector will benefit from in the coming years. Innovation activities are more systematic, and are an integral part of the companies' activities. This is essential for enhancing competitiveness by creating better products and services and developing more companies with the ability to adapt.

In cooperation with various branches of industry, the care services may find new answers to challenges and develop solutions that meet more of the users' needs. Many of the care services' tasks may be solved in arenas and by actors outside of the public sector. A good example of development and testing of new arenas is *Inn på tunet*, an initiative under the Agricultural Agreement that uses farms for municipal daytime activities for people who need special resources. The Government wishes to point out the inherent opportunities in expanding this scheme to include a variety of industries, workplaces and enterprises that can provide interesting environments for a daytime programme adapted for activity, learning and skill mastery.

Compared with other countries, the Nordic countries have developed public care services at a high level based on many decades of experience in the field. Successful investment in innovation in the care services will help to generate demand in other countries facing similar challenges. Norway already has knowledge environments and companies with good potential for becoming competitive in larger markets.

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MORE ACTORS IN THE SECTOR

There are many possibilities for involving more people in volunteer caregiving. This will not happen by itself, however, but will require concentrated effort and systematic follow-up with recruitment, organisation, coordination, training, motivation and guidance. Dedicating professional workers or cooperating with non-profit and volunteer organisations on this is an investment that will yield enormous benefits.

There is also great potential within the care services sector to encourage the non-profit organisations to continue to take the lead and forge new paths, actively involve new generations of volunteers, and develop new forms of philanthropic measures and cooperative solutions in which the users and their organisations are more active owners.

At the same time, companies in the private sector will subcontract with the municipalities for a number of services, such as in the areas of construction, technology and housing.

This will make it possible to distribute the care tasks to more actors in the future within the framework of the welfare state's community-based solutions.

Meld. St. 29 (2012–2013) Future Care, white paper from the Ministry of Health and Care Services

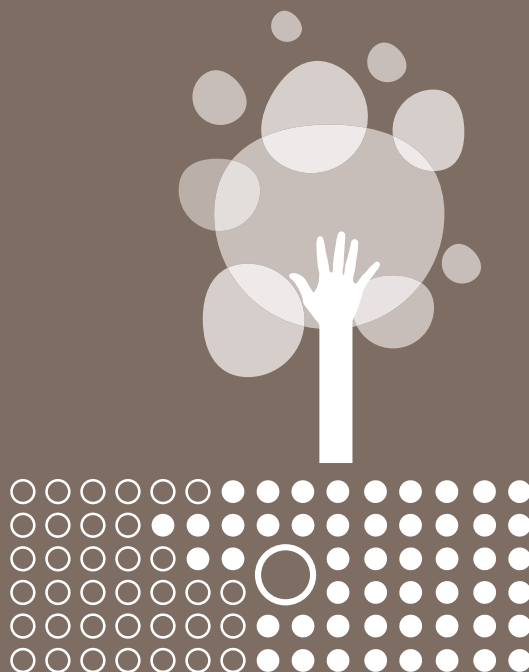


The Government will draw on all appropriate resources to ensure that users and patients have access to high-quality services and that they have greater freedom of choice with a wider diversity of services. The government will achieve this in the following ways:

- Develop a national strategy for volunteerism in the health and care services in cooperation with the Norwegian Association of Local and Regional Authorities (KS) and the Association of NGOs in Norway;
- Increase knowledge about the volunteer sector through the Centre for Research on Civil Society and Voluntary Sector under the auspices of the Ministry of Culture;
- Improve the framework conditions for non-profit suppliers of health and care services;
- Lay the foundation for a policy that develops new services at the interface between the care services sector and trade and industry.

3

A high level of professional expertise
in the services





To ensure sustainability and high-quality services, there is a need for professional restructuring and enhancement of the level of professional expertise in the health and care services, in part by increasing the proportion of personnel with an education in health and social care, creating a broader professional base with more professional groups and increasing focus on interdisciplinary activity.

Professional restructuring is related to rehabilitation, activation, the users' own skill mastery, guidance for family members and volunteers, and the implementation of welfare technology. Steps will be taken to promote the further development of expertise in palliative treatment and care at the end of life, expanded competency in the services for people with disabilities, and better medical and nursing follow-up and coordination of services for users in nursing homes and of home care services.

The Government will draw up an action plan for recruitment, competency and professional development in the care services, entitled the Competency Plan 2020. The plan will promote the development of professional expertise in the services and ensure that the sector has adequate, competent staffing and more workers with a university/university college degree and clinical expertise. The plan will build further on the positive experiences from the Competency Plan 2015. Competency Plan 2020 is expected to be presented in connection with the 2016 budget. Please refer to the proposal in the white paper Primary Health and Care Services of Tomorrow – Localised and Integrated (Meld. St. 26 (2014–2015)) on expanding the competency reform to include not only the care services, but all of the municipal health and care services.

BOX 3.1 VIRTUAL DEPARTMENT IN EIDSBERG

Eidsberg municipality is trying out a "virtual department" that follows up patients when they are released from the hospital directly to their own homes. The virtual department consists of a resource team of doctors and physiotherapists, and is headed by a nurse with additional training in advanced geriatric nursing. The resource team is meant to serve as a critical link in the efforts to follow up elderly patients with multiple conditions who have been released from the hospital. The impact of the pilot project is being studied, and the municipality is now planning a main project.

Home care services in Eidsberg municipality were awarded status as a development centre for home care services in Østfold county in 2009, and thus have special responsibility for professional development, research and competence development within its home municipality as well as in other municipalities.

Source: eidsberg.kommune.no

Leadership is critical to the development of high-quality services. If the health and care services are to meet rising expectations and assume new tasks, a concerted effort must be made to strengthen and develop the leadership role for managers in the administration as well as in the professional health and care services field. To enhance management expertise, the initiative on leadership training for employees in the health and care services sector will be continued and enhanced. The question of whether to introduce norms or guidelines for staffing and quality in the care services sector will also be explored. Additionally, the Government will introduce legislation-based regulation of competency requirements in the municipalities to ensure that the health and care services have adequate expertise at their disposal. Please refer to the discussion of this issue in the white paper Primary Health and Care Services of Tomorrow – Localised and Integrated (Meld. St. 26 (2014–2015)).

There is an enormous need to develop and implement new knowledge in the care sector. To promote competency development and quality enhancement in the sector, development centres for nursing homes and home care services have been established in each county, and five centres for care research have been launched at university colleges and universities that provide training for health and social care workers. These centres will be expanded to meet future needs for research, innovation and development in the sector. To strengthen the knowledge base in the services, the initiative on care research will be continued.

In addition to the development centres, a number of national and regional resource centres, e.g. the National Institute on Intellectual Disability and Community and the regional resource centres for substance abuse issues, have been established. A general review is being conducted of the regional and national knowledge and competency centres outside of the specialist health care services related to their social mission, organisation and financing. The ministry will return to the question of how best to organise the knowledge and competency centres during 2015.

Knowledge enhancement in the municipal health and care services is one of five main priorities in the Health&Care21 strategy, the first national research and innovation strategy for the health and care services field. The Health&Care21 strategy states that very little health research is targeted towards the municipalities and that the amount of allocated resources does not correspond with the major challenges facing the municipalities. The proposals will be addressed in an action plan specifying how the Government will follow up the priority areas set out in the Health&Care21 strategy.



PROFESSIONAL RESTRUCTURING

The care services of tomorrow will create services together with the users, cooperate with family members, utilise welfare technology and mobilise local communities in new ways. The totality of new work methods and cooperation with family members and networks will require major changes in competencies and recruitment and entail new ways of organising the services. There is therefore a need for professional restructuring that refines the care services' nursing activities and utilises broader interdisciplinary expertise on rehabilitation and social networking activities.

Meld. St. 29 (2012–2013) Future Care, white paper from the Ministry of Health and Care Services



3.1 Prevention, culture and active care

Future-oriented, high-quality health and care services must emphasise both activating users socially and physically, and putting greater focus on the users' social and cultural needs.

PREVENTION

One of the main challenges for the future health and care services is how to prevent disease, reduced functionality and social problems more successfully. Preventing disease, injury and social problems is a component of the responsibility of municipalities to ensure that the people who reside there are offered the necessary health and care services. Prevention is to be achieved in part through information, advice and guidance. Prevention takes place in different ways and to varying degrees in the services. It involves countering disease, injury and social problems, as well as inhibiting further decline among people with established illnesses and service needs. This may be achieved by taking a more proactive approach to people or groups who are at risk of developing diseases or losing their level of functionality or who already have reduced functionality. Good training, guidance and support of users are also important to prevent deterioration and enable them to master a life with illness.

New guidance materials will be developed to advise the municipalities on implementing prevention and health-promoting measures for the elderly. These materials will recommend models for preventive home visits and other measures to encourage the municipalities and local communities to establish effective preventive and health-promoting activities for their elderly residents. Please refer to a discussion of this issue in the white paper Primary Health and Care Services of Tomorrow – Localised and Integrated (Meld. St. 26 (2014–2015)).

DAYTIME ACTIVITY PROGRAMMES

Daytime activity programmes are often said to be the missing link in the health and care services. An earmarked funding scheme was established in 2012 to expand daytime activity programmes for people with dementia who live in their own homes. To date, roughly 2 400 spaces in daytime activity programmes have been established. The Government wishes to increase this offering, and has included funding for some 1 000 new spaces in the budget for 2015. Daytime activity programmes give meaning to people's daily lives and provide a good experience for individual users. In many cases the programmes can relieve some family members' caregiving burden and help to prevent or postpone admitting the patient to an institution.

CULTURE, ACTIVITY AND CAREGIVING

To enhance active care and focus on the social and cultural needs of users, a national certification scheme for livsglede (“joy of life”) nursing homes has been established under the auspices of the foundation Livsglede for eldre (“Joy of life for the elderly”). The aim is for nursing homes in Norway to have the opportunity to become “joy of life” nursing homes by establishing and implementing individual measures to meet the social, cultural and spiritual needs of individual users.

A great deal of knowledge has been developed in recent years on the effects of the systematic, integrated use of music and other cultural expression in treatment and daily activities in the care services. To develop and disseminate activity therapy methods and work methods, a national competence centre for culture, health and care affiliated with Levanger municipality has been established in cooperation with professional and research groups.

Furthermore, funding has been allocated in Proposition 1 S (2014–2015), cf. Recommendation 11 S (2014–2015), to further develop and disseminate a training programme on activity therapy and the integrated use of music and singing for employees in the care services.

In keeping with the initiative on active care, the Ministry of Health and Care Services and the Ministry of Culture have provided joint funding for the Cultural Walking Stick programme. The 2015 budget agreement between the Christian Democratic Party, the Liberal Party, the Conservative Party and the Progress Party contains an allocation of NOK 30.8 million to continue the Cultural Walking Stick programme. Since 2014, it has been the responsibility of the county administrations to distribute funding from the Cultural Walking Stick programme to the municipalities.

BOX 3.2 MUSIC CAN HELP WITH DEMENTIA

Activity measures must be the primary treatment used in nursing homes of the future, but as of today such measures are poorly-defined and not well-documented. A doctoral research project explores how music may be developed as part of activity measures. The findings from the studies in the project show that:

- Music can help to relieve agitation in people with dementia.
- The music must be adapted to the individual’s needs.
- Music may enhance a person’s well-being and skill mastery, especially by increasing vitality, joy and inner peace.
- The proper use of music can provide a model for effective activity measures and help employees to better understand the residents’ needs, especially in advanced dementia with loss of speech.
- The proper use of music must be systematic – random use of music may be perceived as noise, and worsen the symptoms of dementia.
- Individualised music and singing for caregiving purposes may be introduced in nursing homes and integrated into ordinary treatment programmes at little additional cost.

Source: Myskja, Audun (2011) Integrated music in nursing homes – An approach to dementia care.



BOX 3.3 ACTIVITY THERAPY MEASURES INSTEAD OF MEDICATION

The nursing home department in Oslo municipality initiated an extensive project on medications at nursing homes in Oslo in the period from 2011 to 2014. As a result of the project, the nursing home patients gained more energy and achieved a better quality of life.

The nursing homes reduced the use of medications such as sleeping pills, anti-depressants, diuretics and blood-thinners, but they used more analgesics. Alternative activity therapy measures were implemented at the same time.

The project was divided into three parts:

The professionals conducted a systematic review of the medications given to the patients. Nurses and doctors at the nursing homes attended courses to improve their knowledge about pharmaceuticals. The nursing homes introduced activity therapy measures of various kinds that involved more social gatherings, cultural measures and physical activity.

Source: *oslo.kommune.no*

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ACTIVE CARE

Culture, meals, activity and enjoyment are key aspects of integrated care services. In order to develop high-quality, future-oriented care services, there is a need to put more emphasis on activating users both socially and physically and to bring more attention to users' social, existential and cultural needs.

Meld. St. 29 (2012–2013) Future Care, white paper from the Ministry of Health and Care Services

3.2 Skill mastery and everyday rehabilitation (rehabilitation for home-living people)

One of the main objectives of this Government is to create a framework that enables people to live meaningful lives in spite of serious illnesses and conditions. The users' own experiences and desires are the basis for creating a good life and developing high-quality services. The Government seeks to facilitate the users' own skill mastery and wishes to cooperate with all positive forces both in the health and care services and through the peer support efforts of organisations. It is an objective to improve the ability of users to maintain their level of functionality as long as possible. Consequently, rehabilitation and the users' own skill mastery must be a natural and integral part of all activities in the health and care services. Everyday rehabilitation (rehabilitation for home-living people) may be one of several measures that helps to improve health and promote activity in old age. Professional restructuring to incorporate more active assistance gives the health and care

services more tools to work with. Everyday rehabilitation may be important for developing new preventive services in the municipalities. Experience shows that early mapping of rehabilitation potential and corresponding early, intensive training increases a person's ability to master skills and reduces the need for assistance. The Government will therefore promote the development and wider use of everyday rehabilitation in Norwegian municipalities.

BOX 3.4 EVERYDAY REHABILITATION

EVERYDAY REHABILITATION IN NORWAY, FEBRUARY 2015

102 municipalities have practical experience.

Many municipalities are planning to launch activities.



Source: hverdagsrehabilitering.no



An escalation plan for habilitation and rehabilitation will be drawn up as well. The plan will help to improve rehabilitation activities in the health and care services, with special focus on the municipal services.

The Government will also intensify efforts in the substance abuse field by preparing a new escalation plan that will enhance capacity and quality in the services offered to people with substance abuse problems. The plan will take a long-term, integrated perspective, but the measures set out in the plan will be targeted towards people who are on the verge of developing or who already have developed a substance abuse problem. Prevention and rehabilitation services will therefore be included in the plan. The Government plans to present the escalation plan to the Storting in 2015.

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MANAGING DAILY LIFE

It is an objective for individuals and society at large to utilise the resources, abilities and potential of the users themselves as a basis for managing their daily lives. Consequently, habilitation and rehabilitation must be a natural and central part of all care and nursing activity. Rehabilitation for daily life is an example of how early intervention and rehabilitation in the care services promotes a better quality of life and greater functionality among users.

Meld. St. 29 (2012–2013) Future Care, white paper from the Ministry of Health and Care Services

3.3 Palliative treatment and care at the end of life

The aim of all treatment and care is to promote the best possible quality of life for the users and their family members. Outstanding nursing and caregiving at the end of life is essential. This entails treating patients with respect, providing them with palliative treatment, and addressing their psychological, social and spiritual needs.

The framework surrounding a deathbed are of great import both for the dying person and the close family members' grieving process. The care services should be targeted in a way that meets the needs of the dying person and their family members and that treats the individual with empathy, care and respect.

Almost half (48.5 per cent) of all deaths occur in municipal nursing homes and institutions, while only 14.5 per cent happen at home, 32.5 per cent in hospitals and the specialist health care services, and 5.5 per cent in other locations (2012). The trend in recent decades has shifted from the specialist health care services to nursing homes and from patients' own homes to nursing homes. Twenty years ago (1992), less than 30 per cent of all deaths occurred in municipal nursing homes and institutions (Statistics Norway).

BOX 3.5 "BY FOCUSING ON THE PATIENT, WE HAVE CHANGED THE WAY WE THINK AND WORK"

Askøy municipality has sought to develop its cancer care and palliative treatment programmes, and has worked to promote interdisciplinary cooperation between the care services, general practitioners, physiotherapy/occupational therapy services and the specialist health care services, as well as with other entities such as schools and pre-schools.

The number of hospital admissions and nursing home admissions has declined because the health and care services are engaging with cancer patients and their family members at an early stage and adapting the services to suit their needs. Of the 55 cancer patients who died during the project period, 45 per cent of them died at home. The number of admissions to nursing homes and hospitals has declined. The personnel have years of experience and confidence in dealing with seriously ill patients. There has been a systematic effort to implement competence-building measures and local information activity.

The inter-municipal palliative team conducts weekly pre-round meetings with doctors from the palliative team at the university hospital, and the patients' general practitioners are invited to participate. The municipality has prepared its own action plan for cancer care and palliative care for 2012–2016.

See: <http://www.askoy.kommune.no/>

The Government seeks to ensure that terminally ill and dying patients feel that their final phase of life is as safe and meaningful as possible, and it will expand expertise and services in the area of palliative care. When patients can spend time and die in their own homes, this may strengthen a sense of belonging to and cooperation with the family and civil society, make it easier to direct events according to the wishes of those involved than at the hospital, and help to ensure that death does not become the realm of the professions alone.

Meeting the needs of patients and their family members will require an interdisciplinary approach that utilises personnel and expertise in new and better ways, with more integrated services in the municipalities.

A number of measures have been implemented in the municipalities and specialist health care services to achieve this. Through funding for competence-building measures in the area of palliative treatment and care at the end of life, projects have been established to raise the level of employees' expertise in palliative treatment in general and in palliative treatment for children in particular. The Government will also establish a framework for greater involvement of family members and develop a training programme for care services employees that provides basic expertise in palliative treatment.



BOX 3.6 COOPERATION BETWEEN MUNICIPALITIES AND TELEMAR HOSPITAL

The mobile team at the palliative centre at Telemark Hospital in Skien has consultations with patients with a need for palliative treatment throughout the entire county. The team meets patients and family members together with local health care personnel in the patient's own home or at the nursing home to discuss challenges and offer advice and training.

In addition, a network coordinator at the palliative care unit administers a competency network of 120 resource nurses from the hospital, home care services and nursing homes in the municipalities. The hospital and all 18 municipalities in Telemark county have entered into a collaboration agreement.

A competency plan has been prepared for the systematic training of health and care employees who work most closely with the patients. The training utilises networking meetings and monthly video instruction.

See: <http://www.sthf.no/>

Caring for dying children is one of the most demanding tasks in the health and care services. There is a need for knowledge and expertise in this area. In response, the Government has allocated funding to volunteer organisations that work with palliative treatment for children and adolescents. The 2015 budget agreement between the Christian Democratic Party, the Liberal Party, the Conservative Party and the Progress Party contains an additional allocation for this purpose which will go in part to continuing education courses in children's palliative care for health care personnel. The Dignity Centre in Bergen has also received funding to arrange courses on palliation and palliative treatment.

National professional guidelines will be drawn up on palliative treatment regardless of diagnosis related especially to children's needs, and are expected to be completed in spring 2015. The guidelines will describe, among other things, how to provide palliative treatment in the best manner possible to children with life-limiting conditions, how to organise palliative treatment for children in the health and care services, and how to ensure productive cooperation between the service levels.

It has been many years since an overall review of the palliation field was conducted. The Norwegian Directorate of Health has prepared a report on this area in order to compile updated knowledge for use in assessing, planning and implementing measures and instruments that ensure high-quality treatment and care for dying patients. The Ministry of Health and Care Service will follow up the palliation field in an integrated manner through special measures and general instruments in the health and care services. Please refer to the discussion of the palliation field in the white paper Primary Health and Care Services of Tomorrow – Localised and Integrated (Meld. St. 26 (2014–2015)).

3.4 Strengthening the health care services

Due to a number of reforms, the municipal health and care services have acquired new user groups with more professionally demanding, complex medical and psychosocial needs. The nursing home reform, the reform for people with disabilities, the escalation plan for mental health, the Dementia Plan 2015, the Neuro Plan 2015, etc. have resulted in a transfer of responsibilities and tasks from the specialist health care services to the municipalities without a corresponding effort to adequately expand medical expertise.

The care services sector now encompasses the entire life course, and the number of users under age 67 will soon comprise 40 per cent of the users of home care services. This has led to a more diverse, complex user group, often with extensive, long-term needs requiring a higher level of competency and more interdisciplinary expertise. In particular, there is a call for closer cooperation with the municipal health care services and better follow-up by the specialist health care services, especially in the areas of geriatrics, neurology, mental health, cognitive decline, habilitation/rehabilitation and social medicine.

The Coordination Reform is expected to reinforce this situation in the years to come. The same holds true for the professional restructuring of the services which will put greater emphasis on active care, rehabilitation for daily life, welfare technology, social networking activities and palliative treatment. This development will require better coordination within the municipal health and care services with regard to preventive health care, physical therapy, rehabilitation and medical diagnosis, treatment and follow-up.

Important themes addressed in the white paper Primary Health and Care Services of Tomorrow – Localised and Integrated (Meld. St. 26 (2014–2015)) include the medical follow-up of users of the services and better, more systematic cooperation and coordination between the various sub-services in the municipalities. The white paper emphasises measures for working in a more team-oriented manner and developing new ways and methods of working. Employees must focus more of their efforts on prevention, provide follow-up, give training that promotes skill mastery, and prepare treatment plans in consultation with users. Clinical expertise in the health and care services must be strengthened as well. Please refer to the discussion of these issues in the white paper Primary Health and Care Services of Tomorrow – Localised and Integrated (Meld. St. 26 (2014–2015)).



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DEFICIENCIES IN MEDICAL FOLLOW-UP

Previous studies show that there are deficiencies in the health services and the medical follow-up of users of the care services. This applies both to patients in nursing homes and to users of the home care services. Doctor coverage in nursing homes has increased in recent years, which may mean that conditions for providing necessary, professionally sound medical assistance have improved. There are still challenges, however, related to medical follow-up of users of the care services.

Meld. St. 29 (2012–2013) Future Care, white paper from the Ministry of Health and Care Services

3.5 Competency Plan 2020

The services are facing major challenges related to personnel and expertise. About 25 per cent of the person-years in user-oriented care services are performed by employees without professional education in health and social care. In addition, projections of supply and demand in the labour market anticipate a significant shortage of nurses and health care workers in the coming years. In the longer term, projections indicate a clear need to increase the number of person-years in the care services sector after 2020 in keeping with the rising number of elderly.

To ensure sustainable, high-quality services, there is also a need for professional restructuring and raising the level of professional expertise in the care services, in part by increasing the proportion of personnel with a university college education, creating a broader professional base with more professional groups, and increasing focus on interdisciplinary activity. Furthermore, there is a need to strengthen the care services' own knowledge base through research and development of knowledge.

ACTION PLAN FOR RECRUITMENT, COMPETENCE AND PROFESSIONAL DEVELOPMENT

In Proposition 1 S (2014–2015), the Government announced that it would draw up an action plan for recruitment, competence and professional development in the care services, known as the Competency Plan 2020. The action plan is intended to foster a high level of professional expertise in the services and ensure that the sector has adequate, competent staffing. The plan will build further on the positive experiences from the Competency Plan 2015, and must be viewed in connection with the white paper Primary Health and Care Services of Tomorrow – Localised and Integrated (Meld. St. 26 (2014-2015)) and the follow-up of the Health&Care21 strategy. The plan will be presented in connection with the budget for 2016. In the white paper Primary Health and Care Services of Tomorrow – Localised and Integrated (Meld. St. 26 (2014-2015)), the Govern-

ment proposed that the Competency Plan 2020 should encompass all of the municipal health and care services.

The action plan follows up the long-term strategy described in the white paper Future Care (Meld. St. 29 (2012–2013)) on taking advantage of the relatively stable demographics in the next 10 years to raise the level of education among care services personnel. This will prepare the municipalities by giving them the necessary expertise before the rapid expansion of needs begins in earnest.

The large percentage of employees without professional education can be reduced through active recruitment, adequate educational capacity and training. The Government has already strengthened efforts to promote competence-building for employees with a formal education in health and social care by increasing funding for basic, further and continuing education. The purpose of the funding is to increase recruitment to the sector, stabilise the personnel situation, and raise the level of expertise in the services, including in the areas of dementia, geriatrics, mental health and substance abuse.

As a follow-up to the white paper Future Care (Meld. St. 29 (2012–2013)), funding has been allocated to strengthen the development centres for nursing homes and home care services, raise the level of expertise in the area of welfare technology, and establish a national project to increase the recruitment of men to the care services sector.

The objective of the development centres for nursing homes and home care services is to be a driving force to enhance knowledge and quality in the care services by focusing on research, professional development and competence-building. All Norwegian counties currently have such development centres, which are intended to serve as models for other home care services and nursing homes in the counties and to disseminate knowledge and professional skills.

A training programme is being developed for employees that provide services to people with cognitive impairments. Competence-building in the area of welfare technology is discussed in more detail in Section 4.2.

There is a need to motivate and recruit employees to the care services sector. Men represent perhaps the greatest unused resource in the care services. To increase the recruitment of men, the Government has established a national project based on the experience gained from a project conducted in Trondheim municipality on men in the health care services. Through collaboration between municipalities and local offices of the Norwegian Labour and Welfare Administration (NAV), men are now eagerly seeking to try out the health and care services as a future workplace and career path.

As part of the effort to raise the level of expertise and quality in the services, the question of whether norms or guidelines for staffing and quality should be introduced in the care services sector will be explored. Additionally, the Government will evaluate whether competency requirements should be introduced into the Act relating to municipal health and care services (the Health and Care Services Act). Please refer to the discussion of this issue in the white paper Primary Health and Care Services of Tomorrow – Localised and Integrated (Meld. St. 26 (2014–2015)).



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PROFESSIONAL RESTRUCTURING AND BROADER EXPERTISE

To ensure sustainable, high-quality care services in the future, it will be necessary to restructure the professional activities of the care services. There will be a need for a higher level and different kinds of expertise, new work methods and new professional approaches. The professional restructuring will primarily be related to a greater emphasis on rehabilitation, early intervention, activation, networking, activity therapy, guidance for family members and volunteers, and the implementation of welfare technology. The further development of expertise in palliative treatment and care at the end of life will be encouraged as well.

To promote professional restructuring of the care services, the Government will focus on the following objectives in this white paper:

- Raising the level of professional expertise in the care services, in part by increasing the proportion of personnel with a university college education and facilitating internal training;
- Creating a broader professional base with more professional groups and increased focus on interdisciplinary activity;
- Strengthening the care services' own knowledge base through research and dissemination of knowledge.

Meld. St. 29 (2012–2013) Future Care, white paper from the Ministry of Health and Care Services

3.6 Management

The health and care services comprise important welfare schemes for the population. The managers of these services have taken on a social responsibility to administer and direct the services in a manner that realises society's objectives for the services to the greatest extent possible. Being a manager in the health and care services is both exciting and challenging. The services are delivered in complex organisations that conduct round-the-clock activities, seven days a week, 365 days a year. This requires a high level of management skill, professional expertise, interdisciplinary cooperation, and coordination with other actors. The various service areas are expected to interact in an integrated, coordinated manner, and the management is supposed to facilitate user involvement in various processes. The sector has few managers in relation to its size and complexity.

Effective management at all levels is critical for ensuring that the services are professionally sound at all times. Management responsibility entails formal opportunities and instruments to exercise leadership and assumes that the management is knowledgeable about these. Experience from inspections indicates that steering and management are not always given sufficient attention. Many municipalities can document that they are implementing development and improvement measures to ensure effective management and steering. If the services are to meet rising expectations and perform new tasks, a concerted effort must be undertaken to strengthen the managerial role, increase the number of managers, and develop the leadership roles in the services.

COMPETENCY MEASURES

To strengthen management competency in the services, leadership training for the health and care services sector has been established as part of the Competency Plan 2015. The training may be ordered by one or more cooperating municipalities for department managers within the health and care services field, and may be customised as needed. The training consists of group sessions and work between the sessions. So far, 100 municipalities have participated. The Norwegian Directorate of Health considers the leadership training to be a success. What makes the training unique is that it is customised and that it takes its point of departure in the municipality, not individual persons. Municipalities that have taken part with several employees across service areas report that cooperation has improved and that the enhanced expertise benefits all aspects of the services.

In the follow-up to the agreement on quality development in the municipal health and care services between the Government and the Norwegian Association of Local and Regional Authorities (KS), an effort has been launched to develop a new leadership training programme for managers in the municipal and county health and care services. As part of this effort, it has been pointed out that it could be relevant to refer to the rector education programme under the auspices of KS and the Norwegian Directorate of Education and Training.

The municipal health and care services have many of the same management challenges as the specialist health care services. As such, it may be beneficial to share experiences and knowledge on management-related issues across the various segments of the health and care services. Please see the discussion and recommendations in the white paper Primary Health and Care Services of Tomorrow – Localised and Integrated (Meld. St. 26 (2014–2015)).

3.7 Development through knowledge

The health and care services sector requires a stronger knowledge base. There is a need for knowledge about the content and quality of the services, organisation, management and steering of the services, the impact of work methods and professional approaches, and interaction with users and other caregiving resources. Knowledge is also needed about the status and development of volunteer and informal care.

Increasing knowledge in the municipal health and care services is one of five main priorities in the Health&Care21 strategy, the first national research and innovation strategy drawn up for the field of health and care services. The Health&Care21 strategy states that very little health care research is targeted towards the municipalities and that the resources allocated are not adequate for the major challenges facing the municipalities. It also notes that there is a lack of data for research. The strategy points out that the municipal sector needs dynamic, available research and innovation groups that it can cooperate with, as well as measures to ensure that the research and innovation groups achieve a critical mass. There is also a need to develop productive, targeted research networks in the various subject areas and to establish clear arenas for the implementation, testing and dissemination of knowledge. A Health&Care21 action plan that specifies how the Government



will follow up the priority areas in the Health&Care21 strategy will be drawn up. Research can play a crucial role in changing practice and addressing the long-term challenges facing the services, in part related to new user groups and the growing number of elderly. A stronger knowledge base will help to improve municipal planning, raise the status of the care services, and create more professional interest in the sector. The Government will give priority to research on the care services and continue the initiative on care research under the Research Council of Norway.

Knowledge-based practice is essential for the ability to deliver safe, secure health and care services of high quality. Knowledge-based practice is a synthesis of research-based knowledge, experiential knowledge and users' knowledge. Good patient pathways are created when the services are based on the users' goals for their own lives, knowledge is acquired about which measures have positive effects, and the services are coordinated in a planned, mostly uninterrupted series.

There is a great need to disseminate and implement new knowledge in the health and care services sector. There is often a large gap between research and planning and knowledge-based practice. This applies mainly to the implementation of new work methods and non-traditional professional approaches. To promote the dissemination and implementation of new knowledge and new solutions, the Government has established development centres for nursing homes and home care services in all of the counties, and five centres for care research have been launched at university colleges or universities that provide training for health and social care personnel. The municipalities with development centres are part of a common network and are linked to the regional centres for care research. The research centres will help to strengthen practice-based research and development in the field, and conduct research dissemination and competence-building vis-à-vis the municipalities. The 2015 budget agreement between the Christian Democratic Party, the Liberal Party, the Conservative Party and the Progress Party contains an allocation for project funding for the Centre for Elderly and Nursing Home Medicine.

To promote research that is relevant and useful for the services, it is important that the end-users of research are involved in the planning and implementation of research projects. User involvement in research helps to ensure that the results will meet the needs of users and patients, leading to improved treatment and a better experience for users. User involvement in research creates trust, clarifies the researchers' social responsibility, and illustrates why investment in research is important.

BOX 3.7 PROFESSIONAL DEVELOPMENT IN THE CARE SERVICES IN OSLO MUNICIPALITY

The nursing home division in Oslo municipality has consolidated the development centres for nursing homes and home care services and the municipality's geriatric resource centre, making it possible to coordinate professional development and teaching activities. By establishing a structure for practice-based research, new knowledge is generated which can help to improve the services for people with an extensive need for health and care services.

Source: oslo.kommune.no

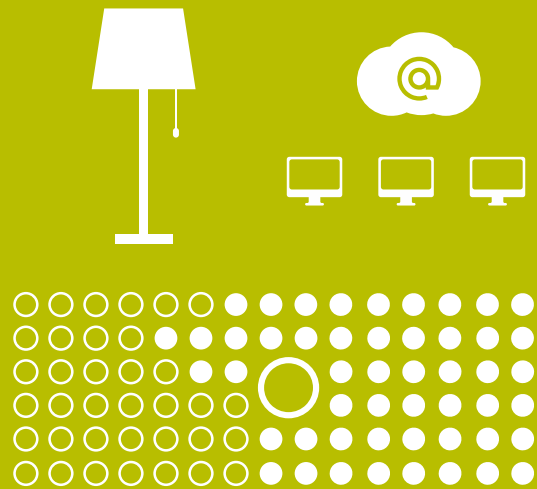
The Government will foster a high level of professional expertise in the health and care services and ensure that the sector has adequate, competent staffing. High-quality, future-oriented municipal health and care services must put more emphasis on rehabilitation and on activating users both socially and physically, and putting greater focus on the users' social and cultural needs. At the same time, the medical and clinical follow-up of users in nursing homes and home care services must be improved. This will be achieved through the following means:

- Prepare a new Competency Plan 2020 as an action plan for recruitment, competence and professional development;
- Raise the level of employees' expertise in palliative treatment in general and in palliative treatment for children in particular;
- Further develop the initiative on leadership training in the health and care services sector and facilitate cooperation between the municipal health and care services and the specialist health care services;
- Explore whether norms or guidelines for staffing and quality in the care services sector should be introduced;
- Introduce competency requirements into the Act relating to municipal health and care services (the Health and Care Services Act);
- Develop more team-based ways and methods of working, and raise the level of clinical expertise in the health and care services, cf. Meld. St. 26 (2014–2015) Primary Health and Care Services of Tomorrow – Localised and Integrated, white paper from the Ministry of Health and Care Services;
- Raise the level of expertise, broaden the sector's professional scope, and enhance the municipal services' own knowledge base in accordance with the white paper Future Care (Meld. St. 29 (2012–2013));
- Expand daytime activity programmes for people with dementia;
- Prioritise research on the municipal health and care services, and continue the initiative on care research under the Research Council of Norway;
- Prepare an action plan specifying how the Government will follow up the priority areas in the Health&Care21 strategy.



4

New architecture and technology





To strengthen current services and meet the care challenges that society will face in the near future with modern buildings and facilities, the Government has bolstered the Norwegian State Housing Bank's investment grant scheme for 24-hour care spaces. The purpose of this is to enhance, modernise and replace older institutional buildings and housing used for nursing and care purposes and to expand the capacity of these buildings. A welfare technology programme is being implemented at the same time to improve the ability of individuals to master daily life, whether they live in their own homes, residential care homes or skilled nursing facilities.

4.1 Nursing facilities and residential care homes of the future

At the end of 2014, almost 90 000 of the care services' 270 000 users lived in nursing homes or residential care homes. These residents encompass all age groups and have highly divergent housing needs. Some are there for the short term to relieve families of the caregiving burden or to receive rehabilitation, while others will receive 24-hour care over a longer period of time. Some will spend their final days of life there, while others will be long-term residents and receive assistance from the health and care services. Some need a large amount of space around them so as not to disturb others. Some have a great need to be together with others. Consequently, there is no single answer to how the care services' living and institutional arrangements should be built and organised. If the care services are to put users at the centre and meet their various needs, a diversity of solutions is required. Therefore, the "new nursing facility" does not look like a traditional nursing home comprised of a multi-storey building with large wards, identical rooms and long corridors. Nursing homes and residential care homes of the future must be designed on the basis of the users' needs and have a more flexible layout.



NEW CONCEPT

There is an exciting development taking place in the municipalities in which the rooms in nursing homes are beginning to resemble actual homes and today's residential care homes are being built together and used both as a supplement and as an alternative to nursing homes. Soon it will not be possible to see the difference between small, modern nursing home units with a high living standard and local living and service centres with separate residences. There are now nursing homes with a private housing standard and residential care homes with nursing home services. When seeking answers to future challenges, there are good reasons to continue and reinforce this trend, rather than returning to the cumbersome institutional solutions of the 1980s.

The Government wishes to take the best from the two different traditions and build tomorrow's solutions on the basis of several fundamental principles:

- "Small is good." Small shared flats and units instead of traditional institutional solutions.
- A clear distinction between the types of living arrangements and services in which the services and resources are tied to the individual's needs.
- A clear distinction between private, common, public and service areas in all buildings used for health and care purposes.
- Housing solutions that are adapted for use of new welfare technology and that have all the necessary amenities (bathroom, toilet, kitchenette, bedroom and living room) within the private area, adapted for both residents and family members.
- Care services with living arrangements and offices that are an integral part of the local community in towns and city neighbourhoods in which the public areas are shared with the population at large.

Meld. St. 29 (2012–2013) Future Care, white paper from the Ministry of Health and Care Services

The housing options must not only function well for the residents; they must also be adapted and provide space for family members and create a good working environment for the health and care workers.

The need for short-term spaces for rehabilitation and family relief is increasingly dramatically, and should as far as possible be kept separate from the housing and institutional arrangements intended for longer stays.

With this as the backdrop, the Government will explore establishing a scheme that sets aside funding for research, development and innovation with a view to designing and testing new models for future institutional and housing solutions.



BOX 4.1 THE NORWEGIAN STATE HOUSING BANK'S MODEL PROJECTS

Shared housing for seven residents in Trondheim

Trondheim municipality has built a shared housing facility in Ranheimsveien for people who need 24-hour nursing and care. The building consists of seven flats, a common area for residents, and an area for staff distributed over two storeys. The flats have a bedroom, bathroom, entrance and living room/kitchen. All of the flats have their own balconies that face west. The shared housing facility is located in an area with small houses near the new Ranheim school and sports facility and Ranheimsbukta. The project adheres to Trondheim municipality's guidelines for higher-density housing. The complex uses wood extensively. The facility is Norway's first official passive energy housing built in accordance with approved standards.

Two shared housing facilities in Andebu

Two shared housing facilities with a common yard are located on a large lot in Andebu town centre. Each building has a common, centrally located dining area, kitchen and living room for its six residents. All of the private housing units and common areas have terraces. Technical aids in the "wheelchair garage" and storage closets are easily accessible. The built environment lays a foundation for the residents to live an enjoyable, practical life.

These are two examples given by the Norwegian State Housing Bank as model projects for residential care homes and nursing homes.

Source: <http://www.husbanken.no/forbildeprosjekter>

THE NORWEGIAN STATE HOUSING BANK'S INVESTMENT GRANT SCHEME

The Norwegian State Housing Bank's investment grant scheme for nursing facilities and residential care homes will be continued. Investment grants for 24-hour care spaces in nursing homes and residential care homes, which were introduced in 2008, are intended to encourage the municipalities to renew and expand the number of nursing home spaces and residential care homes for people who need 24-hour health and care services, regardless of the resident's age, diagnosis or level of functionality. The grants are administered by the Norwegian State Housing Bank.

One of the Government's first steps was to substantially increase investment grants for 24-hour care spaces in the 2014 budget negotiations. The average percentage of state grants per unit was raised from 35 per cent to 50 per cent of the maximum facility cost, which in 2015 was set at NOK 2.972 million for most municipalities and NOK 3.4 million for municipalities in high-demand areas. In 2015, a commitment quota has been established that can cover grants for roughly 2 500 24-hour care spaces in nursing homes and residential care homes.

The Government has taken these steps to encourage the state to take a greater financial responsibility for ensuring that the municipalities develop sufficient capacity and quality in the services. By significantly increasing the investment grants, the Government has established an effective, targeted stimulation measure to better equip the municipalities to renew and increase the number of 24-hour care spaces.

To be eligible for an investment grant, the care spaces must employ universal design principles and be adapted for people with dementia and cognitive decline. Such design and adaptations must be in conformance with the Dementia Plan 2020 and the purpose of the reform for people with disabilities. This entails small units and shared flats incorporated into the local community of towns and urban areas, preferably with joint use of common areas for home care services, daytime activity programmes, a cantina/cafe/tergia, and easy access to adapted outdoor areas, businesses and transportation.

The Norwegian Association of Local and Regional Authorities (KS) has asked the municipalities about their needs and plans for expanding the number of 24-hour care spaces in the future. The results from the study estimate a need to invest in some 60 000 spaces up until 2030. This includes replacement, renovation and greater capacity. The Government will work with KS to draw up a plan based on presumed net growth in 24-hour care spaces.

Furthermore, the Government will consider implementing simpler rules on the use of state funding schemes for building projects involving private actors, non-profit organisations and housing cooperatives.

FINANCING AND USER-PAYMENT SCHEMES

The current financing and user-payment schemes for the municipal care services vary depending on whether the recipients of the services live in their own homes/residential care homes or in institutions. The Government has therefore begun efforts to evaluate possible models of financing and user-payment schemes for services regardless of type of living arrangement (see Section 5.2).

4.2 Welfare technology

To give people a better chance to cope with their daily lives and health issues and to help more individuals feel safe and secure in their own homes, the Government has launched a national programme for the development and implementation of welfare technology in the health and care services. The main objective of the programme will be to make welfare technology an integral part of the care services by 2020. The programme will be based on the objectives set out in the Coordination Reform regarding health-promoting activities, preventive services, early intervention and the delivery of services where people live. The programme will also build on the local conditions in the municipalities and address the need to view welfare technology solutions and service innovation in relation to each other.

The programme will promote the development, testing and implementation of welfare technology solutions in the municipalities, as well as competence-building and training, and the establishment of open standards for welfare technology.

The Norwegian Directorate of Health has the primary responsibility for implementing the national programme for the development and implementation of welfare technology, and will carry out national development activity in this area. This means that the Norwegian Directorate of



Health has the overall professional responsibility for the development, testing and implementation of welfare technology solutions in the municipalities and for the establishment of open standards in the area of welfare technology. The Norwegian Directorate of Health is charged with ensuring that the programme is implemented in a coordinated manner, that the municipalities are given guidance regarding the processes, that networking meetings in trial municipalities are held, and that the experiences from the trial municipalities are coordinated at the national level.

The municipalities must participate in the development and testing of welfare technology solutions in a three-way cooperation with the private sector and research, development and innovation circles. Funding has been awarded through the national programme for the development and implementation of welfare technology to 10 projects that will develop and test welfare technology solutions in the municipalities. Priority has been given to projects on the development of safety packages. The projects encompass 31 municipalities in a close collaboration with R&D groups and trade and industry.

BOX 4.2 THE LINDÅS PROJECT

The Lindås project involves the testing of welfare technology for residents of Lindås municipality who live at home. The project is studying the impact of introducing such technology on users, family members, employees and the organisation of the care services. The project has reached the half-way point, and about 130 users have had welfare technology installed in their homes in the form of various sensors and an alarm system connected to an alarm centre. So far the project has documented positive experiences in which users and family members feel they have a greater degree of safety and security in their daily lives.

The Lindås project is also a research-based project directed by the Centre for Care Research – Western Norway, Bergen and Bergen University College in cooperation with Lindås municipality, Vakt og Alarm AS, and the development centre for nursing homes and residential care homes in Hordaland county. The research project is made possible through funding from the Regional Research Fund for Western Norway, but has also received funding from the welfare technology programme, the Norwegian State Housing Bank, a collaboration grant from the Norwegian Directorate of Health, discretionary funding from the Hordaland County Governor, and funding for research fellowships provided by the Norwegian Nurses Organisation. The project has been selected as one of two Norwegian projects to be incorporated into Connect, the welfare technology project under the Nordic Council of Ministers.

Source: <http://www.lindas.kommune.no/omsorgsteknologi>

Training and competence-building for employees, users and family members must take place in advance of and alongside the implementation of welfare technology. Training must be carried out primarily in the form of internal training programmes in the municipalities, preferably in cooperation with and with the assistance of educational institutions, technical aid centres and other professional circles. In July 2014, the Norwegian Directorate of Health entered into an

agreement with the Norwegian Association of Local and Regional Authorities (KS) on the further development of a roadmap for welfare technology and a training package that provides basic expertise in welfare technology. The roadmap for welfare technology provides guidance to the municipalities on how welfare technology projects can be conducted in practice, and is planned to be launched with new tools in 2015. The initial version of the training package will be ready in 2015, and will provide practically oriented training for the municipalities.

Strong national steering of the development of ICT in the health and care services sector will be necessary. Standardisation efforts in the area of welfare technology will help to promote integrated, supplier-independent welfare technology solutions across the public and private sectors so that the users receive high-quality, coordinated, predictable services. The Government has decided to introduce Continua Health Alliance as the recommended framework for the welfare technology field in Norway.

In the deliberations on Proposition 1 S (2014–2015), cf. Recommendation 11 S (2014–2015), the Storting decided to allocate funding for a national project on technology and services for treatment and care in which chronically ill patients are followed up “remotely” by health care workers with the help of welfare technology solutions. In 2015, the Norwegian Directorate of Health has been given the task of establishing the project.

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WELFARE TECHNOLOGY PROGRAMME

The use of welfare technology opens up many opportunities. Such technology can help people to cope with their daily lives and health issues, allow more people to live longer in their own homes despite reduced functionality, and help to prevent or postpone admission to an institution.

Technology can never replace human caregiving and physical proximity, but it can help to strengthen social networks and facilitate greater cooperation with the services, local communities, families and volunteers. Thus it can also free up resources in the care services that can then be used in direct user-oriented activities.

The development of welfare technology must be placed in a framework. It must be aimed at solving specific problems and addressing users’ needs. Welfare technology should therefore be implemented in the health and care services alongside changes in the organisation and focus of the services.

In order to fully exploit the potential of welfare technology, a framework must be created that encourages the municipalities to make greater use of such solutions. To facilitate this, a national programme for the development and implementation of welfare technology in the municipal health and care services will be launched. The main objective of the programme will be to make welfare technology an integral part of the care services by 2020.

Greater implementation of welfare technology in the health and care services will:

- enhance the ability of users to manage their own daily lives;
- increase the sense of safety and security for users and their family members and relieve some of the concerns of family members;
- increase the participation of users and their family members in user networks and enhance the ability to maintain ongoing contact with each other and the support system.

Meld. St. 29 (2012–2013) Future Care, white paper from the Ministry of Health and Care Services

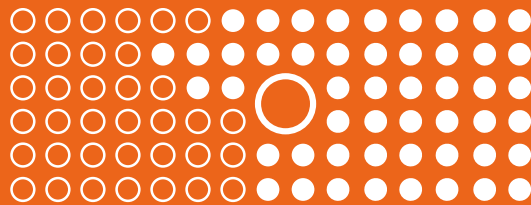


The Government seeks to ensure that the state assumes a greater financial responsibility for ensuring that the municipalities develop sufficient capacity and quality in the services, and at the same time improve the ability of individuals to master daily life, whether they live in their own homes, residential care homes or nursing facilities. The Government will achieve this in the following ways:

- Continue investment grants to nursing homes and 24-hour residential care homes under the Norwegian State Housing Bank;
- Facilitate the allocation of grants to create roughly 2 500 24-hour care spaces in 2015;
- Cooperate with the Norwegian Association of Local and Regional Authorities (KS) on the preparation of a plan based on presumed net growth in 24-hour care spaces;
- Consider implementing simpler rules on the use of state funding schemes for development projects involving private actors, non-profit organisations and housing cooperatives;
- Implement a national programme for the development and implementation of welfare technology in the health and care services.

5

Simplification, renewal and improvement through innovation





The Government seeks to make the daily life of the population at large easier by simplifying, renewing and improving the public sector. In the care services sector, these efforts will be closely linked to investment in innovation and follow-up of the white paper Future Care (Meld. St. 29 (2012–2013)). Renewal and improvement of the municipal health and care services will primarily be achieved through the application of new solutions, new technology and new methods and by expanding cooperation between families, the local community, volunteers, non-profit organisations and private enterprise. This will require involving users in the design of services at a different and more fundamental level than is the case today.

5.1 Innovation

Innovation entails creating something new, opening up for new resources and opportunities, and paving the way for new solutions to problems encountered by users and personnel on a daily basis. Innovation can be employed as a method when further development of current solutions and structures falls short or is inadequate for meeting emerging challenges. Innovation can be used both to solve small problems in daily life and to deal with more complicated societal issues. Innovation activities differ from ordinary development activities in that the solution is not known at the outset.

The Government views it as crucial to enhance the municipalities' ability to innovate and to facilitate the development, testing, documentation and implementation of new solutions. In recent years the health and care services sector has been in the vanguard of municipal innovation efforts. Both the wide-ranging challenges facing the future care services and the changes resulting from the Coordination Reform have forced the municipalities to find new organisational forms, develop new types of living arrangements within and outside institutions, expand daytime activity programmes, strengthen preventive and rehabilitative activities, and cooperate across professional areas and administrative levels.

For the most part, municipal innovation efforts must be financed via the revenues system and over the general municipal budget. Beyond this, the Government provides additional support primarily to ensure follow-up research and documentation, with the aim of disseminating and implementing new, effective solutions. In addition, some of the municipalities' key partners in research, innovation and service design are offered grants and policy instruments for assisting the health and care services.

The InnoMed national network for needs-driven innovation in the health and care services sector was established at the request of the Ministry of Health and Care Services. The Norwegian Directorate of Health is responsible for administering the network, and Innovation Norway is a key partner and contributor. As a component of the Care Plan 2020, the InnoMed network has been extended to encompass the municipal health and care services as well.

The Agency for Public Management and eGovernment (Difi) also works to make the public sector more innovative, and has been charged with the task of establishing a resource centre for innovation at the state and municipal levels. This will become an important partner in municipal innovation in the health and care services field as well over time.

The five care research centres and the development centre for nursing homes and home care services in each county will have important functions in connection with follow-up research, documentation and dissemination activities.

The Norwegian supplier development programme works to ensure that public procurement processes are used to encourage innovation and value creation to a greater degree. The programme will be continued under the auspices of the Confederation of Norwegian Enterprise (NHO), the Norwegian Association of Local and Regional Authorities (KS) and Difi.

KS has developed the following tools for municipalities seeking to carry out systematic innovation efforts:

- SLIK (Systematisk ledelse av innovasjon i kommunene) (“Systematic management of innovation in the municipalities”) is an online tool that provides knowledge and inspiration for conducting systematic innovation efforts.
- N3 (Nytt, nyttig og nyttigjort) (“New, useful and applied”) is a practical methodology tool for use in specific innovation processes.

Please also refer to the attached lists of grant administrators and important partners.

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NEW, USEFUL AND APPLIED

Caregiving of tomorrow is an innovation programme that will design new solutions for tomorrow’s care services together with users, family members, municipalities, non-profit organisations, research institutions, and trade and industry. The innovation programme will promote the development and application of welfare technology, new work methods, new organisational solutions and living arrangements that are adapted for the future.

There are a myriad of definitions for the term “innovation”, but not all apply equally well in the context of the public sector and activities in the health and care services. Regardless, innovation denotes something that is new, useful and applied. The innovative development not only has to be functional, it also has to be applied in practice.

Innovation processes always entail an element of uncertainty and thus presume a willingness to take risks. This is probably one of the biggest obstacles facing the municipal care services sector. It is essential that the state legitimises innovation processes in the care services and takes action to coordinate and provide direction to local efforts.

Meld. St. 29 (2012–2013) Future Care, white paper from the Ministry of Health and Care Services



5.2 Simplification

Creating a simpler daily life for the population at large entails making life more predictable, with fewer bureaucratic obstacles. A simpler daily life for the users of the care services may entail more accessible information, clear and simple communication, a more limited number of personnel to deal with, continuity in the assistance provided and better coordination between the various services.

In its activities to simplify the care services sector, the Government seeks to develop services that promote predictability, continuity and freedom of choice for each individual. The services must have straightforward, easy to grasp regulations and schemes.

Current financing and user-payment schemes for municipal health and care services vary depending on whether the recipient of the services is living at home or in an institution. As a result of regulatory differences, users may pay different amounts for the same services depending on whether the municipality provides them with a space in an institution or whether they live in a home that they own or rent.

The Government has therefore launched a study of the financing and user-payment schemes for various types of living arrangements with the purpose of creating a fair, predictable regulatory framework that users, family members and the municipalities can easily understand. Furthermore, the regulatory framework should ensure that the municipalities assess and plan their capacity needs based on what inhabitants actually need, what will provide the best quality and what is most sensible in a socioeconomic perspective. The study will look at how the schemes can be designed to prevent inequitable distribution between residential care homes and nursing homes and ensure rapid establishment of more 24-hour care spaces.

To achieve the Government's objective of simplifying and renewing the public sector, various grants for municipal competency-building and innovation activities in the care services field have been consolidated. This consolidation will ensure simpler, less bureaucratic grant administration in keeping with the municipalities' needs. For further details, please refer to Section 6.2.

BOX 5.1 TIME WASTERS

The Government is seeking to remove time wasters on both sides of the public service counters. To weed out unnecessary tasks and free up more time for employees to spend on user-oriented tasks, the Government will:

- Simplify procedures and regulations that create unnecessary red tape;
- Develop more user-friendly digital services and digitise case processing in the public sector;
- Encourage the state and municipalities to use plain, easy-to-understand language to enable residents to understand their rights and obligations and use less time on communication with the public sector.

Source: regjeringen.no

5.3 Innovative planning

Research shows that many municipalities still have not incorporated health and care challenges into their municipal planning agendas, despite the fact that this sector accounts for roughly one-third of municipal activity and will be facing difficult challenges in the years to come.

Therefore, as a follow-up of the Coordination Reform and the planning activities for the care services field, a project on health and care in planning (Helse og omsorg i plan) has been launched at five institutions of higher education as part of a national development project to enhance expertise in planning activities and processes at the municipal and state level. The project includes further and continuing education at the master's level, networking activities, courses and seminars, development of planning tools and dissemination of planning-related knowledge.

The Ministry of Health and Care Services has also provided funding for a development effort under the auspices of the County Governors of Nord-Trøndelag and Sør-Trøndelag with the aim of equipping the municipalities with better tools for analysis and planning of municipal care services, including a designated portal to a variety of data sources and a handbook drawn up in cooperation with three municipalities.

Addressing future care challenges will require more than predicting demographic trends and the needs of the various segments of the population and simply expanding or enhancing the efficiency of current measures and solutions. Municipal planning processes must be used more innovatively to assess alternatives and find new solutions, employ new methods and new technology, and bring other actors into play. Experts in the field and politicians must include users, family members, organisations, companies and other local resources in planning activities with an eye to shaping how caregiving tasks will be performed in the society of tomorrow.

5.4 Better quality

Future quality assurance systems must put more emphasis on documentation of quality and safety in the care services. Quality-enhancing activities within the health and care services must primarily take place in the entities themselves. Systematic quality assurance is the responsibility of the management at all levels of the services.

Important steps have been taken to boost quality in the care services sector in recent years. Examples include large-scale investment in raising the competency of employees in the care services and improving and renewal of the sector's existing housing stock, in addition to establishing legal requirements relating to the systematic implementation of quality and patient safety efforts and development of quality indicators.

In the national budget for 2014, the Government introduced reduced self-financing for residents of nursing homes who are forced to share a room against their will. The changes are intended to encourage the municipalities to provide a single room for all residents who wish to have one. In addition, grants for renovation and construction of nursing homes and residential care homes have been increased significantly to expand the capacity and enhance the quality of housing options and buildings in the care services.



The Government is seeking to establish 24-hour nursing and care as a legal right and is planning a trial scheme with state funding of the care services with the aim of testing new approaches to ensure that users have access to safe, high-quality services. For further details, please refer to the white paper Primary Health and Care Services of Tomorrow – Localised and Integrated (Meld. St. 26 (2014–2015)).

However, challenges remain in many areas. According to the Norwegian Board of Health Supervision, the lack of quality management is affecting patient safety. There is a need to develop systems and cultures to enable learning from mistakes. More knowledge is also needed about the quality of the care services and to establish good professional and documentation systems for support in decision-making and knowledge sharing.

The national patient safety campaign In Safe Hands has been continued as the five-year Norwegian Patient Safety Programme: In Safe Hands as from 2014. The programme promotes patient and user safety in the municipal health and care services. Two focus areas are the proper use of pharmaceuticals in nursing homes, and drug review and medication reconciliation in the home care services.

In 2014, a pilot project was launched to assess the organisation of laboratory services for users of home care services. Different models will be developed and tested in three counties in 2014 and 2015. This project must be viewed in connection with the effort to quality assure laboratory services in nursing homes.

The Government will create a framework for ongoing learning and continuous quality improvement. Quality indicators will be developed based on the experiences of users and family members. Importance must be attached to the outcome of the services for the individual user. The indicators will provide knowledge about the services as a basis for learning and improvement. In addition, a quality development initiative will be implemented, focusing on five main areas: management, organisation, professional practice, innovation and patient outcomes. The objective is to provide users with safe, secure care services. For further details, please refer to the white paper Primary Health and Care Services of Tomorrow – Localised and Integrated (Meld. St. 26 (2014–2015)).

A registry for the municipal health and care services will be established. There are considerable knowledge gaps regarding activity and quality in these services. The purpose of the registry will be to compile and make accessible systematic, reliable data from all segments of the municipal health and care services. This data can then be used as a basis for administration, governance, quality development and research, among other things. There is a need to strengthen the municipalities' professional systems and ensure effective decision-making and process support for employees in the services.

Under the project on cooperation on building competency in ethics, more than 200 municipalities are implementing systematic ethical reflection within the municipal health and care services. The project is a collaboration between the Ministry of Health and Care Services, the Norwegian Association of Local and Regional Authorities (KS), employees' organisations and the Norwegian Directorate of Health, and will run through 2015. Ethical reflection helps the health and care services to find new and better solutions. There are also indications that this type of reflection makes personnel more innovative. The Centre for Medical Ethics at the University of Oslo has been charged with the special responsibility for long-term development of competency in and ownership of ethics through supervision, teaching, development of teaching materials, research and dissemination, among other things.

BOX 5.2 PRACTICAL PROCEDURES IN NURSING

Practical Procedures in Nursing (PPS) is an online support tool for the health care sector, with knowledge-based procedures and related knowledge materials for use in practice, quality assurance, documentation and competency development.

More than 300 municipalities in Norway use these practical procedures, as do Norwegian universities and university colleges offering nursing programmes. The procedures serve as professional standards for quality and safety in patient treatment, provide support for practice, and are a concrete tool for preventing failure of and deviation from routines.

Source: cappelendammundervisning.no

The Government will create a simpler daily life for the population at large by simplifying, renewing and improving the public sector and creating better tools for planning and development of public sector services.

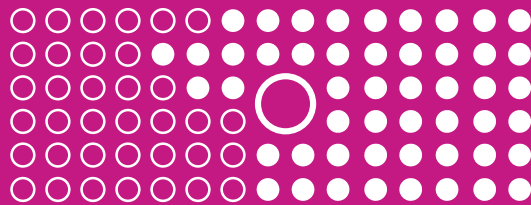
The Government will achieve this in the following ways:

- Strengthen the municipalities' ability to innovate and promote the development, testing, documentation and implementation of new solutions;
- Study models for financing and user-payment schemes for services regardless of living arrangements;
- Simplify the application process for the municipalities by consolidating multiple grants for municipal competency-building and innovation activities in the health and care services field;
- Take the initiative to establish a trial scheme for state funding of the care services, with a view to testing new approaches to ensure that users have access to sound, high-quality services;
- Carry out the five-year Norwegian Patient Safety Programme: In Safe Hands;
- Implement a quality development initiative;
- Establish a registry for the municipal health and care services.



6

Budget 2015





It is a Government objective to provide the municipal sector with framework conditions that can strengthen the municipality as a service producer and democratic arena. This objective has been followed up with an increase of NOK 4.4 billion in unbound income for the municipal sector in the national budget for 2015. This will provide a foundation for expanding capacity, enhancing quality and raising the level of competency in the care services.

In 2015, municipalities wishing to test out innovative measures may apply for discretionary funding for innovation and renewal measures from the county governor's office. This funding is allocated over the budget of the Ministry of Local Government and Modernisation.

The Government will address the various programmes and measures in the national budget for the individual year in question.

6.1 Norwegian State Housing Bank investment scheme for nursing homes and residential care homes

A commitment quota of NOK 3 982.5 million has been set aside for 2015 to cover investment grants for roughly 2 500 24-hour care spaces in nursing homes and residential care homes.

TABELL 6.1 RATES FOR INVESTMENT GRANTS FOR 24-HOUR CARE SPACES FOR 2015

Grant rates per unit for 2015 (in NOK thousand)	High-demand municipalities	Other municipalities
Space in a nursing home, 55% of maximum approved construction costs	1 870	1 634.6
Space in a residential care home, 45% of maximum approved construction costs	1 530	1 337.4
Average grant rate per living unit, 50% of maximum approved construction costs	1 700	1 486
Maximum approved construction costs per unit	3 400	2 972

6.2 Competency and innovation grant scheme

In the national budget for 2015 (Proposition 1 S (2014–2015), cf. Recommendation 11 S (2014–2015)), NOK 259.9 million has been allocated for a new grant for innovation and competency-building activities in the municipalities. The grant consolidates several smaller municipal grants in the care services field.

The grant is designed to give the municipalities the latitude to implement competency measures and innovation and development activities based on local conditions and needs. Priority will be given to funding training in connection with user-driven personal assistance (BPA) and for basic, further or continuing education for employees in the care services. Priority will also be given to the development of new measures and methods that promote a greater degree of prevention and early intervention, skill mastery, activity, culture and rehabilitation, cooperation with family members and volunteers, and development of welfare technology solutions. Currently ongoing measures will be financed during a transitional phase until they are concluded.

The consolidation into a single grant provides simpler, less bureaucratic grant administration in keeping with the municipalities' needs. A larger-scale, more flexible grant scheme will make it possible to view the various initiatives under the Care Plan 2020 together in the same context and ensure better coordination with grants allocated in other municipal service areas. The grant scheme will be administered by the county governors' offices. With their proximity to and knowledge of the municipalities, the county governors' offices are in an excellent position to assess applications and follow up the municipalities with advice and guidance in a simple manner. Meanwhile, the Norwegian Directorate of Health is responsible for leading and coordinating the implementation of the Care Plan 2020, including the Competency Plan and the national welfare technology programme.

6.3 Other allocations

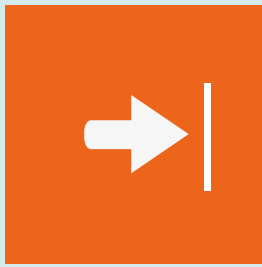
A net increase of NOK 568 million to strengthen the care services has been approved in 2015. This includes:

- NOK 199 million for investment grants for 24-hour care spaces. This amount covers the first year disbursement of grants awarded for the replacement, upgrade and construction of 2 500 24-hour care spaces.
- NOK 62 million for 1 070 new spaces in daytime activity programmes in 2015 for people with dementia who are living at home. The process of drawing up the Dementia Plan 2020 is underway.
- NOK 20 million for a trial scheme for state funding of the care services.
- NOK 30 million to develop a collective health registry for the municipal health and care services.
- NOK 300 million to follow up the legal establishment of the right to user-driven personal assistance (BPA) over the budget of the Ministry of Local Government and Modernisation.

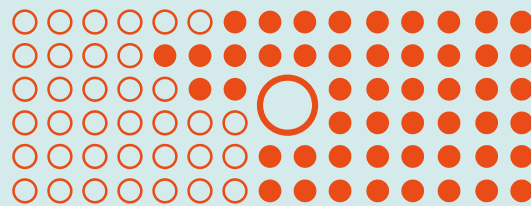


In connection with the budget agreement between the government parties, the Christian Democratic Party and the Liberal Party, NOK 42 million was allocated to the care services sector for welfare technology, palliative treatment and care at the end of life, and the Centre for Elderly and Nursing Home Medicine.

Please refer to Proposition 1 S (2014–2015), cf. Recommendation 11 S (2014–2015), for a complete description of allocations pertaining to the Care Plan 2020.



Conclusion



The Government will develop a health and care services sector that is more widely characterised by quality and activity.

Many of the younger users need assistance throughout their entire lives to be able to participate actively in working and social life. Others need a longer period of rehabilitation to be able to return to and manage their daily lives on their own.

The last years of life must also be meaningful for the elderly who may develop dementia or other conditions. Physical, social and cultural activities are therefore some of the core tasks of the care services, together with looking after and providing nursing for those who need it.

To succeed, users and health and care professionals must join forces in the municipalities to create health and care services that have a high level of professional expertise and broad interdisciplinary competency and that listen to the goals and desires of the individuals who use them.



Annex 1. Grant administrators and partners

The Norwegian Directorate of Health has primary responsibility for implementation of the Care Plan 2020. See: <http://helsedirektoratet.no/tilskudd/Sider/default.aspx> (in Norwegian)

The county governors' offices are key partners in municipal innovation and development activities, and administer the municipal competency and innovation grant scheme and the discretionary funding scheme, among others. See: <https://www.fylkesmannen.no/en/>

The Norwegian State Housing Bank administers an investment scheme for nursing homes and residential care homes. See:
<http://www.husbanken.no/tilskudd/tilskudd-investeringstilskudd/> (in Norwegian)

Regional Research Funds in Norway. See:
http://www.regionaleforskningsfond.no/prognett-rff-hovedside/RFF_in_English/1253976860326

Research Council of Norway. See: http://www.forskningssradet.no/en/Apply_for_funding/1138785830985

Innovation Norway allocates nearly NOK 300 million in funding annually for Industrial R&D contracts (IRD) and Public sector R&D contracts (PRD). See:
<http://www.innovasjon Norge.no/en/start-page/our-services/financial-services/>

The Norwegian Centre for Design and Architecture administers the Design-driven Innovation Programme. Since 2009, funding has been awarded to many pilot projects run by companies and public organisations. See:
<http://www.norskdip.no/about-dip/category9128.html>

Annex 2. Other important partners

The centres for care research are key partners for follow-up research and documentation activities. See: <http://www.omsorgsforskning.no/english>

The development centres for nursing homes and home care services have key functions in connection with dissemination and implementation activities. There is a centre in each county. See: <http://www.utviklingssenter.no/english.180221.no.html>

The InnoMed national network for needs-driven innovation in the health and care services sector was established at the request of the Ministry of Health and Care Services. See: <http://www.innomed.no/nb/> (in Norwegian)

The tasks of the Ministry of Local Government and Modernisation include implementing municipal reform and measures to create a simpler daily life for the population at large. See: <https://www.regjeringen.no/en/dep/kmd/id504/>

The Agency for Public Management and eGovernment (Difi) is a key partner for innovation efforts in municipal administration. See: <https://www.difi.no/om-difi/about-difi>

The Norwegian Association of Local and Regional Authorities (KS) has established the Innovation Alliance (Innovasjonsalliansen) and developed the N3 and SLIK innovation tools. See: <http://www.ks.no/fagomrader/utvikling/innovasjon/innovasjonsalliansen/> (in Norwegian)

The Norwegian supplier development programme promotes innovative public procurement processes. See: http://www.leverandorutvikling.no/?lang=en_GB



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