

A full life - all your life

A Quality Reform for Older Persons



Norwegian Ministry
of Health and Care Services

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LIVE YOUR WHOLE LIFE

A Quality Reform for Older Persons

Recommendation by the Ministry of Health and Care Services on 04 May 2018, approved at the cabinet meeting the same day. (Solberg government)



SUMMARY



Most older persons in Norway live good lives. They have an impact on their own daily lives. They are active and participate in the social community. They have good health and care services that are available when needed. They contribute with their own resources at work, and to family and friends in their community.

All older persons should be able to continue enjoying their daily lives, even when health issues arise and public services are needed.

Local communities have developed good solutions to ensure this. However, not all of these good solutions are utilised by municipalities, and some are used only randomly. Services are therefore not always adequate, and the quality of services for older persons may vary.

The Live Your Whole Life reform consists of 25 specific and tested solutions in areas where services for older persons are considered inadequate.

- An age-friendly Norway
- Activity and socialisation
- Food and meals
- Healthcare
- Continuity of services

The reform builds on what health and care personnel, older persons, family, volunteers, researchers and leaders have found to work in practice. What is it that raises the quality of services and

ensures security and dignity for the senior years? One idea is to offer all older persons at least one hour of activity per day based on their own interests and wishes. Another is for health and care services to establish a community contact person to mobilise volunteer efforts. A third is to provide older persons with more opportunities to choose what they want to eat and to have a good meal in the company of others.

Government representatives have travelled around the country in search of good measures, and have arranged dialogue meetings to collect advice and ideas. Hundreds of examples of good local services and measures have been received and assessed. In addition to recent research, this input forms the foundation for the reform. The reform promotes opportunities for older persons to use their resources and have their needs met at all stages of their later years. This requires a more age-friendly society, where older persons can live good lives and participate in the social community.

The government is promoting a process whereby municipal councils can review and decide on how to implement the solutions of the reform. Once this is done and municipalities have described how they wish to organise these solutions, the efforts to implement and execute the reform can begin.

Municipalities that restructure their services to accommodate the reform will be prioritised for both relevant existing programmes and newer ear-marked programmes. The reform period will begin on 01 January 2019, for a duration of five years in different stages for planning, implementation and evaluation.

The hope is that municipalities will learn from one another and inspire each other. In order to set things in motion, ensure that the solutions are distributed throughout the country, and that they are systematised and utilised by all municipalities, the government will establish a national and regional support network for the reform period. The intent is for this support network to guide and assist municipalities with planning, design and implementation of the reform in the local community. All municipalities will be invited to participate in the learning network, to share experiences and learn from one another.

Through the Live Your Whole Life reform, the government has, for the first time, gathered and systematised new and improved municipal solutions for measures aimed at older persons. Along with currently initiated and implemented efforts and measures, the government is signalling a new and sustainable policy with Live Your Whole Life, meant to ensure good and secure senior years for

all older persons. This involves better services and activities, and a society where older persons are able to use their strengths and abilities.

Previous reforms have often dealt with systems. Live Your Whole Life deals with people and things that matter the most in life. Community, activity, good food and healthcare services. With Live Your Whole Life, older persons will have the opportunity to master their own lives where they live, throughout their lives.

A reform is created between two health conferences

The Norwegian Health Conference kicked off in May of 2017, under the direction of the Ministry of Health and Care Services and the Directorate of Health. Participants from all over the country attended the conference. Snacks were served in the corridor just outside the conference hall. As many as 750 older persons, professionals, family members, leaders, representatives from volunteer organisations and other key actors gathered in groups and around tables. The corridors were buzzing with interest even before the conference began.

The annual Health Conference is an important meeting place. This year's conference launched Live Your Whole Life - a quality reform for older persons.

Bent Høie, the Minister of Health and Care Services, opened the conference by introducing the reform, which deals with basic needs that are often not addressed in services for older persons, including Food, activity, socialisation, healthcare and continuity of services.

By ensuring activities and socialisation for elderly people in local communities, we are not only helping to make lives better and more meaningful, but also helping to prevent a number of health problems, both physical and psychological. This is why activity and socialisation are important aspects of the new reform for older persons.

Older persons who eat enough nutritious food are healthier and happier. This is why good food and good meals are an important part of the new reform for older persons.

Early intervention can halt the progression of diseases and prevent complications from health issues, to help older persons manage their daily lives. This is why good healthcare services are an important part of the new reform for older persons.

Reliable services with better continuity are essential for those who need help, and for their families. This is why better coherence and continuity is an important part of the new reform for older persons.

During the conference, participants listened to presentations on topics related to Live Your Whole Life, by professionals, researchers, family members and service users. Kåre Reiten, Chair of the Municipal Board for Social Welfare in Stavanger, presented their Live Your Whole Life project.

"When I saw the work being done on the reform, I knew there was something familiar about it. This is a project we have had running in Stavanger since 2010. It is a restructuring project we initiated many years ago, because we knew we had to deal with the future care of older people in a different way, rather than simply granting resources and spending more money."

Kåre Reiten believes it is important to begin municipal restructuring efforts early in order to meet upcoming challenges:

"To change the course of a ship, we need some propulsion."

Erlend Eliassen, kitchen manager at Nygård nursing home in Sandefjord municipality, explained how nursing home food could be good food. In the Nygård model, feedback from service users is key. Meal surveys are carried out each week, and nutritional contact persons in the wards also meet weekly:

"We tend to forget the people - that is the biggest mistake. I always have to convince others that people are actually the most important factor here."

Maurtuva Vekstgård in Inderøy municipality is service for people with dementia living at home, and their families. The service is run in cooperation with Inderøy municipality and social entrepreneurs, and offers activities and long weekend stays for older persons. Maurtuva Vekstgård offers respite care for family caregivers, and a secure, enjoyable environment for people with dementia. These services were presented by Kjerstin Heggdal Grimstad and Ida Stene Tangstad:

Good respite care is respite care with a good conscience.

Our goals include good food, socialisation, mastery and an enjoyment of life - the golden moments that linger in the mind and body.

It is incredible what can be done with our own efforts and the help and involvement of key actors.

During the breaks, participants had the opportunity to visit stands presenting some excellent tools and solutions.

On day two, Prime Minister Erna Solberg took the podium:

"We have done a great deal to improve services for older people. Nevertheless, we still often fail in the most important areas in the care of the elderly. This makes the final years of life more difficult to manage for many elderly people and their families. This is the reason we have now begun work on a reform for older persons."

She was followed by the Minister of Finance, Siv Jensen:

"It's time to change the way we think. We cannot erase the difference between services for older people at a government desk. We have to talk to people who know where the shoe pinches. These differences are most apparent out in the municipalities. And that's where the good solutions lie."

Bent Høie, the Minister of Health and Care Services, was the last to speak at the conference. He described the continued process for reform efforts:

"We will present the advice and ideas we receive in the form of a White Paper in spring of 2018. The municipalities will have identified specific focus areas and tools for implementing changes. We will then use the remainder of 2018 to prepare municipalities for the reform. The reform will be initiated in 2019."

The work then began on organising dialogue meetings throughout the country, to obtain input for solutions and to hear some good examples. Five dialogue meetings were held on the main topics of the reform:

Food, nutrition, social mealtimes, Stavanger 30 May 2017

Healthcare services for elderly patients, Bergen 20 June 2017

Activity and social community, Bodø 31 August 2017

Coherence, Hamar 26 September 2017

Implementation and distribution, Stjørdal 07 November 2017

Seniors and their families, municipal employees and leaders, volunteers, professionals and researchers were all invited. More than 400 people participated in the dialogue meetings. Feedback from the participants was positive:

"It was great to be involved in the development of a reform, and not one that was already completed."

All dialogue meetings have been summed up in separate reports at regjeringen.no.

In addition to the dialogue meetings, all participants were encouraged to submit ideas for the reform. Several hundred letters and emails arrived from older persons, family members, employees, municipalities, interest groups, professional environments, and other key actors. All good examples and ideas were summed up and collated with recent knowledge and research results as a basis for the white paper. The Ministry of Health and Care Services obtained seven reports that provided a review of the knowledge and research results.

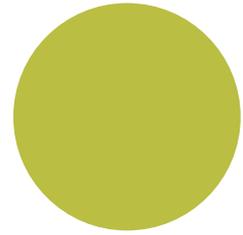
Food and nutrition for older persons (1) Activity and socialisation for older persons (2)
Transitions and interruptions in patient trajectories for older persons (3)

Distribution and implementation of good measures for older persons (4)

Families of older persons (5)

Competency enhancement and necessary conditions for a good professional work environment in municipal health and care services for older persons (6) Healthcare services for older persons (7)

A year of work on planning the reform will be concluded at the Health Conference in 2018. The white paper on the new reform will be presented by Åse Michaelsen, the Minister for the Elderly and Public Health. Once the white paper has been processed, work will be under way to implement the quality reform, Live Your Whole Life.



GOALS AND TARGET GROUP

The reform, Live Your Whole Life, will contribute toward:

Additional improved years of life for older persons, with better health, better quality of life, and greater mastery of life, while also ensuring that older persons get the health and care they need, when they need it.

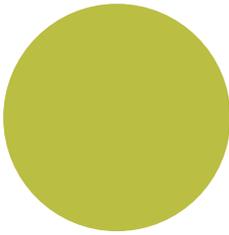
Families who are less exhausted, and who can provide more stable care for their loved ones.

Health and care personnel who feel they have a good working environment,

where they can use their competency and do a professionally good job.

The target group is older persons over the age of 65, living at home or in institutions. This is a target group with different capacities and significant differences in their needs and wishes.

While this reform is especially aimed at the health and care sector, all sectors must contribute to create a more age-friendly society, where older persons can remain active and independent.



TARGET AREAS

Live Your Whole Life has identified five target areas:

1. An age-friendly Norway
2. Activity and socialisation
3. Food and meals
4. Healthcare
5. Continuity of services

For each of these target areas, the reform has identified five challenges and five proposals for solutions, which all refer to local examples. The solutions presented in this white paper are proposals for changes that municipalities can work with, based on local conditions and needs, in cooperation with other service areas, the volunteer sector and other key actors in the local community.

The target areas of the reform are closely related. There is a strong connection between the different topics. Attention to one area is likely to affect the other areas. For instance, it has been

well-documented that activity, both physical and social, can improve appetite and well-being. Socialisation leads to better physical and psychological health.

This reform will highlight the five target areas both separately and collectively.

The essence of Live Your Whole Life can be gathered into a few main topics, which collectively will contribute toward greater enjoyment, quality of life and security for older persons and their families.

The opportunity to choose

Live Your Whole Life is a reform intended to provide a greater freedom to choose. It should give each individual better opportunities to choose service providers (who), be involved in the content of the services provided (what), determine the manner in which services are provided (how), and the time and place for the provision of services (where and when).

Meal enjoyment for older persons

Live Your Whole Life is a reform intended to improve meal enjoyment, whether you live at home or in a nursing home or hospital. The goal is to make mealtime an enjoyable event in daily life, and to ensure several meals a day and good nutrition with good cooks and local kitchens.

Health and care services for older persons

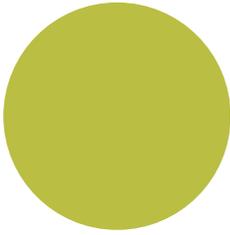
Live Your Whole Life is a reform intended to create health and care services for older persons, where the essential question is: What is important to you? Services should give older persons a sense of security in knowing that help is available when needed. Services should invite activity and participation, and provide assistance for greater mastery, regardless of illness or functional impairment.

Care of family caregivers

Live Your Whole Life is a reform for family members. It should provide care for caregivers and help those who are looking after their loved ones, to prevent exhaustion. It should facilitate better cooperation on shared tasks between family caregivers and health and care services.

Alternative work arrangements

Live Your Whole Life is a reform for all who work in health and care services. It should inspire a reorganisation of work schedules, and utilise new technology, new methods and new solutions. It should promote structures to ensure better continuity of services, with easier transitions and fewer staff rotations for those receiving services.



IMPLEMENTATION AND METHODS

In order to ensure the best possible collective progress, the reform period will have a duration of five years, with a collective start-up on 01 January 2019,

and with different phases for assessment, planning, implementation and evaluation.

of the reform on the agenda, and to develop tools, methods and material for local implementation. Municipalities will be invited to participate in learning networks, to share experiences and learn from one another.

Phase 2, Assessment and planning (2019-2020)

Figur 1.2 Time frame



Phase 1, Preparation and initiation (2019)

During the first year, Live Your Whole Life will be put on the agenda for municipalities, county councils, health trusts and the general public. The government will establish a support network for reform implementation from 2019 to 2023. This support network will initially communicate, inform and inspire municipalities to put the contents

From 2019 through 2020, municipalities will assess reform solutions and begin planning how to design and implement these locally. Municipalities and county councils will be expected to assess their own needs and challenges, and make political decisions on the solutions for Live Your Whole Life. Municipalities will summarise their measures for following up the reform in the budget and financial plans for the initiative, prior to their implementation. Specialist healthcare services will be followed up through general management and reporting systems.

Phase 3, Implementation and execution (2021-2023)

Once municipalities, county councils and health trusts have made decisions on the reform proposals and described how this will be organised, work can begin on the implementation and execution of the reform. Municipalities that restructure their services to accommodate the reform will be prioritised for both relevant existing programmes and newer ear-marked programmes.

Phase 4, Evaluation and improvements (2023)

The reform will be evaluated through accompanying research on a representative group of municipalities. Halfway through the reform period, a research report will be prepared in order to follow the changes made in municipalities, and to adjust the direction and use of methods if needed. Research will be concluded with an evaluation of the results of the entire reform after 2023.

The basis for the reform is an acknowledgement that good local solutions exist. Many municipalities are making solid, systematic efforts on one or more of the reform areas. At the same time, it is acknowledged that these solutions are less likely to be implemented or transferred to others. The reform will therefore facilitate opportunities for municipalities, health trusts and others to learn from one another and to implement good and innovative solutions for services.

The government wishes to collaborate on implementation and execution with the municipal sector through the Norwegian Association of Local and Regional Authorities. The Norwegian Directorate of Health will oversee the distribution and implementation of Live Your Whole Life, with a line of management to county governors. The Directorate of Health will also include national professional environments, as needed, in the collaboration on the implementation of measures aimed at the health and care sector. The work to achieve an age-friendly Norway is multi-sectoral, and will be organised in close cooperation with the Norwegian Association of Local and Regional Authorities, in conjunction with the National Council for Seniors. This support network will help to facilitate participation, engagement and activities during the reform period.

The primary efforts by the government will be placed at the regional level, where county governors will work together with the Norwegian Association of Local and Regional Authorities, the Centre for Development of Institutional and Home Care Services, county councils and other regional professional environments, as well as the county councils for older persons and other relevant organisations. The regional support network for the reform period will carry out network measures, provide information, counselling and guidance, and will assist the municipal sector with regard to planning, restructuring and changes.

It is assumed that the municipalities will first make political decisions on the reform proposals and describe how they wish to organise and implement these locally. It would be reasonable to prioritise these in the municipal action plans and financial plans that are revised annually. It would also be reasonable for efforts to become a more age-friendly municipality to be thematised in the municipal planning strategy and other municipal and county measures.

The reform will not impose new demands or tasks on municipalities that entail increased expenses. In fact, several of the proposed solutions may result in better and more efficient services, and in time, less extensive service needs among older persons.

Improvement of care services for older persons will primarily be covered by municipal free income. Municipalities that restructure their services to accommodate the reform will be prioritised for both relevant existing programmes and newer ear-marked programmes.

4

NATIONAL PROGRAMME FOR AN AGE-FRIENDLY NORWAY

Expanding today's services in line with the demographic development would not in itself be sufficient to meet the needs of future generations of older persons. This white paper therefore invites older persons and the general public to become involved in creating a more age-friendly Norway. An ageing population affects all areas of society, markets and sectors.

One of the primary tasks of Live Your Whole Life is to follow up the government strategy, "Several years - several opportunities", and to assist in its implementation in municipalities and local communities throughout the country. This work must be based on a broad partnership between public authorities at the state and municipality level and private actors, civil society, and research and education institutions. The

programme will encourage the senior population to become engaged in the planning of their own senior years and the structure of their environment. At the same time, it is essential to ensure that health and care services do their share of the work by creating age-friendly hospitals, nursing homes, residential accommodations and services.

The National programme for an age-friendly Norway has five main elements:

1. Planning for senior years

When dealing with demographic changes, it is necessary to encourage the population to take greater responsibility in planning for their own senior years. The programme therefore includes an informational campaign with focus on:

Adapting one's own home
Investing in friends and social networks
Maintaining the best possible function
through an active life

2. Senior-based planning

Municipalities should involve older persons in the planning and organisation of local communities. The method entitled "Seniortr kk" ("Senior Pathways"), which has been tested in three different municipalities, has shown how senior councils can actively participate in the assessment and planning of a secure and age-friendly local community. Organisations for retired and older persons are involved in this work. Results of the assessment have been summarised and sent to the municipality, businesses, local organisations and central authorities.

3. National network

Norway participates in the World Health Organization's Network for Age-friendly Cities and Communities, and supports and coordinates local efforts with a separate national network for Norwegian municipalities, in cooperation with the government and the Norwegian Association of Local and Regional Authorities.

This network now supports around 500 local communities in 40 countries, and offers a five-year package and planning process to create age-friendly cities and local communities. So far, Norwegian participants include the municipalities of Oslo and Trondheim. Several

municipalities are now working to determine whether they will join the network.

4. Multi-sectoral partnership

The government strategy for an age-friendly society will also be achieved at a national level through planning processes in all industries and sectors. The national network therefore encourages a partnership arrangement for representatives from institutions, organisations, education, research and businesses aimed at creating more age-friendly institutions and companies.

5. Senior resources

One study estimated that total contributory value to society by older persons through formal and informal volunteer work to be around 45,000 FTEs, or just over NOK 25 billion in 2016. This study concluded that there is a high potential for additional contributions by older persons and that this total contribution could nearly double by 2030. This requires more targeted recruitments, organisation and accommodations through different private and public structural forms.

Tabell 1.1 International and local examples for inspiration, see box 4.2

Measure	What	Who
The WHO Global Network	Network for age-friendly cities and local communities	World Health Organization
Age-friendly city	Participates in the WHO Global Network	Oslo municipality
City conference of county councils for older persons	Recommends that its municipalities participate in the WHO Global Network	County councils for older persons in Bergen, Drammen, Fredrikstad, Kristiansand, Oslo, Sandnes, Stavanger, Tromsø and Trondheim municipalities
Pop-up flats	The Safe Home displayed at shopping centres	Alna district of Oslo municipality and the Injury Prevention Forum
Information Exhibition	For planning senior years	Søndre Land municipality
Volunteer centre		
Seniortrakk (Senior Pathways)	A participation model for planning of age-friendly local communities	Tested in Skjeberg in Sarpsborg municipality, Sagene district of Oslo municipality, and Skotterud in Eidskog municipality by the Norwegian Institute for Urban and Regional Research (NIBR) and the Work Research Institute (AFI).
Time frame	Platform for sharing knowledge, solutions and inspiration for planning an age-friendly society	The demographic challenge Æra Strategic Innovation
18 trails for everyone	Universally designed walking trails near city centres	18 municipalities in Telemark
County governor and county councils		
Age Friendly Ireland	National superstructures for age-friendly networks of cities and regions	Run by Dublin City Council
The AARP Network	Network of age-friendly states, cities, settlements and local communities across the United States	Run by the American Association of Retired Persons (AARP)
Patient hosts	Patient hosts at hospitals assist with directions	University Hospital of North Norway
Old Enough	Companies based on older persons	
Social entrepreneurs	Old Enough AS	
Seniors helping seniors	Assistance in finding help in daily life	Klepp Volunteer Centre in Trondheim municipality
Mentor+	Prevent loneliness among older persons	Salvation Army

5

ACTIVITY AND SOCIALISATION

Live Your Whole Life is a reform for activity, participation and socialisation. The goal is to reinforce relationships between older persons and their families, friends and social networks, and to facilitate good experiences and encounters across generations. Physical, social and cultural activities must be based on individual interests, wishes and needs. When life becomes more vulnerable, older persons need opportunities for dialogue, motivation and support.

In this way, older persons will have better opportunities to live life - their whole lives.

At the same time, feedback from dialogue meetings, service user surveys and other sources indicate that this is an area for improvement for health and care services. Many older persons have expressed that they are offered too few opportunities for a variety of suitable activities. In many places, cooperation with the volunteer sector is not part of the system.

The challenges are summarised below:

- Loneliness among older persons related to changes in life situations, death of a partner, declining health and functional impairment
- Inactivity, or activities that are not based on individual wishes and needs.
- Failure to meet social, cultural and existential needs
- Little systematic cooperation between health and care services and volunteer services/civil society
- Lack of meeting places and collocations, as well as digital generational divides

Five solutions have been recommended to deal with these challenges, where the goal is to increase activity, create good experiences and improve socialisation:

- Enjoyable moments
- Faith and life philosophy
- Generational encounters
- Community contact
- Shared use and collocation

Tabell 1.2 Local examples for inspiration, see box 4.2

Title	What	Who
My life story	Method of obtaining information about individual life histories	Norwegian Association of Occupational Therapists
Activity Dosette	Plan for daily activities for each individual	Øyane nursing home in Stavanger municipality Activity Dosette AS
Memoria	Digital communication tool based on the user's life history	Mørkved nursing home in Bøde municipality, Memoria AS
Activity companion	Seniors with dementia do activities together with volunteers	Norwegian National Association for Public Health, and about 200 municipalities
Strolling friend	Seniors with dementia go on walks with volunteers	Songdalstunet in Songdalen municipality
Cycling with MOTiview	Cycling through familiar surroundings with the aid of videos, music and sound	Several municipalities in Norway and the Nordic countries
Singing in care for the elderly	Singing as part of the daily routine in nursing homes	National Association of Folk Academies, Akershus Music Council
On the Farm	Activities in a farm environment	Around 400 On the Farm farms
Holiday with extra security	A holiday to southern Europe for those who cannot travel alone	Os municipality
Low-threshold services in the district	Different low-threshold services in the district, such as senior dances and walking groups	Vestvågøy municipality
Senior centre and cultural walker	Activities, courses and social meeting places for 60+ and a mobile cultural mediator	Kristiansand municipality

1. Enjoyable moments

Seniors should be offered at least one hour of activity daily, based on their own interests, wishes and needs. Activities will provide enjoyable experiences and moments in daily life, and will stimulate

the senses, trigger memories, and facilitate movement and participation in the social community. This requires health and care services to obtain information and knowledge of individual backgrounds, interests and life history,

and to use this to meet the needs of each person. Health and care services must work systematically to create enjoyable moments and meaningful activity in the daily lives of older persons. This may involve physical, social and/or cultural experiences. There are many good examples of municipalities that have that many systematic efforts to do this through cooperation with volunteer centres and the local community to create enjoyable moments for older persons.

2. Faith and life philosophy

Health and care services must meet the need to address individual faith and philosophical practices and the need to discuss existential questions. Everyday life in Norwegian care facilities and nursing homes are characterised by

cultural and religious diversity, as it is in the rest of the population. Spiritual and existential needs are an integral part of the lives we lead. For some, this involves a religious affiliation, while for others

this involves a life philosophy without religion. For most people, it involves the most meaningful aspects of everyday life, as well as the big questions in life. Existential care should therefore be included in the comprehensive care of patients and their families. These needs must be assessed responsibly, in the same manner as other needs. Health and care services should introduce routine procedures and cooperation with faith and life philosophy resources in order to meet the needs of the service users and their families.

Tabell 1.3 Local examples for inspiration, see box 5.3

Title	What	Who
Procedures for faith and life philosophy practices	Information and action plans for service users - separate faith and life philosophy practices	Fredrikstad municipality Borg diocese
Guidelines for safeguarding spiritual and existential needs	Safeguarding spiritual needs for service users of care services - films and learning materials	Development centre for home care services and nursing homes in Nordland county
Interactions on the last watch	A training programme with theme days, reflection groups for personnel and volunteers who work with sick and dying patients	Surnadal municipality in cooperation with Rindal and Surnadal ecclesiastical councils
Spiritual and existential conversations in a community open to all life philosophies	Dialogue offered to patients and family members	St. Olavs Hospital
Guidelines for interactions regarding faith and life philosophy practices	Guidelines for collaboration between municipal health and care services and religious and life philosophy communities	The Council for Religious and Life Stance Communities in Norway, the Christian Council of Norway, the Church of Norway Council and the Norwegian Directorate of Health

3. Generational encounters

Facilitating encounters between generations requires the establishment of meeting places between young and old in everyday life, as well as the organisation of cross-generational activities and enterprises. This may take place at schools and workplaces, or in nursing homes and local communities. In order to create good meeting places,

it is essential that municipalities develop policies and plans that involve closer cooperation between generations. An important basis for generational encounters is the knowledge that interests and activities are not generationally bound. It's all about finding natural meeting places and activities that are well-adapted and

Tabell 1.4 Local examples for inspiration, see box 5.4

Title	What	Who
Old meets young - EMU project	A meeting place for high school students and older persons, with a variety of activities, including cooking, carpentry and computers.	Byåsen Upper Secondary School, Byåsen Volunteer Centre in Trondheim municipality
Generational choirs	Children in preschools and older persons in nursing homes sing traditional, familiar songs together	Generational choirs
Seniors prepare school lunches	Seniors prepare school lunches for students	Skage Volunteer Centre in Overhalla municipality
Listening partner	Seniors offer basic reading education for children ages 7 to 9	Several municipalities in Agder county
Drop-in	Unemployed youth and non-students volunteer at day centres for older persons	Songdalen municipality
Efforts for others	Cooperation between schools and nursing homes	Tokerud School and Stovnerskogen nursing home in Oslo municipality
Cycling at all ages	Cycling trips for up to two passengers and a driver	Many municipalities in Norway
Multicultural meeting place	Meeting place to promote inclusion and better integration between people of different cultures	Sørum municipality in cooperation with volunteer groups and associations
Skånland fitness groups	Low-threshold fitness classes for the Skånland population	Skånland municipality
Generation Games	Sporting events where people of all ages compete in different fields	Oslo municipality
Digital Thursdays	Meeting place for volunteers and older persons who need help with computers and digital media	Asker Volunteer Centre and the Cultural Corner at Asker Cultural Centre in Asker municipality

well-established in the local community. Many municipalities have created systems for enabling good generational encounters between young and old.

of a community contact is to mobilise volunteer efforts in health and care services and to strengthen the cooperation between schools,

4. Community contact

Health and care services should consider establishing community contacts who can act as liaisons between health and care services and the local community, including families, caregivers, volunteers and others in the community. The goal

of a community contact is to mobilise volunteer efforts in health and care services and to strengthen the cooperation between schools, preschools, organisations and civil society. Experiences from municipalities that have established community contacts indicate a significant potential for interactions and volunteer involvement in the local community.

Tabell 1.5 Local examples for inspiration, see box 5.5

Title	What	Who
Cooperation between municipalities and volunteers	Volunteer coordinators that systematise cooperation between public and volunteer sectors.	Drammen municipality
With a heart for Arendal	Coordinator as a liaison between the public sector and volunteer organisations	Arendal municipality, Norwegian Association of Local and Regional Authorities, and five volunteer organisations
Nedre Eiker coordinates	Volunteer Centre coordinator that mobilises and follows up volunteers	Nedre Eiker municipality
Time as a gift	Coordinator that organises volunteers who provide care for patients with a short time left to live	Sandefjord municipality and Development Centre for nursing homes and home care services in Vestfold
Willing and free	Volunteers for day activity services for people with dementia receive systematic follow-up	Day activity centre Veglo in Førde municipality
Cooperation between schools and nursing homes	Quality of life consultant that builds cooperation between schools and nursing homes	Sentrum nursing home and Bodø Upper Secondary School in Bodø municipality
Active Senior Network - Active Together	Network between services, volunteer centres and high schools	Volunteer Centre and Vennesla municipality
Volunteer Coordinator education	Multidisciplinary education as volunteer coordinator for care services	Dignity Centres in Bergen and Oslo

These resources can best be achieved through systematic efforts for recruitment, organisation, supervision and clear cooperative agreements.

5. Communal use and collocation

Nursing homes and residential care homes should be constructed such that they become an integral part of the local community, preferably with communal meeting places and neighbourhoods across generations and functions. Many

local communities do not have local meeting places. A communal use of facilities provides a basis for mutual activities, informal meetings and the joint use of resources. Ensuring that care service activities are open to others in the local community will enrich the lives of those who live there, and provide better services to other residents in the municipality.

Tabell 1.6 Local examples for inspiration, see box 5.6

Title	What	Who
Students Move In	Students are offered reasonably priced flats and meals on the condition that they spend a certain number of hours on social activities with the residents.	Braarudtoppen and Åsentunet care homes in Horten municipality
Health and activity centre	The centre offers activities and services for all municipal residents	Bråta Health and Activity Centre in Nedre Eiker municipality
The open nursing home - a meeting place for the local community	Nursing homes will become meeting places for the local community, with a café, cultural events, etc.	The Church City Mission
Cultural centre and care service centre	Nursing home places and care homes that share an entrance with the cultural centre, which includes a library, cinema, theatre and concert hall, gym and pool.	Tysværtunet Activity and Care Centre in Tysvær municipality
Local shop as a service point and meeting place	Local shop as a social arena, with older persons as an important target group	Ullensvang, Vingrom and Kvænangen municipalities
Activity park	Outdoor sports and activity park for everyone in Melhus centre	Buen Care Centre in Melhus municipality

6

FOOD AND MEALS

Live Your Whole Life is a reform for greater meal enjoyment. The goal is to create good meal experiences and reduce the risk of undernourishment. Good food is essential for good health and quality of life throughout our lives. Seniors should have nutritional meals that look, smell, and taste good. Meals should be suited to individual needs, and be served in a pleasant setting. Seniors should have better opportunities to choose what they wish to eat and when they wish to eat, and to share a good meal with others.

In this way, older persons will have better opportunities to live life - their whole lives.

Nutrition and mealtimes for older persons have been put on the agenda in recent years in Norway, yet is still a significant gap between recommendations by the health and care authorities and the services offered

to many older persons. Feedback from dialogue meetings and knowledge in the field indicates that the basic needs of many older persons with regard to food, nutrition and good mealtime experiences are not yet met.

The main challenges are summarised as follows:

- Lack of systematic follow-up
- Lack of social community and little emphasis on mealtime surroundings
- Few meals and long nightly fasts
- Little variation and freedom of choice
- Large distance between production and serving

Five solutions have been recommended to deal with these challenges, where the goal is to reduce undernourishment and create good food and mealtime experiences for each individual:

- Good mealtimes
- Mealtimes
- Freedom of choice and variation
- Systematic nutritional measures
- Local kitchens and competency

1. Good mealtimes

A good meal should consist of nutritious food that looks, smells and tastes good. Meals should be suited to individual needs, and be served in a pleasant setting. This means that food should contain an adequate and correct amount of energy and nutrients, and also have an appetising appearance, to stimulate the senses.

There should be opportunities for social mealtimes for those who prefer to dine with others. Municipalities may wish to consider the idea of dining companions for facilitating social mealtimes

Tabell 1.7 Local examples for inspiration, see box 6.2

Title	What	Who
Golden mealtime moments	Good food and pleasant surroundings suited to the individual resident.	Døli residential care centre in Nittedal municipality, Blidensol nursing home in Stavanger municipality, and Nygård residential care centre in Sandefjord municipality.
Consistency-adapted meals	Research-based project aimed at developing methods and tools for a consistency-adapted menu for residents at home and in nursing homes	Sandnes municipality
Enjoyment and socialisation during mealtimes	Health centre with a homey feel, and a warm, secure atmosphere	Åfjord Health Centre in Åfjord municipality
Granitten Café and Diner	A gathering place for all district residents	Grorud district of Oslo municipality
Local meeting place for meals	A social and cultural service with dining facilities for all	Tyholmen Volunteer Centre in Arendal municipality
Community meals	A service for mealtime community	Senior centre in Oslo municipality
Dining and mealtime companions	A service that facilitates mealtime companionship for lonely older persons	Horten and Bergen municipalities
Mealtime companionship for older persons living at home	Home nurses eat together with older persons who are at risk of undernourishment	Hamar, Oslo and Rælingen municipalities

2. Mealtimes

Health and care services should aim to provide services for older persons who require meal and nutritional assistance that are adapted to the person's own mealtime schedule. Mealtimes should be distributed evenly across the day and evening, with no more than 11 hours between the evening meal and breakfast. Several municipalities have altered their mealtime schedules for health and care services, with good results. General feedback from these municipalities is that the older persons have regained weight and improved their nutritional status. These changes have also facilitated more time for meals, a calmer atmosphere in the evenings, better sleep and more time for morning activities

3. Freedom of choice and variation

Each individual must be given the opportunity, to the extent this is possible, to maintain their own meal traditions and eating habits with regard to menus, mealtime schedules and mealtime companions. This means that health and care services must try to

identify individual wishes and needs. A systematic assessment can form the foundation for adapted meal services and ensure greater variation of meals and mealtimes for each individual.

Tabell 1.8 Local examples for inspiration, see box 6.3

Title	What	Who
Altered mealtime schedules	Altered schedules for serving dinner. Introduction of lunch and a later evening meal.	Bjørkelia residential collective in Gjøvik municipality, Døli residential care centre in Nittedal municipality, Nannestad nursing home in Nannestad municipality, Kåfjord nursing home in Alta municipality, Birtavarre nursing home in Kåfjord municipality and Hovli nursing home in Søndre Land municipality
Fourth meal	Introduced a fourth meal for residents in nursing homes	Stange municipality
Reduced nightly fast in nursing homes	Mealtimes have been moved based on the assessed needs of the individual, and nightly fasts have been reduced	Time municipality

Tabell 1.9 Local examples for inspiration, see box 6.4

Title	What	Who
Collaboration on menus	Nursing home menus are created together with the residents. Considerable daily freedom and frequent renewal of menus.	Gloppen residential care centre in Sandane municipality
Menu - involvement in practice	Kitchen manager involves the residents in menu planning	Sundheim residential care centre in Nord-Fron municipality
Sami food for residents	Book with an introduction to traditional Sami meals	Tysfjord Dementia Association in Tysfjord municipality
APPETITE	The "Appetitus" app for tablets will help to simplify mealtime planning	The University of Oslo, Institute of Health and Society
Electronic menu	Electronic solutions for ordering food for older persons living at home, to increase freedom of choice and service flexibility	Namsos and Trondheim municipalities

4. Systematic nutritional measures

Systematic nutritional measures involve the follow-up of individual nutritional needs in order to prevent improper nutrition or malnutrition. Older persons receiving health and care services in hospitals, nursing homes, or in their own homes from home care nurses should be assessed for nutritional status. Health and care services must assess the risk of improper nutrition or malnutrition and determine whether an individual nutritional plan is necessary. This means that health and care services must set aside enough time and adequate competency to assess, evaluate and document nutritional status, evaluate meals and nutritional services, and initiate targeted measures for each individual.

Tabell 1.10 Local examples for inspiration, see box 6.5

Title	What	Who
Nutritional resource persons in the individual plan for older persons	Clinical nutritional physiologists as resource persons for improving the quality of nutritional measures	Trondheim municipality
Education in food and nutrition	Competency enhancement programmes for food, mealtimes and nutrition	Oslo municipality, Hol municipality, Development Centre for nursing homes and home care services in Nordland and Møre og Romsdal counties
Targeted nutritional measures	Assessment of nutrition and shared procedures for follow-up of nutritional status among older persons	Tromsø municipality
Nutritional status for food and meals in hospitals	Nutritional strategy to ensure quality of nutritional measures	Stavanger Health Trust and Haukeland University Hospital
Food and meal policies for older persons	A plan to ensure that older persons are served tasty and nutritious food, and that mealtimes create a sense of community and enjoyable experiences	Copenhagen municipality

5. Local kitchen and competency

All municipalities should have culinary competency in health and care services, regardless of where the meals are produced. To ensure good food and proper nutrition, it is also important to ensure good routines for meal preparation and serving. The government will assess a separate grant for the renovation, establishment or re-establishment of local kitchens in nursing homes, starting in 2020. This will be modelled on a similar scheme in

Denmark, where the goal is to provide older residents with better meal experiences, and to make food preparation a larger part of daily life. The contents of this grant will be assessed in 2019.

Tabell 1.11 Local examples for inspiration, see box 6.6

Title	What	Who
Cooperation between commercial kitchens and health and care services	Cooperation between kitchens and health and care services	Bærum and Grimstad municipalities
Cooperation on food and nutrition	Cooperation between kitchens and wards, nursing home management and municipal politicians	Glomstua care centre in Molde municipality
Local kitchens	Cooperation between local kitchens and nursing home wards, where kitchen staff serve the meals	Ørnes nursing home in Meløy municipality
Job Winner	Health and Social Care students participate in nutritional measures at Namsos Helsehus	Olav Duun Upper Secondary School and Namsos Helsehus in Namsos municipality

7

HEALTHCARE

Live Your Whole Life is a reform to create health and care services for older persons, where the essential question is: What is important to you? Older persons should feel valued and seen, and be able to participate in decisions that involve them. Older persons should have the opportunity to live at home as long as possible, and receive support in mastering their everyday lives, regardless of illness or functional impairment. They should also feel secure in knowing that help is available when needed. When nearing the end of their lives, they should receive good palliative care.

In this way, older persons will have better opportunities to live life - their whole lives.

Feedback from dialogue meetings and knowledge in the field indicates many older persons do not have sufficient healthcare and assistance for preventing

disease and functional impairment. Many wish to have health and care services that are more suited to the needs of older persons, where older persons are given the opportunity to make decisions regarding their lives for as long as possible.

The challenges are summarised below:

- Lack of attention to mastery and prevention
- Poor overview of complex needs and problems
- Little use of physical activity and training
- New types of treatment are not used
- Assessment and follow-up of individuals is not systematic

Five solutions have been recommended to deal with these challenges, where the goal is to increase mastery and improve quality of life, prevent functional impairment and provide the right help at the right time:

- Daily life mastery
- Proactive services
- Targeted use of physical fitness training
- Environmental measures
- Systematic assessment and follow-up

1. Mastery of daily life

Older persons must have the opportunity to remain as independent as possible, and to manage themselves if they are able. This means that health

and care services should assess the needs of each individual, as well as the potential for rehabilitation and self-care before implementing measures that compensate for loss of function. Daily life rehabilitation is important for increasing independence in the activities of daily life, improve function and postpone later functional impairment. Welfare technology solutions aimed at maintaining quality of life, independence and mastery are important tools.

Tabell 1.12 Local examples for inspiration, see box 7.2

Title	What	Who
Live Your WHOLE LIFE	Restructuring of services from compensatory to preventive measures through daily life rehabilitation, welfare technology, preventive home visits, etc.	Stavanger municipality
Early intervention and daily life rehabilitation	Occupational therapists visit the service user at home and assist with preventive measures Daily life rehabilitation for older persons living at home, who are already receiving home care services	Trondheim municipality
Vossa Model	Multidisciplinary model for daily life rehabilitation	Voss municipality and Western Norway University of Applied Sciences
Daily life rehabilitation	A trial study of daily life rehabilitation with an evaluation of results	Trials in 47 municipalities Centre for Care Research West and at the University of Oslo
Public health stations for older persons	A preventative and health promoting measure for older persons over 67 living at home	Harstad municipality

2. Proactive services

Proactive services are services that are initiated at an early stage, before serious illness has developed. In proactive services, service providers actively seek out residents who have not sought healthcare services themselves, and offer follow-up. This can help to prevent further health decline and greater functional impairment, and ensure that older persons have continued mastery of life for a greater length of time.

Healthcare services should use tools and checklists to detect risks associated with disease development and functional impairment at an early stage. This measure must be viewed in relation to the development of team-based services, such as a primary healthcare team and follow-up team in the municipality.

It is important to identify individuals who have a risk of early functional impairment, in order to prevent a growing need for assistance, and to ensure that older persons have the opportunity to live independently for as long as possible. The mastery of activities in daily life is essential for independent living in one's own home. Assessment by health and care services should therefore take place in the older person's own environment, in the form of home visits. The reform also proposes that health and care services should evaluate the use of preventative home visits, not only when the resident has reached a certain age, but also when serious incidents occur, such as the death of a partner, discharge from hospital, or new chronic diagnosis.

Tabell 1.13 Local examples for inspiration, see box 7.3

Title	What	Who
Digital assessment	A digital assessment form for assessing needs for welfare technology services among residents	Stovner district of Oslo municipality
Resource centre for seniors	Proactive measures to help avoid or postpone the need for assistance	Steinkjer municipality
Guidelines for preventative home visits	Establishment and implementation of preventative home visits for older persons	Norwegian Directorate of Health
Patient-centred healthcare services team	Measures to detect health problems at an earlier stage to avoid acute admissions or readmissions to hospital	Tromsø and Harstad municipalities and the University Hospital of North Norway

3. Targeted use of physical fitness training

Older persons should be offered physical fitness training and activity services as a preventative, therapeutic and rehabilitative measure. This can be done through municipal health promotion services, by establishing fitness training services or groups for older persons, and by offering fitness training tailored to the individual.

Physical activity is a measure that has considerable potential for preventing falls, loss of physical function and cognitive impairment and dementia.

Organised services for group training is the most effective. Many municipalities have services that provide physical fitness training in a systematic and targeted manner.

Fitness training services aimed at older persons should:

- Be carried out in smaller fitness training groups
- Offer a combination of balance training and training of bone strength

- Be offered by instructors who can provide individual follow-up and guidance

Tabell 1.14 Local examples for inspiration, see box 7.4

Title	What	Who
Bowling for seniors	Modified bowling aimed especially at older men	Mental Health Moss and Older Life at Moss Volunteer Centre
Strong and Stable	A knowledge-based training programme aimed at preventing falls among older persons	Trondheim municipality Norwegian University of Science and Technology and the Norwegian Pensioner Association
On Steady Feet	A course for older persons who have fallen, or who are afraid they may fall	Bjerke district in Oslo municipality
Group training in fall prevention	Group training for older persons with some functional impairment, and older persons with reduce balance, tendency for falling, or those who have fallen	Tromsø municipality
Active older persons in nursing homes	Fitness training programme for nursing home residents	Norwegian Nurses Organisation, Løvåsen nursing home and the Administration for Nursing Homes and Care Facilities in Bergen municipality

4. Environmental measures

Environmental measures may improve mastery and a sense of well-being, create new opportunities for communication, reduce anxiety and distress, and reduce the unnecessary use of medication among older persons. Environmental measures may involve the integrated use of music and other cultural expression in treatment and daily activities, memory and recognition activities, and stimulation of the senses. Environmental measures may be provided at three levels:

An environmental measure as a single measure directed at an individual or a group, e.g. with the use of music or singing during care, or organised as a collective activity.

Environmental therapeutic methods used in memory or reminiscence activities, for stimulation of the senses, in physical activity or during accommodated mealtimes.

Environmental measures involving the facilitation of good physical and psychosocial frameworks.

Tabell 1.15 Local examples for inspiration, see box 7.5

Title	What	Who
Films for memories	Films with content that is accommodated for persons with dementia, which can be used for stimulation and activity measures.	Production company Glefs, in combination with the Norwegian National Advisory Unit on Ageing and Health and Asker municipality
Music-based environmental measures	Systematic use of singing, music and movement integrated in daily activities and tasks	Feviktun residential care centre in Grimstad municipality Ytterøy Helsetun in Levanger municipality
Gjenklang	A training measure for the use of singing for persons with dementia	Songdalen municipality
Writing course for older persons	Older persons in nursing homes, at senior centres and day centres write texts about their own lives	The Church City Mission and Mortensnes nursing home and day centre in Tromsø municipality
Art therapy for older persons	Expressing emotions and experiences creatively through painting, creating a picture, sculpting, movement, etc.	Hamar municipality
Sami Centre	A living meeting place rooted in Sami traditions and culture for persons with dementia	Karasjok School and Karasjok nursing home in Karasjok municipality

5. Systematic assessment and follow-up

The detection of signs of developing disease, functional impairment or problems is essential for the provision of measures at an early stage for older persons living at home and in nursing homes. Health and care services should therefore enhance and utilise health and care personnel competency in systematic assessment, observation and follow-up.

Such assessment and follow-up must include nutritional status, oral and dental health, impairment of the senses, mental health and social circumstances, in addition to physical health and function. This requires personnel with broad competency, and often collaboration between several professionals including dental hygienists, occupational therapists, social workers, personnel with competency in nutrition, in addition to nurses and doctors, and must be viewed in context with the development of team-based services.

Tabell 1.16 Local examples for inspiration, see box 7.6

Title	What	Who
Nursing clinics for older persons living at home	Municipal nursing services in accommodated buildings	Stavanger municipality
Acute care package	Home health nurses bring a package with necessary equipment when meeting patients with acute illnesses	Skedsmo municipality
ALERT	A competency programme to enhance competency in the use of systematic observation and communication	Development Centre for nursing homes and home care services in Akershus
ABCDE	A competency programme intended to develop systematic observation and action competency among personnel in nursing homes and home health services	Development Centre for nursing homes and home care services in Rogaland, Sola and Stavanger municipalities
Intravenous treatment in nursing homes	Nursing home personnel receive theoretical and practical training in intravenous treatment for dehydration and infections	Vestfold Hospital Trust, University of South-Eastern Norway, University of Oslo, and 30 nursing homes in Vestfold county
Systematic competency assessment	Training services based on systematic assessment of competency in the municipality	Verdal municipality
Dental health cooperation	Agreements on cooperation between dental health services and health and care services	Buskerud, Troms, and Sogn and Fjordane county councils, and the University of South-Eastern Norway
Network for older persons and substance abuse in Oslo	Motivational dialogue to uncover the harmful use of substances among older persons living at home	Network for older persons and substance abuse in Oslo municipality (NERO)

COHERENCE

Live Your Whole Life is a reform to create more coherent services for older persons and their families. The goal is to provide older persons with a greater sense of security and predictability throughout the patient trajectory and during transitions between their own homes, hospitals and nursing homes, with fewer staff rotations. Another goal is to care for those who are caring for their loved ones, and provide family caregivers with support and respite/relief measures to prevent exhaustion.

In this way, older persons will have better opportunities to live life - their whole lives.

Feedback from dialogue meetings and knowledge in the field indicates that many older persons feel that services are too fragmented and lack wholeness and continuity. This may cause insecurity and concerns, especially among those with the greatest needs.

The challenges are summarised above:

- Inadequate person-centred approach
- Inadequate amount of respite care and support for family caregivers
- Poor continuity and security, too many staff rotations, and uncertainty as to when or whether help will be provided
- Too many interruptions of services and too many transitions between municipal services
- Poor continuity and security in the transition between the different service levels

Five solutions have been recommended to deal with these challenges, where the goal is to increase security and predictability in the patient trajectory of older persons and their family members:

- Individual needs
- Respite care and support for family caregivers
- Fewer staff rotations and better continuity
- Easier transitions between municipalities and hospitals
- Planned transitions between municipalities and hospitals

Tabell 1.17 Local examples for inspiration, see box 8.2

Title	What	Who
Person-centred care for persons with dementia	Personnel use a person-centred approach for providing services for persons with dementia	Vågan municipality and Taste nursing home in Stavanger municipality
Work teams using a person-centred approach	Home care services are divided into work teams Primary contact or work team leader carries out an assessment and makes plans for measures	Hamar municipality
What is important to you?	Learning network for good patient trajectories based on the question: What is important to you?	Around 200 municipalities

1. Individual needs

Services must be based on what is important to each individual. A person-centred approach involves the comprehensive care of older persons, and not just a focus on illness and functional impairment. The goal is for each individual to use their resources and maintain independence for as long as possible. All individuals must be valued, regardless of age or functional ability. The individual's life story, values and wishes should form the basis for health and care services. This also requires respect and consideration for language, culture and identity.

To achieve this, health and care services must assess the needs of the individual, design an individual plan and ensure regular conversations with the service user and family members.

2. Respite care and support for family caregivers

Many families have demanding care tasks, and are burdened with too many responsibilities. It is therefore essential for family caregivers to receive the proper support and respite care, and to have their efforts acknowledged. In order to provide better support and respite care for family caregivers, the reform highlights three solutions:

- More flexible municipal respite care that fulfils the needs of caregivers with respect to time, duration, and provision of services in their own home, in an institution or in some other manner
- Information and dialogue with the use of digital tools
- Family caregiver schools and support groups that provide learning and mastery

Tabell 1.18 Local examples for inspiration, see box 8.3

Title	What	Who
Flexible respite care	Respite care that is also offered in the evening and at night	Maurtuva Vekstgård in Inderøy municipality, Råkhaugen care center in Molde municipality, and Vittersø Farm in Larvik municipality
Friskus - information and dialogue with family caregivers	A digital tool for communication and cooperation between municipalities, local communities, volunteers and families	Førde, Voss and Naustdal municipalities, Development Centre for home care services and nursing homes, Norwegian National Association for Public Health and the Red Cross in Sogn and Fjordane
Information for family caregivers	Website for families with relevant information	Gjøvik municipality
KOMP	Data screen for easy contact with family and social networks	Norwegian Cancer Society and No Isolation
Wholistic family services	Broad family services for the public, including low-threshold services	Ålesund municipality
Family caregiver schools and support groups	Family caregiver schools and support groups for families of persons with dementia	258 municipalities

Long-term and extensive care may increase the risk of health problems among family caregivers. A comprehensive family caregiver policy must take this into account and implement measures to prevent family caregivers from burn-out and the need for their own healthcare services.

new organisational structures and work schedules, as well as alternative shift schedules. The reform highlights four proposals for solutions that can help individual service users and their families, by ensuring fewer staff rotations and better security and continuity of services.

3. Fewer staff rotations - better continuity

Service users and family caregivers need services that are accessible, secure and reliable, with good continuity. Municipalities have used various methods to meet these needs, including

Primary contact person

Health and care services should organise their services such that nursing home residents and older persons receiving home care services each have a primary contact person. The purpose of a primary contact person is for service users and their families to feel more secure through a clear division of responsibility and a close relationship with one person. The primary contact person will help to provide better continuity and predictability in the daily life of older persons.

The right help at the right time

All service users of home care services should feel secure in knowing that help will arrive at the designated time and that they will be contacted about any changes in the schedule. The goal is better predictability of services and greater security for individual service users and their families. A variety of tools can be used to ensure this, including electronic programs that optimise planning of work schedules and task distribution.

New work and organisational structures

Many municipalities have tested out different work and organisational structures to provide better continuity of services for service users. Common to all structures is the division of functions through work teams. Each team consists of a small group with a stable staff that provide patients with a simpler and more secure daily life, and more predictable services.

Alternative shift rotation schemes

Several municipalities have tested out alternative shift plans to provide older persons with better and more comprehensive health and care services. Alternative shift schedules, such as longer shifts, can enable accommodated services by having staff members spend more time with service users, with fewer staff shifts in a 24-hour period. Several Norwegian studies have found that longer shifts tend to reduce stress among staff members and ensures better continuity and time for service users. Longer shifts include shifts with daily and weekly work schedules that deviate from working hour regulations stipulated by the Working Environment Act. Agreements on alternative shift schedules would therefore be a matter of negotiation between the parties in the workplace.

Tabell 1.19 Local examples for inspiration, see box 8.4

Title	What	Who
Primary contact person	All older persons are given a primary contact person to ensure individual follow-up and services that are accommodated to the service user	Bodø, Eidskog, Tromsø, Sortland and Kristiansund municipalities
Help at the designated time - logistics	Logistic solutions for more optimal driving routes and better distribution of tasks	Horten municipality
Service Shop	Web-based calendar and booking function where service recipients can book municipal services at a time that suits each individual	Larvik municipality
Digital resident services	Digital service that sends notifications between residents, family members and home care services Service users can book and cancel appointments	Helsenorge.no
New work and organisational structures	Home care services with work teams divided by function	Hamar municipality
Alternative shift schedules	Long shifts in residential care homes for persons with intellectual disabilities	Lillevollen residential care facility in Bodø municipality
	A number of different work schedule plans, including longer shifts	Bergen municipality
Tromsø Model	Permanent weekend stand and several full-time positions through special agreements with labour unions	Tromsø municipality

4. Easier transitions between municipalities and hospitals

Municipalities should facilitate better patient trajectories and an easier transition between the patient's own home and the nursing home.

For older service users, this may involve greater security and less stress when moving. For families, this may involve

respite care and support prior to moving, and an invitation to continue to contribute after the move. For staff, this may involve a better overlapping of care during the move. For the municipalities this may involve better coordination of resources across home care services and nursing homes, and better overlapping between services. For the state, this may involve an assessment of whether there

Tabell 1.20 Local examples for inspiration, see box 8.5

Title	What	Who
Integrated services	The nursing home is integrated with home care services. Staff provides assistance in both the home and institution.	Kvitsøy municipality
	Certain parts of home care services and institutional services are integrated	Bardu municipality
Decisions on content of services in nursing homes	Residents of nursing homes have the same right to have decisions on the content of services as home care recipients.	Fræna municipality

are barriers in state regulations that prevent coordination and good patient trajectories between the patient’s own home and the nursing home.

5. Planned transitions between municipalities and hospitals

Ensuring good transitions between service levels requires early planning and case processing prior to discharge in agreement with the patient and family, for mutual transfer of competency between service levels. The goal is good continuity of treatment and follow-up to prevent unwanted readmissions.

The reform proposes a continuation of the learning network for good patient trajectories from 2020 to 2022, so that all municipalities and health trusts have the opportunity to participate in the learning network. The purpose is to support the municipalities and health trusts in improving the transitions of the patient trajectories and to ensure service users’needs for secure, comprehensive and coordinated services.

Tabell 1.21 Local examples for inspiration, see box 8.6

Title	What	Who
Early planning and case processing for discharge	Collaboration between administrative levels to coordinate municipalities in cooperation and negotiation with hospitals.	Akershus University Hospital and Romerike municipalities
Multidisciplinary assessment team	Multidisciplinary assessment team in the project Innovative Rehabilitation for Indre Østfold	Helsehuset ("Health House") in Indre Østfold
Assessment team	Assessment team that has contact with hospitals upon patient admission and discharge	Stovner district of Oslo municipality
Secure discharge from nursing homes and hospitals	Patient security programme "In Safe Hands 24-7" in collaboration with the national learning network, to share the measure package for secure discharge	Norwegian Directorate of Health Several municipalities
Secure discharge	Team with responsibility for "Secure discharge" with the patient as an equal party	Kristiansand municipality
Mutual transfer of competency	Guidelines for mutual transfer of competency between hospitals and municipal health and care services	St. Olavs Hospital and municipalities in the catchment area
Strategy for healthcare services for older persons	Strategy for healthcare services for older persons	Diakonhjemmet Hospital and Oslo municipality
SAM-AKS	Collaboration project between the Department of Geriatric Psychiatry and municipal nursing homes (SAM-AKS) for training and supervision in individual cases.	Department of Geriatric Psychiatry at Innlandet Hospital Trust
KVALAP	Quality Registry for Geriatric Psychiatry	Norwegian National Advisory Unit on Ageing and Health



BASIS FOR THE REFORM

In the years to come, there will be a higher number of older people, and the percentage of older persons in the population will continue to rise. In time there will also be a significant rise in the oldest group of older persons. On a national level, both the percentage and number of people over the age of 80 will double by 2040. There may also be fewer health and care personnel, family members and volunteers who are willing to take on care tasks. The greatest challenges may be the growing regional differences associated with demographic changes. By 2040, more than one of every three residents in many of the municipalities will be over the age of 65.

Many problems due to the changes in the population composition will be dealt with by previously presented white papers and action plans.

The government has made some attempts to develop good and sustainable solutions through various

public health initiatives, measures for competency enhancement and service capacity, and by the development of new solutions and types of work in municipal health and care services and in special healthcare services. This follows from the White Paper, Report to the Storting 11 (2015–2016) National Health and Hospital Plan 2016–2019, White Paper Report to the Storting 19 (2014–2015) Public Health Report - Mastery and Opportunities and White Paper Report to the Storting 26 (2014–2015) The primary health and care services of tomorrow - localised and integrated, as well as Competency Enhancement 2020 and Care 2020, with investment grants for nursing homes and residential care homes, dementia plan and studies with government funding. Implementation of the measures in these white papers and plans form the basis for Live Your Whole Life.

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