



Oslo

City Government Propositions 174/17 and 175/17

*Action plans for:*

*Age-friendly city*

*Safe and diversified care  
of older people*





# An age-friendly city is an inclusive and accessible urban environment that promotes active and healthy ageing.

Main focus areas and visions to make Oslo an age-friendly city:

## *Social participation*

All citizens have the opportunity to participate in society, engage in public debate and be involved in influencing the developments of the city.

## *Transport*

All citizens have access to the entire city, use public transport and feel safe while travelling. Senior citizens maintain their mobility and independence.

## *Housing*

Familiar environments and adapted surroundings promote safety. Adapted housing offers a foundation for enabling more seniors to master everyday life in their own home.

## *Outdoor areas and physical activity*

Urban spaces and green areas in neighbourhoods are adapted for use by all age groups.

## *Communication and participation*

The senior population in Oslo has access to relevant, understandable, up-to-date and reliable information.

## *Health and care services*

Seniors receive good help and comprehensive support when they need it, and experience a sense of achievement and safety in their lives.



Foreword

## *Boss of one's own life*

***Oslo will have 50,000 more seniors leading up to 2040. It's not a problem, but an opportunity.***

Older people are a resource that Oslo has not been adept at making use of. Too many seniors are not treated as the value they actually represent in society. As a result, many experience loneliness and inactivity, and that Oslo does not benefit from the fantastic experience that older people possess.

Although most are satisfied with Oslo's care of older people, some family members find that they become coordinators in the municipality. Many people experience that the quality of services varies from district to district in the city. The standard of residential care homes and nursing homes also varies widely. An important goal for the City Government is to make care of older people more equal throughout the city.

The "*Action Plan for an Age-friendly City*" and "*Plan for Safe and Diversified Care of older people*" will lay the foundation for taking Oslo from institutional and stopwatch-based care of older people to active ageing where seniors are in charge of their own lives. More will be able to live at home longer; seniors will experience active city life and be confident that the municipality will come to their aid when their health fails.

In order to make it possible for more people to live at home longer, we are adding more home care employees, we are introducing activity time in the home care service in addition to home nursing care and practical assistance and we are establishing more meeting places for seniors.

We are also taking new steps to make it easier to get around Oslo, including through new age-friendly transport solutions. Although more people will be able to live at home longer, it is equally important that those who need new housing will have options. That's why we are now building more residential care homes (Care+) in Oslo specially adapted for those seeking safety and activities. The facilities will have 24-hour staffing, cafés, various health services and a variety of activities. The nursing homes will be upgraded to a new standard. In Oslo people will be allowed to be themselves regardless of age. Together, we will make Oslo an age-friendly city.

Tone Tellevik Dahl  
Vice Mayor for Primary Health and Social Services in Oslo

## ***Table of contents***

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<i>Foreword</i>	5
<b><i>Action plan for an age-friendly city</i></b>	
<i>Introduction</i>	9
<i>Area 1 Social participation (work life, volunteering and culture)</i>	13
<i>Area 2 Transport</i>	18
<i>Area 3 Housing</i>	23
<i>Area 4 Outdoor areas and physical activity</i>	28
<i>Area 5 Communication and participation</i>	33
<i>Area 6 Health and care services</i>	37
<b><i>Plan for safe and diversified care of older people</i></b>	
<i>Introduction</i>	38
<i>The City Government's ambitions</i>	39
<i>Recruitment to care of older people</i>	39
<i>Living safely</i>	40
<i>Citizens know best</i>	40
<i>Dare to speak up</i>	41
<i>Equalising differences in living conditions</i>	42
<i>Trust-based administration and management</i>	42
<b><i>Challenges</i></b>	<b>43</b>
<i>Knowledge of care of older people</i>	43
<i>Quality in care of older people</i>	43
<i>Population trends</i>	44
<i>Social inequalities</i>	44
<i>Priorities in care of older people</i>	45
<i>Family members</i>	46
<i>Older people with minority backgrounds</i>	47
<i>Morbidity trends</i>	47

Quality in care of older people	49
Management	49
Employees	49
Professional development and research	50
Improvement work	50
Quality and competence	51
<i>Safe and diversified care of older people</i>	54
<i>Public health and age-friendly city</i>	54
<i>Volunteerism and low-threshold services in neighbourhoods</i>	55
<i>Home-based health and care services</i>	57
<i>Skilled nursing homes</i>	61
<i>Adapted housing</i>	62
<i>Long-term care homes</i>	63
<i>Connection between various services</i>	65
<i>Welfare technology and digitisation</i>	68
<i>Communication and participation</i>	68
<i>Communication and participation</i>	69
<i>Transfer of institutions from commercial operation</i>	70
<i>The financing system</i>	70
<i>Background document, insight reports, and references</i>	72

City Government Propositions 174/17 and 175/17 were adopted by the City Council on 13 December 2017.

An age-friendly city is an inclusive and accessible urban environment that promotes active and healthy ageing.

# Action plan for an **age-friendly city**

## *Introduction*

Oslo is to become a greener, warmer and creative city with room for everyone. The city will be a good place to grow up and grow old. It is a goal that citizens, regardless of age, will have an opportunity to live free and meaningful lives, where they experience a sense of belonging, independence and safety. An important step in achieving these goals is that Oslo, through cross-sectoral cooperation, will work to become an age-friendly city with an inclusive and accessible urban environment that promotes active ageing.

The plan for an age-friendly city is largely the result of participatory activities such as conferences and public meetings where the city's residents have given their input on challenges and solutions in the development of an age-friendly city. Participation will also be key when the action plan is implemented and refined.

A pilot district was chosen to develop and test age-friendly measures. The pilot district Nordre Aker, which has been organised under the Oslo+ programme for service innovation, has contributed to a sound knowledge base and outlines the scope of possibility for a number of cross-sectoral measures that will help Oslo become an age-friendly city.

Among other things, a focus has been placed on flexible transport solutions, development of age-friendly areas, mobilisation of local population, digital platforms for coordination of volunteering, and guidance and training of local businesses in age and dementia friendliness. The experiences from this pilot and the two "follow districts" Frogner and Sagene will form the basis for spreading several measures to other districts.

The measures within the age-friendly city framework will facilitate more social participation. They entail good accessibility in the city all year round, inclusive urban spaces, surroundings and transport as well as facilitated housing, services and information. As the overall principle in the development of an age-friendly city, universal design will be crucial for attaining these goals.

The City Government will work to develop a city with better transport services and inclusive urban areas, housing and services adapted for all ages. Citizens and the municipality's employees will to a greater extent create future care solutions together, so that the content of services reflects what is important to each individual and provides greater quality of life. The aim is to facilitate good public health for all generations, and emphasise health promotion efforts, prevention, early intervention and accessible and equal services.

An emphasis will be placed on comprehensive work that prevents loneliness and boosts citizens' ability to master living at home safely, including when help and support are needed to safeguard the need for activity, care, rehabilitation and treatment. The Oslo+ programme for service innovation, subprogramme for welfare technology and programme for ICT and development of an age-friendly city have many synergies and are viewed in context.

Oslo's population is growing rapidly, with the highest growth expected in the oldest age groups going forward. Rapid growth in the elderly population and increased urbanisation are two major international trends giving rise to challenges. To help cities and communities meet these challenges, the World Health Organization (WHO) has established the WHO Global Network for Age-friendly Cities and Communities.

The City of Oslo is a member of the Network and through cooperation with WHO and other network cities, Oslo has access to tools, examples and experts in the areas of healthy ageing and social development. The UN General Assembly has

Through cross-sectoral cooperation, we want to ensure that the measures in the action plan are climate-friendly

adopted an agenda for sustainable development with 17 global goals, 15 of which are relevant for ageing. Many of the objectives require cross-sectoral cooperation, where cities and local authorities will be decisive for implementing the sustainable development goals.

The World Health Assembly has adopted a global strategy for ageing and health. Its vision is a world where everyone can live a healthy and long life, and a main goal is age-friendly cities and societies. The EU is also developing strategies and frameworks for age-friendly cities.

Oslo is a member of Eurocities, which carries out political advocacy work in the EU system and the City of Oslo heads its working group on urban ageing.

The City of Oslo is to be an age- and dementia-friendly city. Age friendliness is paramount and cross-sectoral, while dementia friendliness is diagnosis-specific and is aimed at a population group with special needs. The incidence of a number of diseases increases with age, but most older people manage on their own for many years before becoming dependent on health and care services towards the end of their life. Family members are important caregivers. Teaching, guidance and information for family members, and flexible and predictable respite care services can be decisive for how long the care-dependent person can live at home.

Making Oslo a more age-friendly city requires cross-sectoral effort and collaboration. Work and resource groups will be needed from different sectors, agencies and districts, as well as external contributors. The action plan is viewed in connection with the follow-up of the Senior Report, Plan for Safe and Diversified Care of older people, Public Health Plan, Dementia Plan for Oslo 2014-2019 as well as the Strategic Housing Plan for Seniors with Assistive Needs.

It will be appropriate to view the commitments to the development of an age-friendly city and smart city in context. Smart cities use the latest technologies to improve the quality of life of their citizens and try to reduce consumption of natural resources and costs. Oslo's plan is based on the eight domains defined by the World Health Organization. These domains affect the health and quality of life of older people. Based on dialogue with citizens and cross-sectoral cooperation, the six areas outlined below are particularly highlighted.



Older people are often defined as persons aged 67 and up, but it is important to note that this is a group that is equally dissimilar as other age groups. There is a huge focus on youthfulness in today's society, and growing old can be viewed as retreating from life. Housing, institutions and recreational activities are largely based on age, contributing to an age-divided society.

Older people can experience being viewed as a homogeneous group with poor health and care needs, and feel that they represent a burden. Ageism is the stereotyping of and discrimination against individuals or groups based on their age. Ageism can take many forms, including prejudicial attitudes, discriminatory practices, or institutional policies and practices that perpetuate stereotypical beliefs (WHO).

In the process of becoming an age-friendly city, it is important to focus on changing attitudes to ageing and older people, so that growing older is viewed as a positive experience and that older people are seen as a resource. Given the valuable resource they represent, it is important to enable older people to make a contribution in their own and others' lives. This will be crucial for achieving the goal of becoming an age-friendly city.

In the workplace, and in society at large, age discrimination can cause older people to experience alienation. Age discrimination may also affect senior citizens' assumptions about their own competence and ability to cope. Age-friendly measures focusing on inclusion and involvement will counteract ageism.

This review of measures that can be considered is based on templates and formats developed in the WHO network, which other member cities are also using. Measures that can be considered show a scope of possibility and can be used cross-sectorially over time and over several budget periods, as well as in management dialogue and will be viewed in connection with measures in other sectors.



## **Area 1**

### Social participation (work life, volunteering and culture)

#### *Vision*

All citizens have the opportunity to participate in society and help influence the developments of the city. Provisions have been made to allow older people more and better opportunities to engage in public debate, in the voluntary sector, as well as take part in work life for as long as possible. Better and more comprehensive art and cultural offerings for older people have been developed.

#### *Introduction*

Social participation is a broad concept and covers areas such as volunteering, social activities, culture and work life, political engagement and organisational work. Giving older people the opportunity to participate actively in society is one of the most important measures for ensuring an active and healthy old age.

The World Health Organization calls the demographic developments we now see mankind's greatest triumph. More than any time before in history, a resourceful older population will put its mark on society. Going forward, it will be important to facilitate society's development to enable the new senior population to exploit their resources and thus be important contributors to society.

To enable older people to be a resource, they must be seen as a resource. There are unfortunately many negative attitudes today towards older people, and many older people feel that they are viewed as a burden. A change of attitude is required in society, where the good stories come to light and the positive examples are commended.

The knowledge and experience of older persons must be utilised to a greater extent, both in the workplace and education sector. The transfer of knowledge and exchange of experiences across generations should be integrated to a greater extent in society, both in formal and informal arenas. At the same time, lifelong learning by older people must be facilitated.

With their expertise and experience, older people constitute a great resource for society and the need for workers will increase in the years to come. To enable older people to participate in the workforce, the work environment must be better facilitated in terms of adapted work hours, the performance of tasks and organisation.

Being involved in helping others together with others adds value to our lives. Many seniors are investing considerable efforts as volunteers or as caregivers in their neighbourhood. The value this constitutes in society is significant and must be recognised and applied to the common good. Being involved in volunteering and taking responsibility in one's neighbourhood prevents loneliness and creates a sense of belonging. Reference is made to the Volunteerism Report of the city government.

## *The Walker Rally*

To create an age-friendly city, it is important to focus on social participation, cohesion and physical activity.

An event such as the Walker and Nordic Walking Rally facilitates such principles since it represents a unique meeting place across generations and cultures, where people who know each other can do activities together and where new acquaintances can be made.



Physical activity is an essential prerequisite for good physical and mental health, but research shows that many seniors become less active as they grow older

Accessible and diverse cultural offerings are important for social participation and enjoyment of life. It is important to have many attractive local meeting places and community centres, as well as focus on co-use and co-location.

## Volunteering

**Objective:** *Older people have good opportunities to make an active contribution to society.*

### **Measures that can be considered:**

- Have **collaborat arrangements** between kindergartens/schools/sports clubs/cultural associations/religious communities and nursing homes/residential care homes/senior centres so that young people and older persons can interact and provide assistance to each other.
- Enable **older people to help** with homework, read in kindergartens, be **resource persons** for lonely children, etc.

**Objective:** *Local businesses stimulate the local community for collaboration, networking, and relationship-building activities.*

**Measures that can be considered:**

- Make the transition from working life to **retirement** the best possible by collaboration between districts and voluntary organisations on relevant action.
- Establish more volunteer centres and volunteer leaders with special responsibility for coordination, **network building** and assistance to senior centres, nursing homes and residential care homes.
- Develop partnerships with the volunteer community with a focus on **seniors as a resource** for other seniors; see the Volunteerism Report.
- Continue and expand the **activity friend** programme to increase social participation for people with dementia, and to provide respite to family members.

## Social activities

**Objective:** *All districts have accessible and diverse meeting places.*

**Measures that can be considered:**

- Co-locate activities across **generations**, cultural background and walks of life, such as cooking lessons, gardening, storytelling, and arts and crafts. School facilities or other municipal premises can be used.

**Objective:** *Communities are to be inclusive and allow for the participation of vulnerable groups.*

**Measures that can be considered:**

- Facilitate joint activity programmes for seniors who live in their own homes and residents of residential care homes and nursing homes.
- Apply the knowledge and **insights** from the "Tomorrow's Health-Promoting Meeting Places 60+ project" in the development of meeting places for seniors.

**Objective:** *There will be a variety of activity programmes that reflect the broad interests of the population.*

**Measures that can be considered:**

- Continue to develop and **co-locate healthy living centres**, senior centres and various learning and services that promote a sense of achievement for seniors with the particular aim of having services specifically aimed at vulnerable groups. Gathering and strengthening professional services will enable a greater focus on physical activity, social contact, nutrition and guidance in welfare technology and planning of housing.
- Extended **opening hours** at senior centres and meeting places for seniors to prevent loneliness, see the Oslo+ programme for development of services.
- **Involve** all age groups in providing feedback on measures and activities within the focus area in the districts.
- Continue the Seniors in the Centre Week where the City of Oslo celebrates the city's seniors with a **walker rally** and awards senior prizes to **stimulate new thinking** and reward sound care of older people solutions.
- Establish more activity clubs based on interests and hobbies to give older people a **meaningful daily life**, and to maintain physical and mental functioning levels in people with cognitive failure.
- Locate activity clubs at senior centres and in association with residential care homes and nursing homes.
- Continue the yearly Generation Games, a cross-sectoral event with physical and mental exercises for all ages, which stimulates **better public health and intergenerational contact**.

## Work life

**Objective:** *Increase employment among seniors.*

**Measures that can be considered:**

- Facilitate wider **age ranges** in the workforce to enable the elderly to work longer, for example with flexible working hours, adapted workloads and technical aids.

**Objective:** *Utilise the resources older persons have in new and innovative ways.*

**Measures that can be considered:**

- Establish **mentoring programmes** where seniors mentor younger entrepreneurs.
- Establish **grant programmes** for seniors who want to start their own business.

## Culture

**Objective:** *Ensure that seniors are given tailored cultural offerings in venues that they frequent on a daily basis.*

**Measures that can be considered:**

- **Enhance** and continue programmes for seniors such as photography classes, blog writing classes, social media classes, lectures, tours, senior cinema, reading circles, breakfast meetings and evenings with authors.
- Offer senior rates to ensure that everyone can take part in the cultural offerings at theatres, concert halls, museums and galleries, etc.
- Continue **art events** for art in public spaces to make art available to all.

**Objective:** *Provide cultural experiences for people with dementia.*

**Measures that can be considered:**

- Continue to develop cultural experiences for persons with dementia, such as Great-Grandma's Garden at the Botanical Gardens and Memory Lane visits to museums in Oslo.
- Continue to develop and disseminate information about the **Cultural Walking Stick** programme.
- Develop performances focusing on people with dementia, inspired by cultural actors in the UK.

## Area 2

### Transport

#### *Vision*

All citizens have access to the entire city, use public transport and feel safe while travelling. Older people will maintain greater mobility and independence.

#### *Introduksjon*

Oslo's city centre will be car-free by 2019. Car-free city life will make the central areas more vibrant and safer for everyone. Reduced car traffic and improved air quality can create better urban spaces and a more enjoyable environment for pedestrians and cyclists.

Rapid population growth, the need for new travel links and further development of current offerings require major investments, which will return great benefits to society. Senior citizens who have difficulty getting to public transport easily become isolated and lose access more quickly to social and physical activities.



Accessible and reliable public transport increases motivation to move about. Well-functioning transport services can also increase physical movement in the form of a combination of walking and cycling to transport. Oslo has its own walking and cycling strategies aimed at increasing general mobility.

In addition to access to transport, a broad range of scheduled routes and maintenance and planning of stops are essential for ensuring that older people use public transport. The public services need to be flexible and adapted to the needs of the different districts and smaller and narrower buses that pick up passengers as needed will be tested among all user groups.

Older people must be made to feel confident in their use of transport through simple procedures for purchasing tickets and training transport sector employees in ways to make the entire journey safe and pleasant.

The aim of the Regulations relating to Adapted Transport (AT) is to facilitate alternative transport services for persons with mobility limitations who cannot use other means of public transport. The AT service is based on the needs of citizens in terms of equipment, time of day and communication. The purpose of the scheme is to help provide people with different functional impairments with alternative transport services.

Ruter AS (transport company) has a strategic plan for universal design. Among other things, all tram stops and several bus stops have been retrofitted to provide the right height.

The Metro has been made more accessible to the handicapped by lifts and gently sloping ramps at heavily used stations.

Access to the islands in the Oslo Fjord became easier after the procurement of new boats and the establishment of more central hubs.

The typical AT user is an older person who only uses the service for leisure trips by taxi. When someone has been granted AT services, the responsibility for further follow-up is distributed so that the districts continue to have the main responsibility for AT users, while the Agency for Social and Welfare Services is responsible for following up suppliers by coordinating information between district, carrier and travel office.

A working group headed by the Department of Environment and Transport has been appointed, which is preparing the transition to Ruter in line with City Council Decision 199/11 and the City Government declaration.

## Universal Design

**Objective:** *Increased access to public transport.*

### **Measures that can be considered:**

- Adjust **the stops** in the city to the right height and ensure universal design.
- Ensure an adequate number of **stops** with shelters, benches and good lighting.
- Provide more **benches** between stops when stops are closed down.
- Develop public transport **hubs** to enable as many as possible to switch means of transport without encountering obstacles.
- Focus on **fall prevention** while getting on and off buses, trams and the metro.
- Ensure that **pedestrian crossings** to and from the stops are clearly marked and adapted to people with mobility limitations.

## Walking and cycling

**Objective:** *Increase physical activity among the elderly.*

### **Measures that can be considered:**

- **Signpost more paths** in the city and in neighbourhoods, and ensure that their provision is made known.
- Continue and continue to develop the Walker Rally in conjunction with **Seniors in the Centre Week**.
- Develop infrastructure for walking and cycling in the planning of the car-free city centre with continued focus on **safe traffic** and speed.
- Ensure systematic management, operation and maintenance of **walking and cycling paths**.

## Technical quality

**Objective:** *Increased capacity of transport services.*

**Measures that can be considered:**

- Carry out further measures with track adjustments, general **upgrading of stations**, information and lighting.
- Fix gaps **on landings** and **platforms**.

**Objective:** *Raise awareness of the buttons on traffic lights and how to increase the crossing time.*

**Measures that can be considered:**

- Develop alternatives to **purchasing tickets** in vending machines, such as automatic replenishment of travel passes paid through bills.
- Signpost buttons on traffic lights more clearly.
- Upgrade more **traffic lights** with the functionality to increase crossing times



## User-adapted solutions

**Objective:** *Meeting transport needs of different passenger groups.*

**Measures that can be considered:**

- Facilitate transport for people with **mobility limitations** and age-related challenges.
- Test adapted and **flexible transport** in districts, see pilot project with Ruter in the Nordre Aker district.
- Establish more arenas for **participation** that includes all age groups in planning public transport.
- Continue the AT scheme and review the regulations if necessary.
- Facilitate more **wheelchair use on public transport**.

## Safe and affordable transport

**Objective:** *Citizens with special needs have equal access to transport.*

**Measures that can be considered:**

- Reduce prices for those who accompany older people and passengers with reduced mobility.
- Design **guides** for older people transitioning from using their own car to public transport.
- Provide employees in the transport industry with **training in age and dementia friendliness**.
- Improve **parking spaces at public transport hubs** (lighting, paths, snow removal and sanding).

## **Area 3** Housing

### *Vision*

Familiar environments and adapted surroundings promote safety, independence and healthy ageing. Adapted housing provides a foundation for enabling more seniors to master everyday life in their own home. A variety of housing options adapted for various groups of older people with different preferences and needs have been developed.

### *Introduction*

The purpose of the measures in the “Housing” area is to provide adequate, safe and accessible housing where older people can live by their own choice for as long as possible. Housing conditions affect the health and quality of life for older people. Familiar surroundings in adapted environments promote healthy ageing and can prevent the development of dementia.

The adaptation of housing with a view to preventing falls enables active ageing and independence. Early planning and adapting of residences is therefore crucial.

Living conditions can have an impact on social health differences, and it is important that the City of Oslo has a variety of housing options to accommodate different socio-economic statuses in the population. Work on social housing shall be aimed at those who need it most.

The 2008 Report to the City Council about social housing programmes in the City of Oslo still applies. The key points are that:

- Housing programmes shall help individuals and families to be self-reliant to the greatest extent possible.
- Oslo shall have a coherent chain of housing measures for disadvantaged persons that is differentiated according to individual needs and challenges.
- The municipal use of resources shall be effective and the measures shall be quality assured.

## Action plan for an age-friendly city - CG Prop. 175/17

Upgrading of existing housing facilities to universal design and development of new housing should be done in dialogue with older people to facilitate age-friendly solutions and designs. Flexibility has to be incorporated in buildings to enable them to meet changing needs in the future by, for example, converting long-term care homes into adapted housing or vice versa.

Personalised tools/aids, subsidy schemes from the Norwegian State Housing Bank for upgrading and new construction of residential care homes designed for 24-hour nursing and care services and housing for social purposes, including housing for older people are offered. Reference is made to the Strategic Housing Plan for Seniors with Assistive Needs as well as the Regulations on Technical Requirements for Construction Works.

It is becoming increasingly important to develop housing options that contribute to increased activity and social interaction that counteracts loneliness among



Generational competition during Generation Games 2017.

older people, such as homes built for two generations, co-housing with staffing and shared housing. The City of Oslo will test co-housing for seniors and students inspired by co-housing communities in the Netherlands and Finland.

For persons needing 24-hour nursing, rehabilitation and care the municipality offers places in long-term care homes. For persons with dementia who need to move away from home it is especially important to create a homely atmosphere in safe and secure surroundings with adapted outdoor areas. Groups with special needs (substance abuse, psychiatry, life on the streets) move into old age earlier and need adapted municipal institution places.

It is essential that all the actors take a collective look at how the city can be developed in a concerted manner to meet population trends. Current topics, including housing for older people, are discussed by the Housing Forum, an arena for dialogue between the Agency for Planning and Building Services and the largest builders in Oslo.

Seniors in need of suitable housing for medical, social or physical reasons as well as a need for safety with permanent staff and social stimulus to counteract isolation can avail themselves of co-housing with staffing, Care+ housing. There is a great variation in the needs of residents. Many are virtually self-reliant when it comes to daily grooming, dressing, meal preparation etc., while others need nursing and care services most times of the day. Reference is made to the Strategic Housing Plan for Seniors with Assistive Needs.

Assistive technology will be adopted to support the employees and to achieve the goal of improving quality of life and coping by individuals. Technological assistance can contribute to the safety, security, independence, well-being, activity and social participation of both seniors who live in their homes and their families.

Assistive technology is being adopted as part of the municipality's goal of strengthening care services. The goal of the technology is to help more people master living at home on their own. Digital safety alarms (with and without GPS), electronic medicine dispensers, electronic door locks and self-monitoring of, for example, COPD, diabetes and blood pressure, can be tailored as a health and/or safety package.

Surroundings, technical aids and welfare technology can make everyday life easier and safer for persons with cognitive failure or dementia disease, whether they live at home or in an institution. Alma's House is a welfare technology centre and simulation flat that shows and offers training in the field of dementia friendly design, technical aids and technology in a home environment.

## Housing options

**Objective:** *That older people will have greater choices with respect to housing.*

**Measures that can be considered:**

- Establish more **adapted housing** with a reception or central function that can assist residents.
- Establish more varied adapted housing, such as Care+, flat sharing, and **co-housing for students and older people**.

**Objective:** *Well-being and increased quality of life should be the focus.*

**Measures that can be considered:**

- Establish small **residential groups** for people in the early stages of cognitive failure.
- Open common areas in nursing homes and Care+ housing complexes to the local community (dining and activities).
- Enable seniors who live in their homes and receive home care services to eat at nursing homes and Care+ facilities located in their neighbourhood.
- Continue to develop long-term care homes with a **better everyday life** and **home-like surroundings**.

## Information

**Objective:** *Provide good and available information about housing alternatives, both web-based and paper-based.*

**Measures that can be considered:**

- Prepare **good written information** about housing alternatives that is available at senior centres and in the neighbourhood through volunteers and online.

## Strategy and planning

**Objective:** *Ensure cross-sectoral collaboration in developing new living arrangements and housing.*

**Measures that can be considered:**

- Prioritise development in nursing homes, **Care+ and other residential care homes** in planning and building applications.
- Increase the number of residential care homes for persons with cognitive failure.
- **Co-locate** residential care homes and day centres.
- Encourage more private home **sharing/co-housing**.
- Initiate a pilot study of "New living arrangements for older people in Oslo" that can form the basis for further development of living arrangements.
- Improve **coordination** between departments and underlying agencies on the co-use of new and existing building facilities, with a particular focus on **intergenerational contact**.
- Work for **multiple use** in urban planning and development. Divide plots between housing for vulnerable groups, older people and the private rental market.

## Upgrading

**Objective:** *Ensure that existing homes are adapted and safe for the elderly.*

**Measures that can be considered:**

- Offer better **subsidy schemes** for making adaptations to one's own home.
- Work for the maintenance of subsidy schemes from the Norwegian State Housing Bank for new lifts in existing buildings as well as **upgrading of existing lifts**.
- Improve coordination by lending **technical aids** through NAV and the City of Oslo.

## Area 4

### Outdoor areas and physical activity

#### *Vision*

Urban spaces and green areas in neighbourhoods are adapted for use by all age groups. The city is viewed as green, safe and adapted for active and healthy ageing. Planning and development of buildings and outdoor areas are done in consultation with older people to ensure age-friendly urban spaces, neighbourhoods and areas where seniors can make use of amenities and be active.

#### *Introduction*

Citizens will experience greater security and safety within the areas where the public moves about. A diverse range of urban spaces is important in order to ensure an inclusive city. The city should be attractive and accessible to everyone

– whether you are walking, cycling, travelling by public transport or driving a car.

Myrerjordet was previously a little used recreational area, which has now become an activity arena featuring, among other things, an artificial grass pitch, sand courts for volleyball, handball and football, boccia court, walking trail, benches and exercise apparatuses.

Ten exercise appliances have been set up that will allow people of all ages and physical condition an opportunity to achieve good strength training. The diversity of the population will be evident here: older people are not only in need of care, but they are participants in society, in activities and can contribute.

It is also a means of promoting public health and a meeting place across generations. Myrerjordet has become more accessible to everyone and the purpose is to make most people want to exercise and keep up their strength, without being part of organised activities.

Supportive and universally designed environments can make the biggest difference to people who are at risk of poorer health, have reduced mobility or functional impairments. Access to buildings and transport is necessary for supporting personal independence. The design and features of buildings and outdoor areas have a great impact on prevention, especially when it comes to falls and promotion of safe physical activities. Urban environments that support a sense of belonging, continuity and identity-creation have a great impact on participation and use of the environment.

Upgrading of existing outdoor areas to a universal design standard and development of new ones should be done in dialogue with older people to facilitate age-friendly solutions and designs. It is important to consider that many seniors with cognitive failure live at home and there must be awareness especially with regard to landmarks, high readability and signage. Urban spaces and neighbourhoods must be accessible and facilitate physical activity, as well as being social meeting places to encourage active and social ageing.

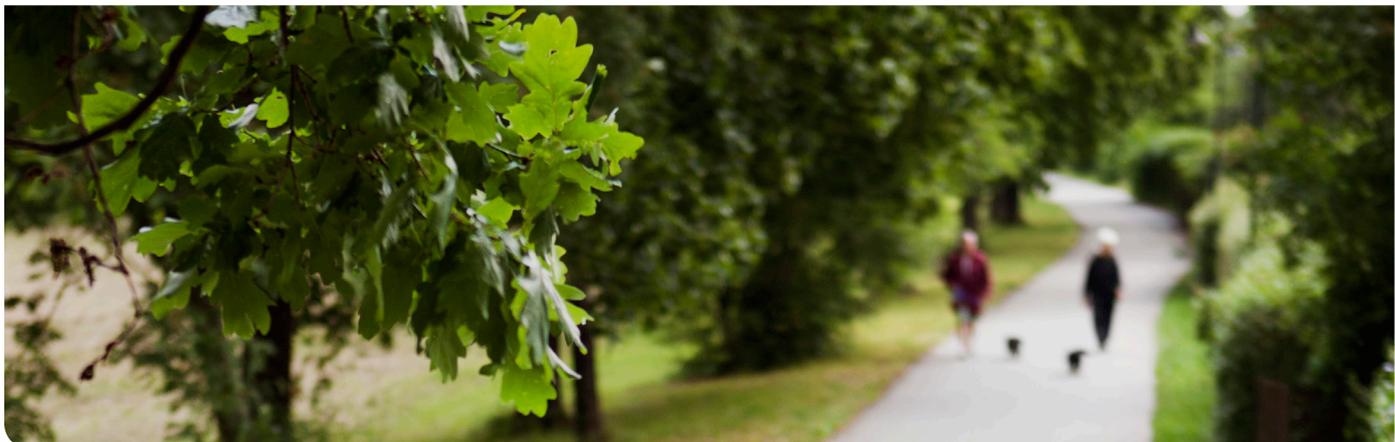
Awareness in terms of facilitating areas for physical activity and as social meeting places must be included early in the planning process. It applies both to the development of new areas and as part of the further development of existing urban spaces and neighbourhoods. Older citizens must be involved in the entire process. Terrain, urban development and transport greatly affect the function and use of outdoor areas and buildings.

Well dispersed and adapted facilities such as benches and public restrooms will contribute to increased city life. The action plan for increased city life, which is a follow-up of the 2014 City Life Survey, will contribute to more amenities for older people and children in the city centre, including benches for public use. This contributes to the development of an age-friendly city.

The location of and access to facilities such as libraries, post offices, banks and shops and restaurants are important for social participation and should be well integrated and communicated in neighbourhoods.

Parks and green spaces contribute to a greater sense of well-being and active ageing and have a positive effect on both physical and mental health. Good marking and lighting of accessible areas for walking and cycling as well as robust and universally designed exercise appliances are a good investment for active and healthy ageing.

The City of Oslo has initiated a number of area projects around the city. It is important that the needs and desires of older people are reflected in these initiatives and more co-use and co-location of buildings and activities across generations is envisioned. It can have great social benefits and contribute to better utilisation of spaces and buildings. The lack of green spaces close by residential areas in eastern parts of the city centre is a challenge for older citizens. Many of them have reduced mobility and experience distance differently than the rest of the population. The older population therefore has a greater need for access to green areas in their neighbourhoods to enable them to experience a green city.



## Urban spaces and public buildings

**Objective:** *Increased access to urban spaces and public buildings.*

**Measures that can be considered:**

- View measures for a car-free city life in conjunction with measures for an age-friendly city when collaborating on outdoor **meeting places in the city centre** that invite activity and socialising.
- Ensure **safe pathways for walking and cycling** back and forth to the car-free city centre, and ensure the provision of **universally designed** and accessible pavements and crossings.
- Set out more **benches and exercise appliances**.

**Objective:** *Increase opportunities for physical activity.*

**Measures that can be considered:**

- Expand the number of **healthy life centres** and improve information about it.
- Develop more **adapted swimming halls** and improve access to fitness facilities in neighbourhoods.

**Objective:** *Increased interaction and dialogue with the elderly to facilitate age-friendly solutions and design.*

**Measures that can be considered:**

- Involve seniors in urban development by, for example, public meetings, participation conferences, and by **inviting seniors to join work groups**.
- Ensure that those working on urban environment planning and urban development are familiar with how changes in urban spaces can affect seniors with orientation issues, as well as the **importance of identity-building urban development for the elderly**.
- Evaluate and follow urban development and urban planning from an **age-friendly perspective**.

## Green outdoor areas

**Objective:** *Signpost the green central spaces more accessible to all age groups to ensure active and healthy ageing.*

**Measures that can be considered:**

- Develop areas with **exercise equipment and benches in parks** and recreational areas in more districts.
- Ensure access to sun/light and **shelter from wind and precipitation** when planning outdoor spaces and places.
- Establish more **green spaces**, including **sensory gardens**.
- Facilitate outdoor areas in connection with nursing homes.
- Improve **marking of walking trails** and information about accessibility for people with impaired mobility.
- Develop park streets with indigenous plants.

## Intergenerational contact and co-use

**Objective:** *All urban spaces and outdoor spaces shall facilitate use by many age groups.*

**Measures that can be considered:**

- Set out exercise equipment, playground equipment, benches and **age-friendly urban furniture** in parks, as well as **improve access to restrooms**.

**Objective:** *Co-use of areas for municipal services.*

**Measures that can be considered:**

- Increase the **co-use of areas** by, for example, placing a kindergarten on the ground floor of a nursing home and making the sensory garden in nursing homes a school garden for schoolchildren.

## Lighting, maintenance and management (including snow removal, sanding and cleaning)

**Objective:** *All pavements and walkways must be accessible and lit throughout the year.*

### **Measures that can be considered:**

- Continue to develop the Agency for Urban Environment's digital reporting service and supplement it with local contact points/volunteers.
- Distribute **sand spreaders and sandbags** to seniors and disabled persons who live at home and are unable to obtain these items themselves to enable them to sand their steps and outside their residence to prevent falls and injuries.

## Co-location and neighbourhoods

**Objective:** *Facilitate the use of the city and access to services and offerings.*

### **Measures that can be considered:**

- Co-locate amenities such as libraries, post offices, banks, shops and restaurants to help **increase social participation**.



## **Area 5**

### Communication and participation

#### *Vision*

The senior population in Oslo has access to relevant, understandable, up-to-date and reliable information about neighbourhoods, opportunities for getting involved, health, available services and offerings. The information is available both digitally and in paper form.

#### *Introduction*

One of the main challenges for older people in terms of communication and information is the digital gap. The digital gap is the gap between those who can navigate the Internet as a medium and those who do not. Because most of the information about available services and offerings is advertised through digital media, there are many older people who are unable to avail themselves of the services and offerings.

In order to close the gap, increasing digital knowledge must be facilitated while a transitional phase must be taken into account. Moreover, access to computer equipment and expertise is essential for enabling older people to use various online services such as banking, the tax service and other online public services.

The City of Oslo has improved its website and made the information more simple, more accessible, easier to follow and user-friendly. The purpose of the ICT Project has been to make a website with the best possible universal design for the most possible users.

The project began early by involving older people in the development of the web pages. Seniors were represented in a reference group, and submitted input on how the website could best serve different user profiles.

Designing information that is of interest to older people must have a greater focus on reader friendliness and clear language. Clear communication about where the information can be found is crucial.

An important prerequisite in the development of an age-friendly city is to involve older citizens in all phases of the work. There are many approaches for involving the municipality's residents, both formally and informally. The Central Council for older people is an advisory body for the City Government and the City Council in cases concerning living conditions for older people in the City of Oslo.

The councils for older people in the districts have been appointed to enhance the participation and influence of older people in local policy development. Other forums for participation can be public meetings, debate evenings and participation conferences. The municipality must facilitate both formal and informal participation arenas where vulnerable groups are also included.

## Access to information

**Objective:** *There should be several centrally located arenas for information with options for oral, electronic and written information, as well as practical assistance.*

**Measures that can be considered:**

- Establish more serviced **information hubs** at meeting places for seniors and in district administrations, and increase awareness of the information hubs
- Encourage greater use of local newspapers and libraries as information channels.
- Make information available in **different languages**.
- Establish "Seniorinfo" as a call centre for seniors across the city, based on the "Unginfo" [information for young people] model with phone services, digital training programmes, etc.

## Age-friendly information

**Objective:** *The format, layout, and display option must be age-friendly. The information must be tailored to different groups of users, such as persons with sensory impairments.*

**Measures that can be considered:**

- Facilitate the **read out loud function** on web pages about services and offerings.
- Ensure the provision of large type with clear fonts in written information material.
- Put out more **signs and posters**.
- Publish a new edition of the "Senior i Sentrum" [Seniors in Centre] booklet for pensioners, which will be made available digitally as well as sent in the post.
- Reintroduce the printed district catalogue for better access to written information at the district level.

## Digital skills enhancement

**Objective:** *Regular courses should be offered to increase digital skills and knowledge about new technological solutions.*

**Measures that can be considered:**

- Strengthen low-threshold services with senior guides to enable the municipality to have a greater extent of **early contact** with citizens and map their needs.
- Offer **computer training** at meeting places for seniors conducted, for example, by young people, as well as lending of computer equipment.
- Increase resources at meeting places for seniors to accommodate new users and contribute to an **inclusive environment**.



## Participation

**Objective:** *All seniors shall have the opportunity to have their voices heard.*

**Measures that can be considered:**

- Increase the use of **participation conferences**, topic-based **dialogue meetings** and **public meetings**.
- Focus on **outreach activities** in collaboration with districts and the district council for older people to reach vulnerable groups, for example through senior guides.
- Establish a **suggestion box** on the municipality's web pages.
- Continue to develop the City of Oslo's web pages with **relevant information** about services for the elderly.
- Ensure that **Central Council for older people** and **district councils for older people** get involved early on, receive the necessary training, and have the opportunity to participate in hearings and participation activities.



Discussion at the Participation Conference 7 March 2016.

## Area 6

### Health and care services

The focus on public health and the age-friendly city is the framework for the City of Oslo's work to promote good mental and physical health for senior citizens. This model outlines various levels for safe and diversified care of older people.



The outermost levels of the model are basic elements for all health promotion efforts, and are applicable to the health and care services of the innermost levels of the model. The public health and care services should not take responsibility away from the citizens but facilitate self-care.

A strong commitment to the outermost levels can contribute to improved health and greater coping skills so that citizens will possibly have less demand for services from the innermost levels.

The different levels in the model do not have clear demarcations, and citizens can obtain services from different levels simultaneously.

Regardless of your location in the model, the transitions between different services should be predictable and safe, and legal principles relating to decisions on health and care services shall be safeguarded. A sense of independence mind-set, rehabilitation, and the question "What is important to you?" should be consistent in all services.

Reference is made to the Plan for Safe and Diversified Care of older people (second part of this publication) for a description of challenges and objectives within this field.

# *Plan for* **safe and diversified** *care of older people*

## *Introduction*

The City Government's vision is that Oslo will become a greener, warmer and more creative city with room for everyone. Oslo has a high population growth rate. The city shall be a good place to grow up and grow old. It is a goal that citizens, regardless of age, shall have an opportunity to live free and meaningful lives, where they experience a sense of belonging, mastery and safety.

Citizens and the municipality's employees shall to a greater extent create the services together, according to what is important to the individual. Through the Action Plan for an Age-friendly City, Plan for Safe and Diversified Care of older people and Strategic Housing Plan for Seniors with Assistive Needs, the City Government wants to highlight the change from nursing home-oriented care of older people to a commitment to home-based health and care services and a diverse range of living arrangements.

Report No.1/2014 to the City Council; Senior Report: Independent, active and safe senior citizens in Oslo is a strategic plan for the City of Oslo's work for active and healthy ageing in the population, including future care of the elderly with a perspective going forward to 2024.

Together with the Senior Report, the Dementia Plan for Oslo 2014 - 2019, the Action Plan for an Age-friendly City and Strategic Housing Plan for Seniors with Assistive Needs, the Plan for Safe and Diversified Care of older people will show what needs to be done over the next few years to create a model of care for older people in line with the City Government's vision.

## *The City Government's ambitions*

For all people, regardless of age, it is important to be able to participate in society, be in control of one's life and serve as a resource for others. The City Government wants to challenge customary notions that "care of older people is equivalent to nursing homes". Growing older does not necessarily mean becoming dependent on care, and care of older people involves much more than nursing homes. In particular, the City Government wants to strengthen the ability of older people to participate and be in control of their lives, and facilitate cross-generational meeting places to enable more people to get to know each other regardless of age. As volunteers and as caregivers for grandchildren and family, senior citizens are an important resource for society.

Older people shall be met with openness, humility and respect, and what is important to the individual is to be emphasised.

The City of Oslo is an active member of WHO's network of age-friendly cities, where we learn from others to ensure that age friendliness and public health are safeguarded in cross-sectoral processes, such as when developing urban areas and public transport.

The City Government wants to prevent loneliness and facilitate social meeting places and new networks and strengthen cooperation with the volunteer community. The use of resources will shift from repair to prevention, health promotion efforts and rehabilitation. At the same time, the City Government is committed to ensuring that senior citizens in poor health and their families must experience greater safety and security

## Recruitment to care of older people

In order for care of older people to become even better and to strengthen the dignity of people, the municipality must increasingly recruit skilled professionals who care about people. It can be hard for many older people who need help to speak up and "stand up for themselves", and they are often completely dependent on others.

Therefore, it is important that those who work in care of older people are personally suited to the job, have good ethical values and attitudes, and are happy to work with vulnerable people.

The municipality must, to a greater extent, provide good and safe working conditions, skills upgrading and management that allow staff to grow and develop their skills. The City Government is to work systematically to remove systems and structures that prevent workers from doing a good job. An active effort will be made to digitise and streamline services.

## Living safely

The City Government is in the process of making it possible for seniors who want to live safely at home to do so for as long as possible. The most important instrument for achieving this is the trust model that includes organising services with established work teams, and 500 additional FTEs, which in combination provides increased continuity, predictability and time. Trust creates security, and is built through good relationships. Quality is achieved when staff is empowered to make good professional assessments, and follow up the people for whom they are responsible. At the same time, staff must be given greater authority to make decisions.

The City of Oslo has too few adapted housing units for older people who are not frail enough to move to a nursing home, but who are struggling with loneliness or insecurity in poorly adapted flats. The City Government is therefore concentrating on a diverse range of living arrangements that support the goals of safety and a sense of achievement. At the same time, the nursing homes should have sufficient capacity so that citizens who cannot live at home or in adapted housing can be confident that they will have a nursing home place.

Assistive technology can help more people achieve security and receive services with better quality. Among other things, this can involve assistance to remember and orientate oneself, and devices that can ensure that older people and their families that help will arrive when needed. At the same time, it is obvious that technology cannot replace human contact, and that the services must change in parallel with the use of technology, if the outcome is to be good.

Nursing homes must become less institutional, and be designed to a greater degree with amenities and content that make them feel like home. The City Government will focus on the “Better Everyday Life” model and try out new housing solutions that bring different generations together, as has been done in the Netherlands. There must be even more life and joy in nursing homes. At the same time, nursing homes must ensure that residents at the end of their lives receive safe and dignified care.

The City Government wants to try new models of organising everyday life in nursing homes, ensure that all the city's nursing homes enter into agreements with kindergartens and schools about activities and visits, and further increase the skills of staff. At the same time, the City Government wants to increase the staffing of municipal nursing homes, which is currently lower than that of both non-profit and commercial nursing homes.

## Citizens know best

It is the citizens themselves who know their own situation best. When the question "What is important to you?" is asked of citizens, it contributes to greater accuracy of services, greater independence and more dignity for those who need assistance. It is vital that the municipality has knowledge of what is important to the citizens and the needs they have, so that services that meet the real needs of citizens can be developed.

## Dare to speak up

The City Government believes that a stronger improvement culture is needed in the services, knowing that good quality is primarily built from below. Employees with permanent jobs are probably less afraid to speak up about mistakes and shortcomings. An atmosphere where more critical questions can be asked is created when managers trust and assign responsibility to their employees. Greater



openness about discrepancies and undesirable events are crucial for being able to learn from mistakes and make improvements.

It is just as important to share good experiences and smart ways of doing things. The municipality will become even better at listening to citizens' experiences and knowledge of the services to learn as much as possible about what provides perceived quality, and how trust is achieved. This will require staff to learn new and better skills. In particular, we must be able to learn the opinions of vulnerable citizens and how the services are experienced by persons who do not normally attend traditional participatory activities such as public meetings and hearings.

A continual desire to learn and improve, both at the individual level of staff members and at the system level, is crucial for being able to provide diversified and safe services for Oslo's citizens.

## Equalising differences in living conditions

The City Government wants to equalise the differences in health and living conditions in Oslo. "The divided city" also divides older people. Men in the district of Sagene live an average of eight years less than men in the district of Vestre Aker. Socio-economic factors have an impact on the care of older people, and old age can be experienced very differently depending on the kind of life people have lived and the opportunities they have had.

The correlation between a good upbringing and a good old age is well known, but deserves more attention in research and policy development. The World Health Organization's report on ageing and health deals with how poor conditions that children are born into or that arise in childhood, often persist into old age and the end of life. There is a need for more knowledge about how the correlation between childhood and old age is manifested in practice in Norway.

## Trust-based administration and management

As mentioned, the City Government wants care of older people to be based on trust, where staff and citizens create the services together. This requires the empowerment of staff members, less bureaucracy, and increased skills in the services. What is important to the individual citizen is fundamental in trust-based work. Further reference is made to City Government Proposition 1055/17 – Trust-based administration and management in the City of Oslo.

*Trust-based administration and management is characterised by:*

- Few and clear objectives
- Reduced micromanagement
- Good decision-making basis
- Broad participation by citizens
- Transparency and good communication
- Good interaction between management and employees and their organisations
- Good utilisation of employees' skills and creativity
- Good interaction and coordination across sectors
- Citizen-oriented digital services

## *Challenges*

### Knowledge of care of older people

While there are many reports relating to the quality of Oslo's care of older people, there is no summarised knowledge base that provides an objective picture of the situation in the services and trends over time. It is also difficult to monitor developments from year to year. There is therefore a need to establish an analysis environment that can develop methods for quality measurements and analyses of eldercare.

### Quality in care of older people

The quality of much of the care provided to Oslo's seniors is good, and every day employees make a formidable effort to ensure that care-dependent citizens receive the care and health assistance they require. The municipality is taking

on increasingly complex tasks, and projects are under way and actions are being taken to make the services even better. Nevertheless, the quality and competence of today's health and care services are too variable and random in terms of professional practice, language proficiency and relational skills.

“

The sickest elderly who are in need of home nursing care see a constant stream of new faces in their homes due to part-time positions and general rotation challenges. This creates insecurity.  
- Health and Social Services Ombudsman

Staffing is often short, and a high rate of absence due to illness, many temporary positions, part-time employees and recruitment challenges contribute to instability in the services. In the future, there will probably be even less access to healthcare workers who want to work in the municipal health service. Citizens often receive health care from many different actors, and there are challenges relating to insufficient information,

interaction and coordination. Organising services with an orderer-performer model gives rise to challenges related to limited latitude for professional discretion and little flexibility in the system. Some residents will need to move between different nursing homes, which can be difficult.

## Population trends

Oslo has a high population growth rate. After a lengthy decline in the older population, the population change among the oldest citizens shows a slight levelling off in the short term, but the oldest age groups are expected to have the highest growth rate after 2020. The number of 80-year olds will double until 2040. It is a positive and healthy sign that we live longer, and the ageing population is a large and important resource in families and in neighbourhoods.

Many seniors in Oslo participate in voluntary work, which is very significant for enabling well-functioning and inclusive local communities. Most older persons manage by themselves for many years, before potentially becoming frail and dependent on health and care services at the end of their lives.

## Social inequalities

There are considerable differences within the health and social situation of Oslo's population. This applies to both geographic and socio-economic differences. Citizens with health problems and low socio-economic status have poorer conditions for a good quality of life. How people experience old age varies based on previous experience, current life situation, cultural affiliation, access to family and network, health status and degree of dependence. In Oslo, many people live alone, and avoiding more loneliness must be taken into account in enabling more seniors to live at home longer.

## Priorities in care of older people

Compared with other municipalities, Oslo has a high number of nursing home places, low staffing in the nursing homes, and a low extent of home care services to older citizens. Oslo also has few adapted housing units for older people.

The table below shows the service profile for residents over 80 years of age in the City of Oslo, and ASSS municipalities without Oslo (ASSS stands for “aggregate management data for cooperating large municipalities” comprising the municipalities of Fredrikstad, Oslo, Bærum, Drammen, Kristiansand, Stavanger, Sandnes, Bergen, Trondheim and Tromsø).

<i>Service profile - citizens aged 80 + (Result at 31.12.2015)</i>	<i>Entire country</i>	<i>ASSS without Oslo</i>	<i>Oslo</i>
Percentage of population aged 80+ in long-term care in an institution	12%	13%	15%
<b>Percentage of population aged 80 + In short-term stay in inst</b>	<b>2%</b>	<b>2%</b>	<b>2%</b>
Percentage of population aged 80+ in housing for nursing and care purposes + home care services	7%	4%	3%
<b>in housing for nursing and care purposes without home care services</b>	<b>1%</b>	<b>1%</b>	<b>1%</b>
Percentage of population aged 80+ with only home care services	26%	26%	27%
<b>Percentage of population aged 80+ without services</b>	<b>53%</b>	<b>55%</b>	<b>53%</b>

The table shows that the City of Oslo has a higher percentage of citizens over 80 years of age who only receive home care services compared with the entire country and ASSS municipalities without Oslo. However, the percentage that receives both home care services and been granted housing for nursing and care purposes is slightly lower in Oslo. The percentage of the population over 80 years of age with long-term stays in institutions is considerably higher in Oslo than in Norway and ASSS municipalities without Oslo.

The City of Oslo has previously prioritised the construction of nursing homes, while many other municipalities have prioritised the construction of residential care homes. In Oslo, older persons who need both adapted housing and services are more frequently offered a place in a nursing home.

Result 2016 preliminary figures at 15.03	Oslo	Kristiansand	Stavanger	Bergen	Trondheim	Weighted average ASSS without Oslo	Oslo level icw ASSS without Oslo
Age 0-49	17,8	10,0	13,2	19,9	19,7	16,0	111%
<b>Age 50-66</b>	<b>9,8</b>	<b>10,1</b>	<b>9,5</b>	<b>12,8</b>	<b>11,3</b>	<b>12,3</b>	<b>80%</b>
Age 67-79	4,1	5,4	5,9	6,1	5,5	6,0	68%
<b>Age 80-89</b>	<b>3,1</b>	<b>4,4</b>	<b>4,6</b>	<b>3,9</b>	<b>3,9</b>	<b>4,0</b>	<b>76%</b>
Age 90 +	3,5	4,7	4,6	4,5	4,3	4,7	74%

Average number of hours per week for home care and practical assistance in accordance with decision, direct time to user

The table above shows that older recipients of home nursing care and practical assistance in Oslo are allocated fewer hours than in comparable urban municipalities. The 80 – 89 age group receives 24% fewer hours in Oslo.

The figures indicate that it should be possible to offer older residents of Oslo a greater extent of home care services in their own home or in adapted housing. Enhancing home-based solutions, a focus on coping, and close collaboration with citizens who need assistance and their families, will be able to help more seniors live safely longer in their own home, or for the rest of their lives if they so wish.

## Family members

Family members are important caregivers. Of the 3,127 persons who took part in the Carers Alliance 2016 Next of Kin survey, 24.9% responded that they were providing 30 or more hours of care per week. Many family members go to great lengths to safeguard the needs of their care-dependent relative, and can therefore have their own health challenges.

“ That fact that women have and assume a greater share of the burden of providing care in the home is well known. The results of Janne Paulsen Breimo’s study shows that this is also the case when the person needing care is not a child but a partner or parent.

*H. E. Sandnes, Kilden*

Caregivers of persons with dementia can experience heavy burdens, are at risk of developing depression, and can experience a reduced quality of life. Studies show

that health and care services expect more of female family members than of male family members. Teaching, guidance and information for family members, and flexible and predictable respite care services can be decisive for how long care-dependent persons can live at home.

## Older people with minority backgrounds

Around a third of Oslo's population has a minority background. Both the percentage of minorities and the composition of the minority group vary considerably between the districts. The ethnicity and cultural background of older citizens is affecting health challenges to some extent, but this is an area where more knowledge is needed. Going forward, Oslo will find that there will be more seniors with minority backgrounds and there is a need for more knowledge of what this will mean for the development of services particularly related to cultural skills.

## Morbidity trends

Being able to master everyday life is key for enjoying and experiencing good health and quality of life. Mental health challenges and life crises are normal, and it is important to separate illness from everyday challenges. Nevertheless, the demanding transitions and life changes of old age contribute to making older people more vulnerable to physical and mental health problems, and high age gives rise to increased risk of chronic diseases and reduced functionality. People with disabilities are particularly prone to being isolated.

Following the introduction of the Coordination Reform, some treatments previously provided only in hospitals are expected to be performed at home or in a nursing home. Many citizens have highly complex medical issues that require comprehensive follow-up from the municipal health service.

“ ...The municipalities are where most things happen. And increasingly more is going to happen there. It is a desired development, which must be followed up with expertise and resources.

*Health and Social Services Ombudsman*

Going forward, older citizens will need differentiated and specialised service offerings in both their own homes and institutions related, for example, to rare neurological diseases, new types of infections, mental disorders and substance abuse problems. Basic tasks in the health and care services, such as good nursing skills, professional trustworthiness and safety must be strengthened. Continuity and good relationships are important for quickly discovering changes in an older person's health and needs so that early intervention can be implemented and adapted to the individual citizen.

There are currently about 78,000 people with dementia in Norway, of whom at least 7,000 live in Oslo. The number of those who have dementia will probably double until 2040. Dementia disease causes varying levels of cognitive failure. It is therefore important to facilitate a dementia-friendly environment that promotes coping for those who have dementia.

The incidence of psychiatric disorders rises with increasing age. The services need a high level of competence to detect mental problems and disorders, distinguish them from each other, and make referrals to the appropriate authority for professional assessments.

As part of the Coordination Reform, the introduction of an obligation for municipalities to pay for discharge-ready patients who remain in hospital was also outlined within psychiatry, and this will give rise to an increased need for municipal mental health services.



## *Quality of care*

### Management

It is essential to focus on managers to achieve better quality care of older people. The management of health and care services is to be trust-based, with a flatter structure and employees empowered to make decisions. Starting with knowledge-based practice and clear expectations, managers are to place trust in their employees and authorise them to make decisions. This will require on site competent managers who communicate direction, and who serve as sparring partners for their employees.

Through trust-based administration and management, the manager can become acquainted with the individual's interests, commitment, strengths and weaknesses. The manager must know what is important to the individual employee, and the skills each one has. Managers must facilitate employee representative work. In order for managers to experience mastery and meaning in their work, guidance and adapted skills upgrading for managers must be a focus.

### Employees

To be able to do a good job in caring for older people, employees must enjoy being around people, particularly older people. Combined with the right expertise, good relations, continuity and proficiency in Norwegian lay the basis so that citizens can experience the services as good and safe.

In order to recruit and retain employees with the right skills, it is essential that employees are offered full-time and permanent positions, and that they are authorised to use their resources and their dedication to create good services together with citizens. Guidance and adapted skills upgrading will enable employees to master their duties and experience the work as meaningful.

Health care workers, nurses, activators, physiotherapists, occupational therapists and highly skilled doctors are an important prerequisite for diversity and good quality in the municipality's health and care services. Increasingly more citizens need and benefit from follow-up from several professions.

The services will increasingly recruit a wider variety of occupational groups and professions into the services so that employees with specialised skills can provide better, more accurate, and effective assessment and follow-up within their field of expertise. Consequently, more tests will be conducted on having, for example, clinical nutritionists, pharmacists, social workers, psychologists, social educators,

dental hygienists, speech therapists, sports educators, music therapists, and cultural workers who will work directly with the citizens.

Oslo's health and care services will become an even more attractive learning arena for students, apprentices and students. The municipality is to work to a greater extent with educational institutions to ensure that pupils, apprentices and students acquire the skills needed in the municipal health services, and to encourage new graduates of programmes to work in the municipal health and care services.

## Professional development and research

Oslo's health and care services will ensure good quality and medical reliability in the provision of services to multimorbid elderly persons with complex disease challenges, and to older persons with mental health and substance abuse-related challenges. A greater focus will be placed on knowledge-based practice, professional development and research. The involvement of citizens and employees will be key in the work on quality development, improvement of quality and innovation.

Knowledge-based practice is performing services based on knowledge from research, experience and the wants and needs of the citizen.

The Department for Seniors, Health and Social Services (SHS) is preparing a strategy for research and development (R&D). Among other things, the aim of the strategy will be to contribute to a better knowledge base for the administration and development of the services in the SHS sector.

There is use for more knowledge in terms of service content and service quality, professional performance, organisation and management, as well as the effect of prevention and health promotion measures and welfare technology. The strategy will suggest actions that can in the long run contribute to systematic evaluation of projects and initiatives as described in this plan.

## Improvement work

A stronger improvement culture has to be developed in which sharing of good experiences, learning from mistakes and evaluation of practices are part of the daily work. Positive experiences and good practices need to be shared in order for the services to learn and be inspired by each other to a greater extent. It is important that employees dare to report undesirable events and discrepancies, so that lessons can be learned from the mistakes that are made and the basis for quality development work is improved.

A strengthened culture for actively sharing knowledge about good experiences, undesirable events and discrepancies is a crucial tool with respect to quality

development of services. An improvement culture also requires good systems on all levels of internal control, with a sound culture for following up undesirable events, and making sure that they are used as a basis for improvements.

Facilitating security and predictability for employees and managers is crucial for bringing about an improvement culture. The City Government believes that permanent and full-time positions are an essential prerequisite for a secure and trust-based working environment, with openness about what works well and what works less well. Employee representatives and safety representatives must be actively involved in all important processes. At the same time, closer cooperation, continuity and good relations with those receiving assistance and their families will contribute to learning organisations, where feedback is a natural and important part of the improvement processes.

## Quality and competence

To ensure that citizens and their families experience good quality and safe services, systematic upgrading of skills is necessary based on defined competence requirements that employees must meet, and related to language skills, cultural understanding and relationship competence.

Greater diversity in clinical professions can lead to a more comprehensive and interdisciplinary approach to the challenges of citizens when different groups of professionals collaborate through common documentation, joint preparation of plans, and equal participation in meetings with and concerning the citizen. Developments in the disease-related challenges of older people also require increased interaction between levels in the services, and cross-professional interaction skills are a basic prerequisite for achieving comprehensive and coordinated services.

Person-centred/trauma-aware care involves meeting the citizen with an understanding of how possible abuse earlier in life affects health and behaviour, and the approach must be based on the citizen's life experience, personality, interests and values.

There is a need for managers and staff with increased digital skills to ensure safe services, and to enable greater use of assistive technology. At the same time there is a need for staff with a technological education background to work in the services on the introduction and daily use of welfare technology, so that citizens and employees are assured of necessary guidance and follow-up when using technology.

To enable Oslo to offer safe and diversified care of older people to all segments of the senior population, there is a need for increased knowledge of indigenous peoples, minority groups and different cultures so that more offerings and

measures can be aimed particularly at older indigenous peoples and citizens with minority backgrounds. In the services, managers and employees must have sufficient knowledge to facilitate health care on the basis of individual culturally-based needs.

Citizens in life's final phase should be able to receive dignified and good end-of-life palliative treatment and care, either at home or in nursing homes. Palliative care at the end of life entails a comprehensive and interdisciplinary approach to both the dying person and their family members, and requires staff with relevant technical expertise.

Senior abuse can happen both at home and at the institution, and can be of a mental, physical, financial or sexual nature. All types of abuse represent risk factors for the health of older people. Preventing violence in close relations is especially important. Employees in the care of older people will to a greater extent be provided with skills relating to abuse and person-centred/trauma-aware care. Reference is made to the Action Plan against Violence in Close Relations and the important work done by Protective Services for Older people.



**Measures:**

*Quality and competence in the care of older people.*

In cooperation with the services, the Centre for Professional Development and Research will define **competence requirements** for different professional groups in the municipal health and care services, for managers, and for employees who provide practical assistance. The requirements will deal with expertise in professional performance, language, ethics, interaction, technology, improvement work, culture and person centred/trauma-aware care.

In cooperation with the services, the Centre for Professional Development and research will prepare a **competence programme** to ensure that managers and employees meet the competence requirements. The competence programme will also facilitate more exchanges across various service sites.

Steps will be taken to enable more managers and employees to pursue **further education and specialisation**.

In cooperation with the services, the departments will develop a **recruitment strategy** for how the City of Oslo will work to secure a sufficient number of health care workers in the future.

The services will employ several **different professions** in the clinical work, such as clinical nutritionists, pharmacists, psychologists, music educators and cultural workers.

The City of Oslo will cooperate with the university colleges and the Sami Parliament to gain more knowledge about how **ethnicity and cultural background** affect the needs of older people and their family members, and how municipal services should be organised to provide more accurate services to older indigenous people and older people with minority backgrounds.

A common electronic **quality system** is to be introduced in Oslo's health and care services.

In cooperation with the services, the department shall assess whether to establish a **municipal temp scheme/temp pool** for the municipal health and care services.

The department will establish an **analysis environment** that will develop a better system for quality measurements, supervision and follow-up of non-conformances in the services.

Det vises for øvrig til kommende Overordnet strategisk kompetanseplan for helse- og omsorgstjenestene 2017-2021.

## Safe and diversified care of older people

The focus on public health and the age-friendly city is the framework for the City of Oslo's work to promote good mental and physical health for senior citizens. A model showing various levels for safe and diversified care of older people is outlined below.



The outermost levels of the model are basic elements for all health promotion efforts, and are applicable to the health and care services of the innermost levels of the model. The public health and care services should not take responsibility away from the citizens but facilitate self-care. A strong commitment to the outermost levels can contribute to improved health and greater coping skills, so that citizens will possibly have less demand for services from the innermost levels.

The different levels in the model do not have clear demarcations, and citizens can obtain services from different levels simultaneously. Regardless of one's location in the model, the transition between different services should be predictable and safe, and legal principles associated with decisions on health and care services shall be safeguarded. A sense of achievement mind-set, rehabilitation, and the question "What is important to you?" should be consistent in all services.

## Public health and age-friendly city

Physical activity, good nutrition, secure family relationships, good local communities and a sense of belonging have a positive impact on an individual's mental and physical health throughout life. Focusing on public health work for all generations lays the basis for enabling a larger segment of the population to master everyday life and possibly have less need for public health and care services. In order to achieve effective measures to counteract loneliness, Oslo's citizens and

municipal services must work more purposefully in the communities. Reference is also made to the Public Health Plan.

Making Oslo a more age-friendly city requires cross-sectoral effort and collaboration. Reference is made to the Action Plan for an Age-friendly City.

## Volunteerism and low-threshold services in neighbourhoods

Through voluntary efforts, citizens can participate in and contribute to meaningful and socially beneficial activities. Citizens' involvement and participation in their neighbourhoods contributes to building community and a sense of belonging. The City Government believes that the older population's resources should be utilised to a greater extent through voluntary efforts. Encouraging further voluntary efforts where generations provide mutually voluntary efforts for each other can prevent people in different age groups from experiencing loneliness and alienation.

Greater efforts by volunteers to supplement the provision of public services should be facilitated. This requires new cooperative structures between the service sites and the voluntary sector, so that together they can create social and health-promoting meeting places as low-threshold services in the communities.

It is also important to clarify and draw clear lines between the tasks that can be performed by volunteers in relation to what must be done by employees. Volunteerism cannot be made obligatory, it must be fostered and followed up closely to make it grow and be stable.

All districts should have accessible, attractive and diversified meeting places and low-threshold services that reflect the variation in the population. A focus shall be placed on universally designed low-threshold services that contribute to enjoyment of life and prevent loneliness, which strengthens the ability of older persons to cope with their own illness and reduced functionality. Meeting places should serve nutritious food. Activities are to be organised especially for seniors with minority backgrounds and for seniors with challenges related to mental health and substance abuse problems.

Volunteer effort is an elective subject in some lower secondary schools. In Groruddalen, pupils visit seniors through a collaboration between parishes, schools and nursing homes.

Reference is made to the Volunteerism Report (City Government Proposition 53/16), Action Plan for an Age-friendly City, and to the Oslo+ Programme for Innovation in Services to develop new and useful solutions for the municipality's future senior citizens.

**Measures:** *Volunteerism and low-threshold services in neighbourhoods.*

To enable young and old to meet and provide voluntary services to each other, long-term care homes, adapted housing and low-threshold services must have **collaborative arrangements** with kindergartens, schools, sports clubs, cultural associations and religious communities.

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The Nursing Home Agency and the districts will cooperate with the Education Agency to make the elective subject "**Volunteer effort**" available at more schools.

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The service sites should have a separate employee who has volunteer coordination as part of their work and whose responsibility is to follow up **volunteer work** locally in the operations.

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The City Government wants the districts to concentrate more on **outreach activities** carried out by, for example, senior guides, and home visits to seniors who do not receive health and care services. It is especially important to identify seniors who do not have close relatives at an early stage.

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The same applies to seniors with mental health challenges, and seniors with minority backgrounds. What is important to the individual citizen shall form the basis for a comprehensive approach, which also includes an assessment of the situation of family members. Upon nascent signs of functional impairments, or signs that family members need support, outreach activities shall quickly report to the district's reception system so that appropriate steps can be taken.

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Reference is made to the Directorate of Health's guide on preventive home visits in the municipality.

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The department will follow up to ensure that more work is done on **active inclusion**, where the municipality's various sectors, the volunteer community and the neighbourhoods work together help to prevent loneliness and alienation.

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Reference is also made to measures for quality and competence in care of older people.

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## Home-based health and care services

Home-based health and care services include both practical assistance and health services. More extensive home care services are necessary if more seniors in Oslo are to live safely at home if they wish, and to support and provide respite to family members.

It is the City Government's goal to add 500 new FTEs in the current city council period to help enable older people who so wish to live safely at home for as long as possible. The City Government wants the home care services to be organised so that the person receiving the assistance deals, to the greatest degree possible, with a small number of permanent staff. Staff must be given the time and space to get to know the people they are responsible for so that they can better monitor their health and general condition. In 2017, all of the districts established dementia work teams, and lessons learned from this initiative will be further developed in the years to come.

A work team is a model for organising health and care services in which a group of permanent staff design and perform the services, creating continuity, security and trust.



Increased competence is an important prerequisite for good quality in home-based health and care services. Staff members should work preventively and comprehensively to a greater extent, and motivate and support coping skills based on what is important to the individual citizen. Everyday rehabilitation, with training in activities related to daily chores, is an important working method that will be further developed in all districts. The City Government wants home-based health and care services to be directed at early intervention related to comprehensive nutrition work, prevention of falls, everyday rehabilitation, physical activity, mental health and the prevention of loneliness.

The Oslo Model for everyday rehabilitation leads to improvement in people's function, fewer problems with carrying out activities, and less need for services.

For people with cognitive failure, the time and the way forward to getting a diagnosis can be lengthy and there is a need to take action for both the person affected and their family members during this period. People with newly diagnosed dementia may receive too little follow-up before the disease significantly worsens. Early intervention and health promotion efforts have to be introduced to a greater extent in the family and other networks of elderly persons with dementia.

Oslo has four assisted living wards located in long-term care homes and skilled nursing facilities. Assisted living wards are low-threshold residential care offerings, where seniors who live at home can be for up to three weeks to get help and care in safe surroundings. No applications are necessary; all the older person has to do is make a phone call to book a stay.



**Measures:** *Home-based health and care services.*

As part of trust-based administration and management, the home care services are to be organised to create, to the greatest extent possible, **stability** for citizens, with as many permanent full-time positions as possible. The total life situation of the citizens is to be the starting point along with close cooperation with family members, networks and volunteers.

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A designated employee should be available as a **contact person** for those who need assistance and for their family members.

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In cooperation with the districts, the department will consider how the districts should organise themselves to establish interdisciplinary **systems** for enquiries for assistance, home care services and for notes of concern that can ensure a comprehensive assessment and help ensure that the correct steps are quickly taken.

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Those who need assistance should always be asked what is important to them, and family members should be consulted once the older person has given their consent to do so. Staff members who make decisions about the services to be offered shall **work closely** with the GP, senior guide and staff who provide home care services.

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To enable those who perform home care services to use their technical expertise to provide services based on the day-to-day condition of citizens, **more flexibility** is needed with respect to the decision outlining the services the citizen is to receive. The department shall therefore work with the districts on a project to try out a framework decision as an alternative form of decision-making in home care services.

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The department will initiate a process to review the use of **user-driven personal assistance** (BPA) for persons over 67 years of age with extensive assistance needs.

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The home care services should have permanent employees with clinical **nutrition** skills in order to identify, prevent, and treat malnutrition.

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The districts will make arrangements to enable older people who live at home to **eat their meals with others**, such as at senior centres or day centres.

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Home care services must have sufficient competence to work with

GPs on follow-up of **medications** and medication reviews. The Centre for Professional Development and Research contributes to the work.

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The districts will continue to work on implementing **everyday rehabilitation and everyday coping** in the home care services.

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In cooperation with the districts, the departments will test an **activity time** scheme, where selected citizens will be given extended time and assistance for personally selected activities that increase quality of life and prevent loneliness.

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Day centres, senior centres and other day activity offerings will to a greater extent adjust **opening hours and offerings** according to the interests, needs and wishes of citizens and their families.

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Day activity services should include preparation and serving of **nutritious meals**.

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The department will work with the services to initiate a process to evaluate whether the districts shall, to a greater extent, operate various **day activity services** such as day centres.

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In cooperation with family members, the districts shall establish more flexible low threshold **respite services**, preferably in cooperation with the volunteer community.

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The Nursing Home Agency shall evaluate and test how **assisted living stays** can be used more flexibly according to the needs of citizens and their families.

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With support from the Directorate of Health, the Centre for Professional Development and Research and districts will develop a model for systematic follow-up of **persons with dementia** and their family members, with an emphasis on the period immediately after the diagnosis is made.

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In cooperation with the services, the Centre for Professional Development and Research will evaluate and test if applicable an arrangement with **ambulatory competence teams** where health professionals with advanced clinical and geriatric skills can assist the health and care services with training and guidance in treatment and advanced care.

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Reference is also made to measures for quality and competence in care of older people

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## Skilled nursing facilities

Seniors who live in their own homes may periodically have a need for 24-hour care, treatment or rehabilitation. A time-limited stay in skilled nursing facilities is meant to be an effective means of regaining enough function to remain able to live at home. Oslo uses rehabilitation stays to a lesser extent than other comparable municipalities.

Oslo has four skilled nursing facilities offering medical treatment, rehabilitation and care, and respite stays. Aker rehabilitation, a skilled rehabilitation department offering intensified training to achieve faster and better results, is mainly for citizens with acute strokes and hip fractures. The services at Aker rehabilitation are free of charge to the districts.

Municipal emergency day care units (KAD) offer admission for up to three days for citizens who need treatment, observation and care by general practitioners and nurses in the primary health services.

### **Measures:** *Skilled nursing facilities.*

During stays in skilled nursing facilities, necessary **interdisciplinary resources** will be applied to a greater extent based on the needs of the person, and to a lesser extent based on predefined decisions.

Models where **skilled nursing facilities and home care services** jointly provide services will be tested.

A study will be done on how skilled nursing facilities can be **operated and organised** more optimally.

Together with the districts, skilled nursing facilities will adopt a more active and **guiding role** towards citizens, their families and communities, and offer activities and courses that provide increased knowledge and better ways of coping with disease and reduced functionality.

Skilled nursing facilities will work more closely with the districts to identify and test appropriate measures that contribute to **greater coping and independence** in the home.

Reference is also made to measures for quality and competence in care of older people.

## Adapted housing

Familiar environments and adapted surroundings promote safety, mastery and healthy ageing. Adapted housing is age-friendly housing units that older persons with a need for assistance can rent. A wider range of adapted housing in age-friendly living environments with shops, doctor's offices, activities, leisure facilities and social meeting places will lay a basis for enabling more people to master everyday life in their own home. Developing a variety of housing options adapted for various groups of older persons with different preferences and needs is an important initiative for the City Government.

All adapted housing will have services that facilitate nutritious meals, social gatherings and activities. Staff working with seniors in adapted housing must have the skills to catch early signs of failing functions and malnutrition, and ensure that issues are quickly dealt with.

As for other seniors who live in their own home, it is the GP who has the medical responsibility for those living in adapted housing. Any health and care services are performed by the home care services, and the buildings should be adapted for the work of the home care services.



**Measures:** *Adapted housing.*

In cooperation with the services, the City Government shall establish more adapted housing with a **wider variety**, such as Care+, flat sharing, shared senior housing and co-housing for students and seniors.

Technical expertise in **dementia-friendly surroundings** and **universal design** shall be applied when planning and designing housing and citizens in the target group will try out the buildings and solutions during the building and furnishing processes.

In order to ensure that citizens, regardless of which district they live in, are to have equal access to adapted housing, a process is to be initiated to assess how organising and **financing systems** across district borders can be optimised.

Some adapted housing will be **staffed 24 hours a day** with available staff.

Residential groups, or blocks of flats with few units can be a good living environment for citizens with dementia disease. More **adapted and safe housing** will be established for citizens with cognitive failure in their immediate, familiar environment.

Reference is also made to measures for quality and competence in care of older people.

Reference is also made to the Strategic Housing Plan for Seniors with Assistive Needs.

## Long-term care homes

Residents who need a long-term care place in a nursing home shall be confident that they will be able to move to a long-term care home. The City of Oslo has rules for ensuring that an offer for a place in a long-term care home must be provided within 14 days after a decision on a long-term care place has been made, and in practice the offers are made before 14 days have elapsed. An assessment of the need for a long-term place must be made together with the senior citizen and their family members. This requires collaboration with GPs and other actors who know the needs of the citizen. Spouses and cohabitants will be given the opportunity to live together in long-term care homes.

Arrangements shall be made to ensure that residents of long-term care homes have a good everyday life in a home-like environment. Long-term care homes are to emphasise giving residents an opportunity to spend more time with children and young people, preferably outdoors and in their local community. Good meals will be a key part of everyday life in long-term care homes.

The City Government wants a greater focus on coping and maintenance of functional level based on person-centred care and what is important to the individual.

Employees must acquire even more expertise in activity therapy and trust-building efforts. Long-term care homes shall ensure that sick residents are offered good and proper medical care, nutritional follow-up, nursing care and dignified care at the end of life.

“ *A desire of many residents and family members is for residents to go on more outings. Survey of nursing home residents and their family members 2016*

The municipally operated long-term care homes in Oslo have lower staffing levels than long-term care homes operated by non-profit and commercial operators. One of the reasons for lower staffing in the municipally operated long-term care homes is the cost-cutting measures that have been adopted. In addition, increased emphasis

on quality and professional coverage for the commercial long-term homes over many years has led to more expensive contracts, which in turn has led to reduced budgetary limits that can be allocated to municipal long-term care homes. It is therefore necessary to increase the staff of municipal nursing homes, and to ensure satisfactory staff and quality requirements when entering into new contracts with non-profit actors on the operation of long-term care places.

The City Government wants necessary skills and resources to be adjusted to a greater extent to residents' needs, and that changing departments and moving by residents to obtain proper health care when illness and challenges change must be kept to minimum.

**Measures:**

*Long-term care homes.*

The **staffing** of municipal long-term homes must be increased.

When entering into new long-term contracts with non-profit operators of long-term care homes, the price-quality ratio in **tender competitions** shall be weighted 30%-70%.

The Nursing Home Agency will test a model with **work teams** in long-term care homes where a smaller group of permanent employees design and provide the services to residents, and adapt rotations and working hours based on the needs of residents.

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The Nursing Home Agency will test an organisation of a long-term care homes where competence and resources are applied to a greater extent according to the **needs of the residents so that residents** have the lowest possible risk of changing departments and moving even if their need for health assistance changes considerably.

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Residents of long-term care homes, and especially residents with mental challenges and disorders, shall be offered **person-centred/trauma-aware care** and **activity therapy** to a greater extent in combination with correct use of medications.

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The Nursing Home Agency shall ensure **greater diversity** in the profiles of long-term care homes adapted to Oslo's various residents, and will endeavour to enable residents with the same needs and common preferences to live together.

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Renting studio flats in long-term care homes to **students** or other citizens will be tested.

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Technical expertise in **dementia-friendly surroundings** and **universal design** will be used when making interior and structural changes, and residents will be able to try out the solutions during the building and furnishing processes. Long-term care homes are to become **less institutional**.

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The rooms of residents are to be designed as **personal homes** based on the "homely surroundings" of the individual, where the residents can lead private lives and receive visits when they wish. Overnight stays by family members will also be accommodated.

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Residents are to be given more opportunities to spend time **outside**, and there will be more cooperation with volunteers and the neighbourhood to offer residents outdoor activities.

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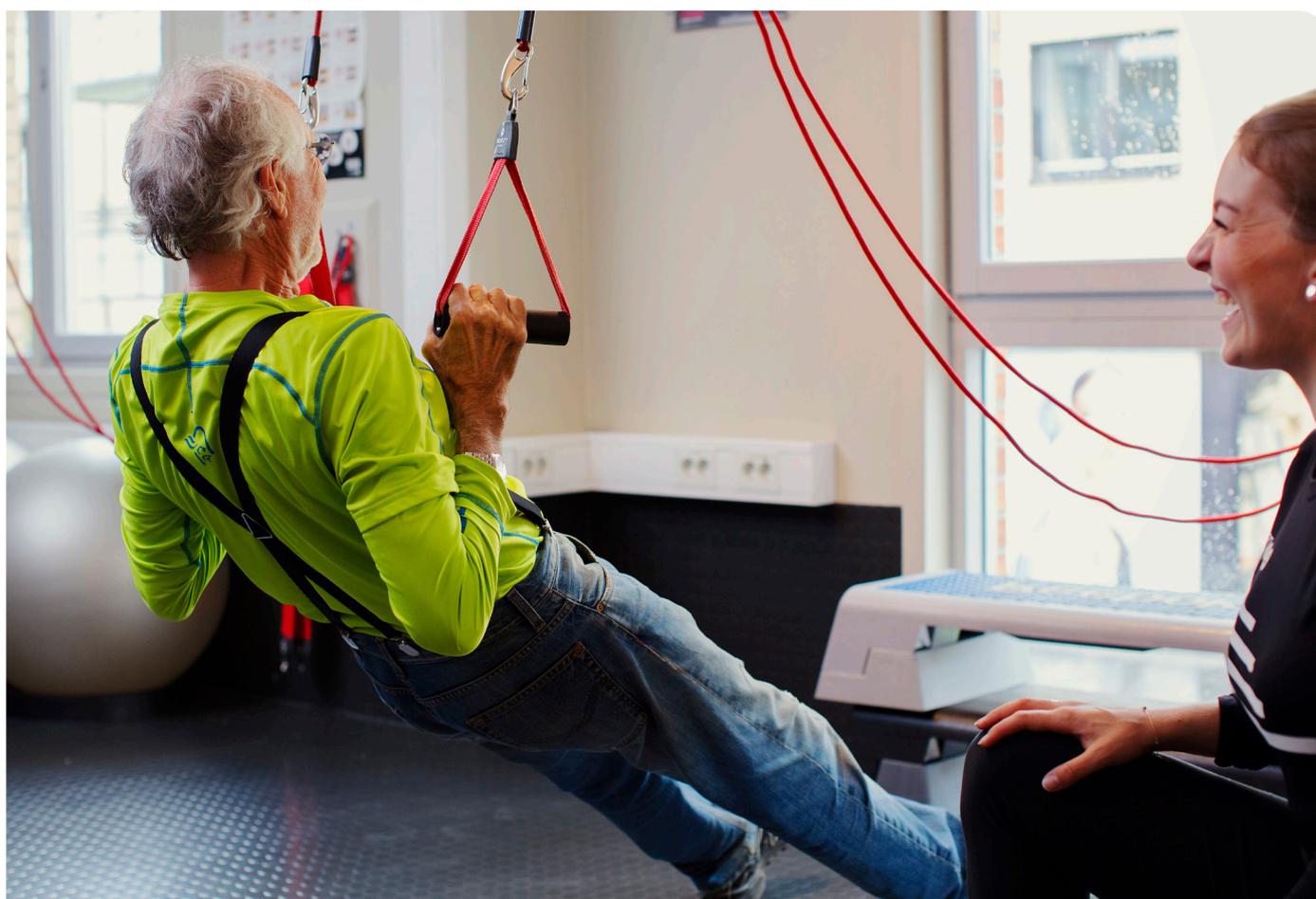
Reference is also made to measures for quality and competence in care of older people.

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## Connection between various services

To ensure that older people can live safely in their own homes for as long as they wish, the entire system of care for older people and all health and care services must be viewed as one. Different actors and organisations must work together to prevent mental and physical health problems, promote independence, a sense of belonging and ability to master their own lives. Citizens need comprehensive and coherent care pathways that provide the best possible outcome, security and predictability. This is also essential for safeguarding good patient safety.

A description of expected care pathways and transitions between different services can clarify who does what, and provide more predictability to all involved. Expert knowledge at all levels, and cooperation on and with those who need health care, are absolutely critical for achieving good interaction and good transitions between different services. There should be more flexibility in using resources and expertise across buildings, living arrangements, services and service sites.



Closer cooperation and more exchanges of expertise between the municipal health services and specialist health service must be intensified in order to enhance quality of services and patient safety.

GPs meet many citizens who have no contact with other services. They therefore play an important role in preventative health. The districts must make arrangements to inform GPs about available low-threshold services and health and care services in the districts. GPs can catch the onset of mental and physical functional impairments and help exhausted family members who need respite and support. The medical responsibility for residents who receive home-based health and care services in their own homes or in adapted housing lies with the GP. Good interaction between the GP, the home care services, the citizen and their family members is important for ensuring correct and proper medicinal treatment and general medical follow-up.

When more seniors want to live at home longer, it will become crucial to achieve a good workflow around the GP's follow-up and home visits to sick older persons, and to citizens in their final phase of life who want to die at home. Evaluating the role of GPs and establishing good collaboration structures between the GPs and the home care services is necessary.

## Measures:

### *Better connection between various services.*

In cooperation with the services in 2017 – 2019, the Centre for Professional Development and Research will prepare descriptions of expected **care pathways** and transitions between various services that are likely to be utilised, a process that will contribute to more predictable and equal services. What is important to the individual is to be safeguarded in the transition between different services.

Learning networks have been established for **patient safety** and care pathways, the latter in cooperation with the Norwegian Association of Local Authorities (KS) and the Norwegian Institute of Public Health.

The various service sites shall themselves take a more active role in creating **good transitions** to and from their own service so that patient safety is safeguarded.

In cooperation with the services, the department will evaluate and assess how the **GPs** and other municipal health and care services can achieve better **interaction**.

## Assistive technology and digitization

By harnessing the possibilities that digitization, data capture and artificial intelligence provide, the municipality will be able to deliver qualitatively better and personalised services based on the needs of citizens.

Assistive technology can contribute to safety, coping and training. Technological aids can increase the possibility of moving safely and freely indoors and outdoors for people with dementia. With assistive technology, older people may need fewer admissions to hospital and less supervision and help from staff, thereby strengthening the safeguarding of privacy both in their own home and in institutions. Technology can enable interactive social contact with friends and family from different generations and thus contribute to less loneliness.

Technology can provide time savings for staff and lighten the workload. By adopting more assistive technology in the services, resources can be freed up that can be spent instead on interhuman relations. Extensive use of technology requires good digital signals in all buildings and public spaces. New buildings should facilitate “smart house technology”. The introduction and use of new technologies requires training of users, and the creation of a support system with competent staff who can undertake the installation, operation, and maintenance of equipment.

In particular, the City Government wants to enable more citizens to make use of technology that provides safety and freedom, and that helps more people cope with living in their own homes or adapted housing. A focus should be placed on digital services that facilitate communication during home visits, such as e-locks, electronic notices of visits by home helpers, digital alarm services, etc. When introducing new technology it is important to ensure a good analysis of user needs, and that this is applied to the decision on assistive technology solutions for the individual.

## Communication and participation

The City Government wants Oslo’s senior citizens to be heard and their opinions taken seriously. It is a goal to provide Oslo’s entire population with access to relevant, comprehensible and universally designed information about low-threshold services in the communities, adapted housing, health and care services and involvement opportunities.

In a collaborative process, the citizen will be well informed, feel that the talks are taking place in secure surroundings, be included in the documentation of the process and actions, be included in the feedback process, be included in the formulation of decisions, be included in the implementation of decisions and be included in ongoing learning and development loops.

To improve health and care services, joint solutions must be developed and created together with the citizens and staff. As part of a test project, older citizens and/or their family members will be present

at interviews of new employees in the health and care services, in the same way that young people are increasingly involved in the child welfare service.

Having an overview and control over one's own situation provides security. In dealings with the services, the citizen will always be involved and participate in any processes that concern them. The name of the available contact person will be shared with family members. Good communication with citizens and family members requires time and expertise on the part of staff, but will contribute to more accurate services and less frustration and insecurity. For specific measures, reference is made to the Action Plan for an Age-friendly City.

## Conversion of long-term care homes

It is challenging to predict the future need for 24-hour health and care services. The focus on an age-friendly city, health promotion efforts, everyday rehabilitation, adapted housing, home care services and assistive technology will likely enable more seniors to live safely in their homes longer.

Oslo will continue to have sufficient capacity for long-term care homes, so that residents who can no longer live at home or in adapted housing will have a long-term care place. At the same time it is important that Oslo expands alternative housing solutions that can meet the need for accessible help, without the need to move to an institution. With a reduced demand for long-term care places, the municipality will endeavour to convert long-term care homes into adapted housing according to what citizens want and need.

Decreased demand for long-term care places may result in redundancies among long-term care home workers. There will be a particular need for employees with special training and good language skills when other municipal health and care services are recruiting new employees. The City Government will therefore focus on skills upgrading for employees without formal qualifications.

### **Measures:** *Conversion of long-term care homes.*

The Nursing Home Agency and the Centre for Professional Development and Research shall prepare **procedures** for safeguarding residents and family members who may be affected by conversion processes and refurbishment projects/rehabilitation of buildings.

The City Government has established a **competence project** aimed at employees without formal qualification in the City of Oslo's health and care services.

## Transfer of institutions from commercial operation

Oslo shall have a well-developed system of public health and care services with equal access for all. Today, the majority of long-term care homes are operated under contract with non-municipal actors. The City Government has a clear policy that the use of competitive tendering for the operation of nursing homes by commercial actors shall no longer be carried out. Instead of tenders and competition, collaboration, long-term plans and transparency will be encouraged.

In municipal institutions, the number of places can be adjusted and staffing adapted to suit the varying needs of residents. It is also easy to implement new professional systems. Significant changes in the non-municipal institutions require contractual changes and are resource-intensive. It takes time for contractual changes to take effect after they have been concluded. By operating the institutions itself to a greater extent, the municipality achieves more flexibility to quickly adjust operations and services based on the needs of its citizens.

Some information about commercial operators is not public as they have the right to protect information – so-called trade secrets – that may provide advantages in tender competitions. The City Government believes it is a challenge that the transparency policy that the City Government stands for cannot be applied to commercial operators of nursing homes.

Different employers lead to employees having different employment conditions. Through more municipal operation, the City Government wants to contribute to increased equality and better recruitment by ensuring equal wage and pension schemes for employees, along with a commitment to more full-time positions.

Non-profit organisations have been important in the development of healthcare services in Oslo. The City Government believes that non-profit actors have a special intrinsic value and that they must continue to develop and provide health and care services. Any competitive tendering for nursing home operations will be reserved for non-profit actors. Framework conditions that ensure long-term, secure agreements with non-profit organisations shall be pursued.

## The financing system

The districts issue an initial decision for admission to a long-term care home, and pay a fixed average price, regardless of the citizen's care requirements and the type of long-term care place needed. If the resident's care needs change, the Nursing Home Agency decides the type of long-term care place that best meets the needs of the resident.

In autumn 2015, subsidisation of the districts' costs for ordinary long-term places was partly removed. The purpose is that the rate for an ordinary long-term care place shall be equal to gross cost, giving the districts a more accurate basis for assessing the costs and benefits of offering relocation to a long-term care home against alternative measures such as health and care services in the home.

Decisions concerning initial assessment and reassessment for short-term places, rehabilitation places and day places are made by the districts. A short-term place in a skilled nursing facility is currently 5% less expensive than a rehabilitation place in a skilled nursing facility.

Changing the subsidy to an equal rate for all types of skilled nursing home stays will be assessed so that efforts and health care assistance can be applied based on the needs of the citizen and not on the basis of the type of place approved in advance. Having the same rate is expected to result in the provision of more rehabilitation services in skilled nursing facilities, and more targeted services based on individual needs, enabling more residents to live safely in their own homes. There is a need to consider whether the current financing system sufficiently stimulates coverage of the needs of citizens in the best possible way.



## Background document, insight reports, and references

«Alderisme – den glemte diskrimineringen?» [Ageism – the forgotten discrimination?], Equality and Anti-discrimination Ombud, 25 October 2012

«Alderisme og aldersdiskriminering i helsetjenesten?» [Ageism and age discrimination in the health service?], Norwegian National Advisory Unit on Ageing and Health, 1 September 2016

«Beboer, bruker og pårørendeundersøkelsene i sykehjem og i hjemmetjenestene i Oslo kommune» [Resident, user and next of kin surveys in nursing homes and in the home care services in the City of Oslo], City of Oslo, Agency for Health

«Behov, ønsker, utfordringer, barrierer, suksesskriterier. Livet leves hjemme» [Needs, wants, challenges, barriers, success criteria. Life is lived at home], insight summaries, Livework, 2014

«Bolig+ Nye boligløsninger for eldre og folk flest» [Housing+ New housing solutions for the elderly and most people], NIBR report 2013:19, Schmidt et al., Norwegian Institute for Urban and Regional Research, 12/2013

Regulations on technical requirements for construction works, 2017 <https://dibk.no/globalassets/byggeregler/regulation-on-technical-requirements-for-construction-works--technical-regulations.pdf>

«Byrådets budsjettforslag 2017 og økonomiplan 2017-2020» [The City Government's budget proposal 2017 and finance plan 2017-2020], City of Oslo

“Cognitive reframing for carers of people with dementia”, Vernooij-Dassen et al., Cochrane Library, 2011

«Demensplan 2020. Et mer demensvennlig samfunn» [Dementia Plan 2020. A more dementia-friendly community], Ministry of Health and Care Services, 12/2015

«Demensplan for Oslo 2014 – 2019 – LEV VEL - med demens i Oslo» [Dementia Plan for Oslo 2014 – 2019 – LIVE WELL – with dementia in Oslo], City Government Proposition 143/14

«Ditt aldersvennlige Oslo» [Your age-friendly Oslo], report from the City of Oslo's participation conference 7 March 2016, Department for Seniors, Health and Social Services

«Eksempler på nytenkning i eldreomsorgen» [Examples of innovative thinking in care of the elderly], insight report, Livework, 2014

«Eldres bruk av helse- og omsorgstjenester» [The use of health and care services by the elderly], Jorunn Ramm (ed.), Statistics Norway, 06/2013

«Er smått alltid godt i demensomsorgen? Om bo- og tjenestetilbud for personer med demens» [Is small always good in dementia care? About housing and services for persons with dementia], Høyland et al., SINTEF FAG, 2015

“More Years – More Opportunities. The Norwegian Government's strategy for an age-friendly society”, Ministry of Health and Care Services, 03/2016

«Forebyggende hjemmebesøk i kommunen» [Preventive home visits in the municipality], Norwegian Directorate of Health

- «Forskning om voksne pårørende. Veileder om pårørende i helse- og omsorgstjenesten» [Research on adult family members. Guidance on family members in the health and care services], Norwegian Directorate of Health
- «Forventer mer av kvinnelige pårørende» [Expect more of female relatives], Heidi Elisabeth Sandnes, Forskning.no, 18 January 2015
- «Fremtidens helsefremmende møteplasser for 60+» [Future health-promoting meeting places for 60+], insight report, Halogen, 3 October 2016 Volunteerism Report, City Government Proposition 53/16
- «Funksjonsinndelte arbeidslag – rett person på rett sted» [Function divided work teams – right person in the right place], Centre for Development of Institutional and Home Care Services
- «Hvilken helserevolusjon vil vi ha? Scenarier for Helse-Norge i 2030» [What kind of health revolution do we want? Scenarios for Health Norway in 2030], Norwegian Board of Technology, 11/2016
- Indicators for age friendliness within the various areas, <https://www.oslo.kommune.no/getfile.php/13110359/Innhold/Politikk%20og%20administrasjon/Prosjekter/Aldersvennlig%20by/Brosjyre%20Oslo%20-%20en%20aldersvennlig%20by.pdf>
- «Kostnader og kvalitet i pleie- og omsorgssektoren» [Cost and quality in the nursing and care sector], Hjelmbrekke et al., Telemark Research Institute, TF report no. 280, 2011
- «Leve lengre hjemme – en 2025 visjon for eldreomsorgen» [Live longer at home – a 2025 vision for care of the elderly], summary report, Livework, 2015
- «Læreplan i valgfaget innsats for andre» [Curriculum for the elective subject volunteer effort], Norwegian Directorate for Education and Training
- «Med brukeren i sentrum – fremtidens helsehus» [With the user at the centre – skilled nursing facilities of the future], concept presentation, Livework, 2015
- «Mitt hjem – langtidstilbudet i 2025» [My home – long term services in 2025], concept presentation, Livework 2015
- «Nye veje til sundhed og omsorg. Fire velfærdsteknologiske spor på vej mod 2015» [New roads to health and care services. Four welfare technology tracks toward 2015], City of Copenhagen, September 2013
- «Oslohelse. Oversikt over helsetilstanden og påvirkningsfaktorene» [Oslo Health. Overview of the health status and influence factors], report, Agency for Health, 05/2016
- «Oslomodellene for hverdagsrehabilitering» [The Oslo models for everyday rehabilitation], project report, Agency for Health, 24 February 2016
- «Overordnet strategisk kompetanseplan for helse- og omsorgstjenestene 2017 – 2021» [Overall strategic competence plan for health and care services 2017 – 2021], City of Oslo
- «Pas på de pårørende» [Look out for the family members], ÆldreSagen

- «PASSUS: Pasientorientert samhandling ved utskrivning til sykehjem» [PASSAGE: Patient oriented interaction upon discharge to nursing home], final report from a collaboration project between Oslo University Hospital and the Nursing Home Agency, Jensen HBV/OUS and Håvarstein Rekve OUS, 1 August 2014
- «Plattform for byrådssamarbeid mellom Arbeiderpartiet, Miljøpartiet De Grønne og Sosialistisk Venstreparti i Oslo 2015-2019» [Platform for City Government cooperation between the Labour Party, Green Party and Socialist Left Party in Oslo 2015-2019], 19 October 2015
- «Pårørendeundersøkelsen 2016» [Next of Kin Survey 2016], Carers Alliance Declaration of cooperation between the City of Oslo and the Sami Parliament, 16 February 2016
- «Seniorer i Norge 2010» [Seniors in Norway 2010], Eiliv Mørk (ed.), Statistics Norway, 02/2011
- «Seniormelding: Selvstendige, aktive og trygge eldre i Oslo» [Senior Report. Independent, active and safe and secure elderly persons in Oslo], Report No. 1/2014 to the City Council, City Government Proposition 66/14
- «Slik vil eldre bo. En undersøkelse av framtidige Eldres boligpreferanser» [How the elderly want to live. A survey of housing preferences of future elderly people], NIBR report 2005:17, Ivar Brevik and Lene Schmidt, Norwegian Institute for Urban and Regional Research, 12/2005
- «Strategisk boligplan for eldre med hjelpebehov. Utbygging av Omsorg+ og sykehjem i Oslo – rullering 2016-2026.» [Strategic housing plan for elderly people with assistive needs. Development of Care+ and nursing homes in Oslo – review 2016-2026.], appendix to the City Government budget for 2016 and finance plan 2016-2019
- «Utredningsprosjekt knyttet til analyse, videreutvikling og forbedring av tjenestetilbudet i bydelene» [Evaluation project related to the analysis, further development and improvement of services in the districts], report, Agenda Kaupang AS, 16 August 2016
- «Traumebevisst omsorg» [Trauma-aware care], Mariann Jacobsen, Centre for Development of Institutional and Home Care Services Vest-Agder, Kristiansand Municipality
- «Veileder for demensvennlige omgivelser i sykehjem og i eget hjem» [Guide for dementia-friendly surroundings in nursing homes and in your own home], City of Oslo, Centre for Professional Development and Research
- «Veileder om pårørende i helse- og omsorgstjenesten» [Guidance on family members in the health and care services], Norwegian Directorate of Health, 16 January 2017 «VIS, Velferdsteknologi i sentrum, Innføring av velferdsteknologi i sentrumsbydelene i Oslo» [WTC, Welfare technology in the centre, Introduction of welfare technology in the central districts of Oslo], a mapping of the effect, part-delivery 2 of 2, Intro International, Oslo School of Architecture and Design, 04/2016
- WHO websites relating to ageing and health as well as the network for age-friendly cities, <https://extranet.who.int/agefriendlyworld/who-network/http://www.who.int/ageing/events/world-report-2015-launch/en/>
- “World report on ageing and health”, World Health Organization, 2015
- «Årsrapport 2015» [Annual report 2015], Health and Social Services Ombudsman
- «Årsmelding 2016» [Annual report 2016], Health and Social Services Ombudsman





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