Implementation report on the "Council recommendation on access to affordable high-quality long-term care"

Czech Republic

Ministry of Labour and Social Affairs, Czech Republic

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1 INTRODUCTION

In the Czech Republic, there is still a division of responsibility for long-term care – between the social care system and the healthcare system.

Social and health services in the Czech Republic are currently provided and financed on the basis of Act No. 108/2006 Coll., on Social Services, as amended, Act No. 372/2011 Coll., on Health Services and Conditions of their Provision (Act on Health Services), as amended, and Act No. 48/1997 Coll., on Public Health Insurance and on Amendments and Supplements to Certain Related Acts, as amended. Thus, there are separate systems for the provision of health and social services, which are also separately funded. A number of positive changes have now been implemented, towards greater integration and interconnection of the two systems, towards support for carers, and also with an emphasis on supporting long-term care clients to remain in their home environment, with an emphasis on fulfilling their rights.

The Czech Republic, through subsidy procedures and/or calls for EU funds, actively supports the establishment of accessible long-term care services to meet the wishes and needs of all client groups while supporting their community life and social integration.

Despite a number of challenges in the area of long-term care in the Czech Republic, which require coordinated efforts of the government, care providers and society as a whole (e.g. ensuring sufficient capacity, financial sustainability and quality of care, as well as support for home and informal care), it can be considered that a number of measures in the Recommendation of the Council of the European Union on access to affordable high-quality long-term care are already being met or are being implemented.

The Czech Republic is committed to continuing positive changes in the field of long-term care and implementing the Recommendation of the Council of the European Union on access to affordable, High-Quality Long-Term Care with the aim of ensuring accessible, affordable high-quality long-term care that enables people in need of care to maintain their independence and live with dignity for as long as possible.

In order to implement point 10 (a) of the Council Recommendation on access to affordable high-quality long-term care, the position of coordinator or coordinating body is entrusted to the Department of the Social Services and Social Work Concept of the Ministry of Labour and Social Affairs of the Czech Republic, headed by Director Mgr. Pavel Polák. This expert department of the ministry and state administration of the Czech Republic is responsible, among other things, for the development of national policy in the field of social care, social services and long-term care. Within this framework, it proposes and co-develops legislative proposals in the areas of social service provision, the social and health border in social services, quality of social service provision, fulfilment of human rights in social services, deinstitutionalisation of social services, informal care, and in these areas it develops conceptual plans, analyses and proposals for systemic measures; it co-develops legislative proposals in the area of social service economics and accessibility of social services; develops a national strategy for the development of social services; deals with the quality agenda and proposes innovative methods in the management of social service quality. It works closely

with the Ministry of Health of the Czech Republic in the development of national policy and legislative proposals in the field of long-term care and social and health services, and also cooperates with other representative organisations of regional and local governments, employers and providers of social and social health services.

For the purposes of all communication between the Czech Republic and the European Commission on the implementation, monitoring of the implementation of the Council Recommendation and cooperation at the EU level, Mgr. Markéta Vanclová was appointed as the coordinating body: marketa.vanclova@mpsv.cz.

The structure of this report is based on the structure of the Council Recommendation on access to affordable high-quality long-term care.

2 DETAILED DESCRIPTIONS OF MEASURES

ADEQUACY, AVAILABILITY AND QUALITY

4. It is recommended that Member States ensure that social protection for long-term care is adequate, in particular by ensuring that all people who need long-term care have access to long-term care that is:

a) timely, so that people who need long-term care receive the care they need as soon as possible and for as long as they need it;

4.a.1. Social services network

Ongoing at the level of regions (according to Act No.108/2206 Coll., on the Social Services these are entities responsible for the availability of services in their territory) in cooperation with municipalities, in particular, is the identification of social services provision needs, which should reflect the lack of services that are able to respond to the identified needs. A network of social services operates within the financial resources available. This can be supplemented over time with additional services (and conversely, services that do not meet the requirements can be excluded). Timely response is performed, for example, through the ad hoc inclusion of services in the network or in the preparation of one-year action plans or updates of the regional medium-term plan for the development of social services.

Challenges:

Due to the volume of funding, not all needs can be met exhaustively (it is necessary to prioritise).

Measures implemented or under preparation:

Provision of care or social services

- *Objective of the measure:*

Help and support for people in an unfavourable social situation

- *Type of measure (legislative, investment, methodological, action plan, etc.):*

Legislative (there is already a planning process enshrined in legislation, including the identification of needs and capacity planning for specific services/providers).

- *Specific target group of the measure (definition, focus and size):*

People in an unfavourable social situation.

- *Results and impacts (expected or already achieved):*

Regional medium-term plans for the development of social services and the social services network = the provision of services listed in the network on the territory of the regions.

- *Fulfilment time line*:

Regional medium-term plans for the development of social services are drawn up for a period of 3 years.

- *Financial resources (national or EU):*

Public resources (national) + partly EU.

- *Coordinator of measures and cooperation with relevant actors:*

Regions, cooperation: municipalities, representatives of providers and users.

- *Evaluation*

Standard process (reports on the implementation of regional medium-term plans for the development of social services).

4.a.2. Support for planning the development of social and health care integration

The Ministry of Health is implementing the project "Support for planning the development of social and health care integration". The subject of the project is the development and promotion of integrated health and social care. The health and social care system in the Czech Republic is struggling with the issue of poly-morbid clients who repeatedly return to the healthcare system or need a significant proportion of healthcare within social services. Integrated care is a comprehensive system of care that offers opportunities for the planning, implementation, coordination and assessment of individual patient needs.

Measures implemented or under preparation:

Support for planning the development of social and health care integration

- *Objective of the measure:*

To prepare a recommended procedure for the creation of a regional network of health and social plans, which will be subsequently piloted and recommended for implementation in all regions of the Czech Republic. The recommended approach will be standardised and optimised across the four regions to take account of their regional diversity. This will be a completely new systemic element in the interconnection of the social and health border at the level of the regions, which is currently necessary, because from the point of view of the actual provision of services at this border, the regions together with health insurance companies are the key actors influencing the availability of necessary services according to the current demographic situation of their population.

- *Type of measure (legislative, investment, methodological, action plan, etc.):*

Non-investment project

- *Results and impacts (expected or already achieved):*

The expected benefit of the project is linking the system providing the social and health needs of clients/patients and to ensure a coordinated continuous passage of the

client/patient through the system of health and social services, respecting other strategic plans of relevant actors. The key areas of health and social issues will be defined, including the process of their monitoring and evaluation based on the consensus indicators of regional health and social plans, the values of which will form the baseline for planning support and development of this area. There will be intensive cooperation with health insurance companies in planning and supporting the availability of the network of these services.
The recommended procedure will create a standardized and clearly set up tool taking into account regional needs and specifics for initiating the initial phase of the process of increasing the availability of integrated health and social care providers corresponding to the needs of clients. Developing and setting up multidisciplinary collaboration with social services will lead to increased reassurance for commissioners, providers and patients with complex social and health care needs.

- *Fulfilment time line*:

1. 8. 2023 – expected completion date: 31. 7. 2026

- *Financial resources (national or EU):*

European resources

Coordinator of measures and cooperation with relevant actors:

Ministry of Health, non-financial partner the Ministry of Labour and Social Affairs, cooperating entities – health insurance companies, regions, representative organisations of health and social services providers, representative organisations of patients/clients and their informal carers in health and social services.

- *Evaluation:*

Ongoing

4.a.3. Case management, social work

From April 2023, the Ministry of Labour and Social Affairs will implement a two-year systemic project called Support for the Implementation of a Coordinated Approach in the System of Social Protection Provision in the Czech Republic. Its aim is to use the benefits of a coordinated approach and to support the implementation of the case management method in the process of providing assistance to citizens at the level of municipalities with extended powers.

The main reasons for implementing the project are to support the provision of timely care and assistance to citizens in adverse life situations with a focus on cost-effectiveness of the solution (time savings for citizens and staff resulting from joint information sharing and multidisciplinary cooperation, financial savings by limiting the use of support in several places at once).

The project involves a total of 16 municipalities with extended powers, where the piloting of appropriate coordination models applicable in the Czech Republic, training or support for implementation in practice is performed.

Functional coordination helps to provide timely assistance to people in adverse life situations.

Challenges:

Maintaining the cooperation of the involved municipalities with extended powers in the implemented project, including the subsequent extension to other municipalities with extended powers after the completion of project implementation.

Amendment of Act No.108/2006 Coll. on Social Services containing a more precise establishment of coordination.

Measures implemented or under preparation:

Case management at the level of a municipality with extended powers

- *Objective of the measure:*

To carry out social work as close to the person as possible, to guarantee the availability of services in a unified and transparent system, to identify needs in a unified manner and to plan how to meet them in a coordinated way.

- *Type of measure (legislative, investment, methodological, action plan, etc.):*

Legislative

- *Specific target group of the measure (definition, focus and size):*

Social service providers, staff of social departments of municipalities with extended powers (205 municipalities), staff of social departments of regional offices (14 regional offices)

- *Results and impacts (expected or already achieved):*

Clarifying the anchoring of coordination in legislation, defining the content and scope

- Fulfilment time line:

Ongoing

- *Financial resources (national or EU):*

Public budgets (national)

- *Coordinator of measures and cooperation with relevant actors:*

Ministry of Labour and Social Affairs, regional authorities, municipalities with extended powers – cooperation at the level of project implementation

Describe how you would welcome help and support from the European Union. At the same time, please indicate, if relevant, where you could and would like to be involved from the

Member State level (possibilities for cooperation between Member States, description of an example of good practice from the Czech Republic, etc.).

We would welcome a link at the level of Member States, potentially with the possibility of cooperation between Member States in the possibilities of the systemic use of case management in the setting of national social policies and in the setting of the coordination process, including process improvement or sharing of good practice.

4.a.4 Public administration project focused on innovation – Creation of a social and health border system in the Vysočina Region.

In the Call No.18 Public administration projects focused on innovations in thematic areas of the OP Employment, the Vysočina Region implemented the project Creation of a social and health border system in the Vysočina Region in 2020-2023.

The fragmentation, disparity and lack of cooperation between the social and health sectors causes a number of problems in the transition of clients requiring long-term care between them and in their concurrent use. There is a lack of coordination of services and sufficient mutual informing. The consequences can be various, for example, long waiting times for social services (even for two years), unnecessary hospitalisations or prolonged stays in healthcare facilities.
The Vysočina Region has decided to address this issue in a systemic way throughout the territory by introducing coordinator positions at the level of individual MEPs and in 5 regional hospitals. Thanks to the strengthened capacity of social and health workers who already provide social counselling in the hospital, it was possible to register patients requiring longer-term assistance and support in a timely manner and provide them with social counselling, conduct a social investigation of their living situation or mediate follow-up care at the place of residence, already in acute bed care.
Thanks to the multidisciplinary team in the territory, the assistance coordinators in the municipalities with extended powers were able to address complex client situations, respond to crisis situations in a timely manner and provide care to so-called difficult-to-place clients (people with combined disadvantages, people with addictions, aggressive clients, etc.) in social services.
The project also targeted a group of informal carers, for whom it implemented training courses and provided individualised information according to their needs on the portal www.vysocinapecuje.cz. The portal also includes a new long-term care services registry system, which provides real-time information on the current capacity of individual services and serves as a unified environment for submitting applications for service provision. This interconnected system has eliminated duplication and has also reduced the administrative burden on social service providers.
Throughout the implementation period, the Regional Office reflected the information and data from the coordinators in the area and responded to it in the planning and management of the service network. The Vysočina Region has introduced changes that can certainly be recommended as an example of good practice for replication in other regions.

4.a.5. Availability of healthcare

The legislation of the Czech Republic ensures equal access to healthcare for all persons, at the appropriate professional level, regardless of gender, race, ethnic origin, nationality, sex, age, sexual orientation or religion, and thus equal access is guaranteed also for patients with a need for long-term complex support or persons with a high level of support. Even if the person is not insured in the Czech Republic, it is not permissible for such a person not to receive necessary and urgent care (e.g. in the case of an accident or acute sudden illness).
Insured persons are then guaranteed covered healthcare in the Czech Republic (care without direct payment by the patient) that is appropriate to their health condition, safe and takes into account current scientific knowledge in the field. The right to healthcare is enshrined in Article 31 of the Charter of Fundamental Rights and Freedoms, which provides that citizens have the right to free healthcare and medical aids on the basis of public insurance under the conditions laid down by other relevant legislation.

b) comprehensive so as to cover all long-term care needs resulting from a deterioration in mental or physical functional capacity, as determined by an assessment based on clear and objective eligibility criteria and in coordination with other support and social care services;

4.b.1. Amendment act governing the provision of social and health services

The Ministry of Labour and Social Affairs, in cooperation with the Ministry of Health, has drafted and submitted an amendment to the Act on Social Services, the Act on Health Services and the Act on Public Health Insurance. The main objective of the amendment is to introduce "social and health services", which will allow to combine social and healthcare services into one and to coordinate their provision effectively. The proposed regulation seeks to ensure that all inhabitants in the Czech Republic with long-term adverse health conditions (due to chronic and incurable diseases, ageing, etc.) are guaranteed fair opportunities to use health and social services simultaneously throughout their life cycle.

Social and health services can be provided by a social service provider in day service centres, day care centres, weekly residential centres, homes for the elderly, homes with a special regime, homes for people with disabilities, mental health centres or respite care facilities. This amendment also modifies the rules for the coordination of social and health care within social and health services.
It also introduces the possibility of providing Social and Health Inpatient Care, which combines a social service and hospitalisation in a health care facility. This option is designed for people with a high need for the healthcare component. The amendment also modifies the complaint mechanism, and for the range of types of social services in which it is possible to provide social and health services, the obligation to comply with the minimum requirements for personnel and material and technical equipment corresponding to the type of social service provided will be established. These obligations will be part of the terms and conditions of registration.

Challenges:

The separate legislative and organizational framework within the long-term care system in the Czech Republic (for social and health services) and the separate funding of both services brings certain problems in practice, especially where the two systems meet for one user. In practice, it can be complicated for a service user to secure exactly the right combination of services from both systems at the same time to meet their needs. This problem arises in all forms of care provision, i.e. in outpatient, outreach (i.e. at home, in one's own social environment) and residential (inpatient) care. In all these forms, it is necessary to improve the coordination of social services with health services.

There is a need to consider and plan for a system that can respond effectively to the changing needs of people with chronic health conditions. This issue affects the entire age spectrum, but a significant part of the population in need of health and social support is the older generation. In order to provide comprehensive health and social services in harmony with each other, it is first necessary to set up a system of comprehensive monitoring and joint planning and coordination. Taking into account capacities and resources across services and providers, with respect for regional and local specificities, must be an essential part of this.

With regard to the current legislative process of the regulation of services at the social-health interface, there is room for questions directed towards the sustainability of the requirements for representation of individual health and social professionals in the teams of the social-health service providers. According to the real knowledge from practice after the legislation comes into force, it will be necessary to monitor the ability and manner of providing social and health services by individual providers in relation to the target groups of their clients and regional specifics. Taking these findings into account will then be essential in setting further legislative requirements and targeted support processes.

Measures implemented or under preparation:

Draft law regulating long-term care services (Social Services Act, Health Services Act and Public Health Insurance Act).

- *Objective of the measure:*

Ensuring the availability of social and health services that enable a dignified life for people who need the help of others not only because of their age; creating a legal framework for a sustainable system of interconnected care services. Setting up the interconnection and mutual coordination of the previously separate spheres of social and health care aimed at improving the quality of life of the patient/client who needs both components of care.

- *Type of measure (legislative, investment, methodological, action plan, etc.):*

Legislative

- *Specific target group of the measure (definition, focus and size):*

People with social and health care needs.

- *Results and impacts (expected or already achieved):*

Provision of social and health services. The impacts are expected to be mainly in the area of increased accessibility of necessary services for people with long-term chronic diseases and significant support for their families and informal caregivers; the positive impact will also be an increase in the scope, quality and safety of care provided to the target group. Significant improvements in the quality and safety of health services provided by the social service providers concerned can be expected. Strengthening the control powers of regional offices over these providers will also be a major benefit. The impact of the amendment is also expected to strengthen the social component of the care provided in long-term healthcare facilities by enabling the transformation of these facilities into social and health care inpatient facilities. Establishing coordination. Positive impacts on the quality of services provided. The impact of the new legislation will be evaluated on an ongoing basis.

- *Fulfilment time line*:

From the planned entry into force of the amendment to the Act and continuously thereafter; from 1. 1. 2025.

- *Financial resources (national or EU):*

Public resources (national) + partly EU.

- *Coordinator of measures and cooperation with relevant actors:*

Ministry of Labour and Social Affairs, Ministry of Health, regions, cooperation: municipalities, representatives of providers and users.

- *Links to other areas:* 4 a) 5 b), c), d), e), f), 6 a), f)

4.b.2. <u>Supporting the implementation of a coordinated approach in the system of social protection provision in the Czech Republic</u>

From April 2023, the Ministry of Labour and Social Affairs is implementing a two-year systemic project called Support for the Implementation of a Coordinated Approach in the Social Protection Provision System. Its aim is to use the benefits of a coordinated approach and to support the implementation of the case management method in the process of providing assistance to citizens at the level of municipalities with extended powers. The main reasons for implementing the project are to support the provision of timely care and assistance to citizens in adverse life situations with a focus on cost-effectiveness of the

solution (time savings for citizens and staff resulting from joint information sharing and multidisciplinary cooperation, financial savings by limiting the use of support in several places at once).
The project involves a total of 16 municipalities with extended powers, where the piloting of appropriate coordination models applicable in the Czech Republic, training or support for implementation in practice is performed.
Within the framework of cooperation in the participating municipalities with extended powers, the project supports the creation and functioning of care and support networks, social service providers and other relevant actors are involved in coordination at the municipal level.

Challenges:

Development of cooperation in care and support networks at the level of the 16 participating municipalities with extended powers, including the involvement of all relevant actors.

Amendment of Act No.108/2006 Coll. on Social Services containing a more precise establishment of coordination.

Measures implemented or under preparation:

Clarifying the anchoring of coordination in legislation, defining the content and scope.

- *Objective of the measure:*

To carry out social work as close to the person as possible, to guarantee the availability of services in a unified and transparent system, to identify needs in a unified manner and to plan how to meet them in a coordinated way. Help and support for people in an unfavourable social situation.

- *Type of measure (legislative, investment, methodological, action plan, etc.):*

Legislative

- *Specific target group of the measure (definition, focus and size):*

Providers of social services, staff of social departments of municipalities with extended powers (205 municipalities), staff of social departments of regional offices (14 regional offices),

- *Results and impacts (expected or already achieved):*

Clarifying the anchoring of coordination in legislation, defining the content and scope.

- *Fulfilment time line:*

As of the scheduled effective date of the law.

- *Financial resources (national or EU):*

Public resources (national)

- *Coordinator of measures and cooperation with relevant actors:*

Ministry of Labour and Social Affairs, regional offices, municipalities with extended powers – cooperation at the level of project implementation,

Describe how you would welcome help and support from the European Union. At the same time, please indicate, if relevant, where you could and would like to be involved from the Member State level (possibilities for cooperation between Member States, description of an example of good practice from the Czech Republic, etc.).

We would welcome a link at the level of the Member States, potentially with the possibilities of cooperation between Member States in the possibilities of systemic use of case management in the setting of national social policies and in the setting of the coordination process, including the improvement of the process or the sharing of good practice.

4.b.3. The Standardization of Palliative Care in the Czech Republic project

In the Czech Republic, palliative care is increasingly developing and improving. The fact that the development of palliative care in the Czech Republic is a priority is evidenced by the fact that in the last three years there has been massive reimbursement support for palliative care in all its forms.
In previous years, projects have been implemented to support specialised palliative care in healthcare facilities and in the social environment itself. On the basis of these projects and the high level of attention paid to this area by the Ministry of Health, the availability of palliative care has increased, both in healthcare facilities through specialised palliative teams and in the patients' home environment. Palliative care teams include not only health professionals but also social professionals, so that patients are provided with comprehensive support. In 2023, a working group was established at the Ministry of Health to support the development of the availability and quality of palliative care in order to set the conditions for investment support for this segment of care. The Ministry of Health is also implementing the project
"Standardization of Palliative Care in the Czech Republic". The global goal of the project is to ensure the main prerequisites for the controlled development of palliative care in the Czech Republic by creating a governmental Strategy for the Development of Palliative Care in the Czech Republic, including two specific Implementation Plans for the implementation of the Strategy for the period 2026-2029 (with regard to the different nature of care for paediatric and adult patients). Subsequent implementation of the Strategy will improve the quality and increase the availability of health and healthcare services key to coping with the demographic ageing of society in individual regions and the problem of access to care for children and adolescents with life-limiting or life-threatening illnesses and their families.

4.b.4. Geriatric care and its development support in the Czech Republic

Geriatrics is one of the basic fields of medical specialisation in the Czech Republic. It is a field of an interdisciplinary character, which performs specific therapeutic and preventive, as well

as integrative and methodological, tasks in creating a comprehensive system of health and health and social services for the elderly. This role is made possible in particular by linking geriatrics as clinical gerontology with experimental and social gerontology.

In 2023, the Ministry of Health established a Conceptual Group for the Development of Geriatric Care in the Czech Republic. Within the framework of this working group, a National Plan for the Development of Geriatric Care in the Czech Republic until 2035 is being developed. This document includes strategic objectives focusing on Education and Research in Geriatrics, Availability and System Setting of Specialized Geriatric Care, Prevention of Pathological Aging and Healthy Aging, and Setting Interdisciplinary and Interprofessional Collaboration. In the area of collaboration, the Plan includes objectives aimed at geriatricians working with home care services, GPs and outpatient specialists, and social services.

4.b.5. Proposal for a system of comprehensive shared health and social care for patients with rare diseases

The Ministry of Health is implementing the project "Proposal for a system of comprehensive shared health and social care for patients with rare diseases". The aim is to improve the quality and accessibility of comprehensive shared care for patients with rare diseases. This objective will be achieved, inter alia, through the development of a generic proposal for a standard of comprehensive shared care for patients with rare diseases in childhood and adulthood, including the period of transition between paediatric and adult specialised and highly specialised care ("transition care"): and the extension of the generic proposal for a system of comprehensive shared care to the specific needs of patients with selected groups of rare diseases.
At the same time, pilot testing of a system of comprehensive shared care for 5 groups of rare diseases will take place. The aim of the project is to standardise patient care procedures so that every patient with this diagnosis receives the best possible health and social care.

4.b.6. Support for non-governmental non-profit organisations in the field of long-term care

In 2022, the Ministry of Health's subsidy programme "Health Promotion, Increasing the Efficiency and Quality of Healthcare" introduced a new priority "Coordination of care for people with chronic disease, rare disease or disability in the provision of long-term care services in the sense of comprehensive support in the field of health and social care through case management, support for the activities of health and social workers and the promotion of awareness of people with chronic disease, rare disease, people with disabilities and their lay caregivers".
In addition, this grant programme includes priorities aimed at supporting the work of qualified peer counsellors to improve the quality of life for people with mental illness through the involvement of peer counsellors in mental health. This grant programme is announced annually with a deadline for applications at the end of September. The support granted is then implemented in the following year after the application has been approved by the programme's grant committee.

c) affordable, so as to enable people in need of long-term care to maintain a decent standard of living and to protect them from poverty and social exclusion resulting from their long-term care needs and to ensure that they can live in dignity.

4.c.1. Funding of long-term care services through a subsidy from the Ministry of Labour and Social Affairs (social part)

Funding for long-term care services is multi-sourced. It consists of reimbursements from clients, reimbursements from the founder's contribution, subsidies from the Ministry of Labour and Social Affairs, and possibly from other sources (sponsorship donations and ESF subsidies). The medical component of care is covered by health insurance.

Subsidies from the Ministry of Labour and Social Affairs ensure the availability, adequacy and quality of the services provided. Within the framework of subsidy titles, the affordability of services is also ensured by partial or full co-funding.

Beyond the service, we also seek to provide additional funding for social services, including those providing long-term care, that serve low- or no-income clients. We are also continuously working on improving the quality of our services.

Measures implemented or under preparation:

Ensuring the funding of long-term care social services – an amendment to Act No.108/2006 Coll., on Social Services, as amended, is being prepared.

- *Objective of the measure:*

Assistance and support for people in an unfavourable social situation with a need for long-term care, improvement and enhancement of social services.

- *Type of measure (legislative, investment, methodological, action plan, etc.):*

Legislative, methodological (modification of the methodology for granting subsidies)

- *Specific target group of the measure (definition, focus and size):*

People in an unfavourable social situation, carers and close relatives

- *Results and impacts (expected or already achieved):*

Improving the quality of long-term care social services, the comprehensive provision of services. Elimination of conflicts of interest and a transparent subsidy system that primarily supports those social services that enable users to remain in their home environment or local community for as long as possible.

- *Fulfilment time line:*

By 2030

- *Financial resources (national or EU):*

Public resources (national), Grant procedures for regions and the Capital City Prague in the field of social services, Grant procedures in the field of social services with a supra-regional or national scope)

- *Coordinator of measures and cooperation with relevant actors:*

Ministry of Labour and Social Affairs, regions, cooperation: municipalities

- *Evaluation*

The evaluation is ensured by an annual inspection of the funding provided, as well as reports on the quality, adequacy and number of social services provided by social service providers.

Describe how you would welcome help and support from the European Union. At the same time, please indicate, if relevant, where you could and would like to be involved from the Member State level (possibilities for cooperation between Member States, description of an example of good practice from the Czech Republic, etc.).

We would welcome assistance to strengthen calls and also to ensure cooperation and good practice across EU Member States or cooperation between Member States on single projects focused on the given issue.

4.c.1. Funding of the health component in long-term care (health part)

Within the public health insurance system, there is significant reimbursement support for nursing and palliative care in the home environment (nursing home care, specialist care, home palliative care). The total cumulative reimbursement from public health insurance in the home care segment in 2023 was 281% of the 2015 cumulative reimbursement, with an expected annual increase of 7.7% between 2023 and 2024 to 302.5% of the 2015 cumulative reimbursement in 2024 (i.e., a cumulative increase in segment reimbursement to 147% of the 2021 reimbursement in 2024). This is currently the fastest growing segment of the public health insurance system in the Czech Republic. According to health insurers, the unavailability of home nursing care is no longer a regional issue; in many regions the demand for this care is already fully covered, and the availability of home palliative care is also improving.

Financial stability of the segments of healthcare that can be included in the complex of so-called *long-term care* is one of the long-term priorities of the Ministry of Health, and it is implemented through the mechanisms of reimbursement decrees.

In the case of nursing care in residential social services, the cumulative reimbursement in 2023 was 415.7% of the 2015 reimbursement and further growth in 2024 is expected at 15.8%, i.e. to a total cumulative 481.5% of the 2015 reimbursement.

For nursing beds (treatment day 00005) and LTCFs (treatment day 00024), the total cumulative reimbursement from public health insurance increased to 167.9% of the 2015 cumulative reimbursement in 2023, with an expected annual increase of 16% between 2023 and 2024 to 194.7% of the 2015 cumulative reimbursement in 2024.
In the case of inpatient hospice care (treatment day 00030), cumulative reimbursement in 2023 was 256.9% of 2015 reimbursement, and a further increase of 7.9% is projected by 2024, to 277.1% of total 2015 reimbursement.
There is also continuous growth in reimbursement for general practice, with cumulative reimbursement in 2023 at 189% of 2015 reimbursement and with a further expected growth of 8%, cumulative reimbursement in 2024 will be at 206.8% of 2015 reimbursement.

In the system of public health insurance, the so-called reimbursement decrees (OG 2021-2024, see point 1) subsidise in a number of cases the above-standard staffing of health services, extended office hours, the complexity of the patients treated and other qualitative factors of services falling within the complex of so-called *long-term care*.

As a result of the legislative changes implemented through the amending law to anchor social and health services (described above), systemic funding of the previously missing healthcare component in outpatient social services and residential respite services will be ensured. This component will be reimbursed from the public health insurance system through the reimbursement of the indicated reported medical procedures performed on the client.

Funding of healthcare in residential social services will be implemented in the case of nursing care in social services facilities (i.e. within the existing health services implemented in residential social services) through reimbursement for indicated reported performances from public health insurance. In the case of the newly introduced social and health inpatient service, the funding of the health component will be set through the calculated treatment day, i.e. through a comprehensive payment containing the related healthcare components.

5. It is recommended that Member States continuously adapt the supply of long-term care services to the needs in the field of long-term care, while providing a balanced mix of long-term care options and the conditions under which care is provided, and promoting freedom of choice and participation in the decision-making by the persons in need of care, inter alia by:

a) developing or improving home care and community care;

5.a.1. Availability of social services

The availability of social services in the Czech Republic is an obligation of regions in their territory under Act No. 108/2006 Coll., on Social Services, as amended. In the Czech Republic, the regions are now also the determining entities for the creation of the social services network (services supported from public funds at the regional level) – the regions therefore largely influence the supply of services (in addition, from the public sphere, also the Ministry of Labour and Social Affairs, as a body providing funds for social services with

supra-regional/national scope, which are, however, in the aggregate low in number, and municipalities, which can also support social services from public funds).

Regions, as the key entities, are obliged to prepare medium-term plans for the development of social services (for 3 years), which mandatorily include also a strategic part, in which the future desired state is described usually in the form of main and sub- objectives and priorities and a vision for development.

Examples include:

South Moravian Region – the Medium-term Development Plan of the South Moravian Region for the period 2024-2026, which includes, among other things, Priority 2 Availability of social services that provide care and support to people in an unfavourable social situation in their home environment.

Zlín Region – the Medium-term Development Plan of the Zlín Region for the period 2023-2025, where among others, main objective 2 is To support social services responding to identified/detected and verified needs from the territory of the Zlín Region, provided primarily in the natural environment of the person with an interdependence of the services and to support follow-up residential social services.

Ústí nad Labem Region – the Medium-term Development Plan of the Ústí nad Labem Region for the period 2022-2024 includes, among other things, the Vision for the target group of the elderly To enable people in their elderly years to remain in their home environment as long as possible, to be part of the natural community, to maintain their social ties and to manage their lives as much as possible even in their final stage.

Liberec Region – the Medium Term Development Plan of the Liberec Region for the period 2024-2026 includes, among other things, priority support for outreach and outpatient social care services for users across the age spectrum that enable users to live in their natural environment.

Challenges:

Securing funding from the state budget for social services from the political level, i.e. also for social services of a long-term nature. From the level of the Ministry of Labour and Social Affairs, support the provision of services in the home (natural) environment through policy and strategic documents (setting the strategic direction of services). In the case of services with a supra-regional/national overlap, ensure that they operate from the level of the Ministry of Labour and Social Affairs on the principle of a network of services (parallel to regional networks).

Measures implemented or under preparation:

Establishment of a network of services with supra-regional/national scope, whose administrator from 1 January 2026 will be the Ministry of Labour and Social Affairs

- *Objective of the measure:*

To set up a similar mechanism for services with supra-regional/national scope as for regional social service networks for services in the territory of individual regions

- *Type of measure (legislative, investment, methodological, action plan, etc.):*

Legislative

- *Specific target group of the measure (definition, focus and size):*

It generally concerns different target groups.

- *Results and impacts (expected or already achieved):*

Due to effectiveness only from 1.1.2026 expected – see the objective of the measure.

- *Fulfilment time line:*

From 1. 1. 2026.

- *Financial resources (national or EU):*

National (state subsidies provided through the Ministry of Labour and Social Affairs).

- *Coordinator of measures and cooperation with relevant actors:*

Ministry of Labour and Social Affairs

- *Evaluation:*

It will only be possible after the newly introduced obligation of the Ministry of Labour and Social Affairs to determine the network of services with supra-regional/national scope comes into force (or at the earliest after one year of operation).

- *Links to other measures:*

Follow-up to existing legislation in the field of social services.

5.a.2 Support for carers – inclusion of informal carers in the circle of persons who can benefit from social services

The target group of "carers" has been newly added to Act No.108/2006 Coll., on Social Services, as amended, and has also been added to the types of social services that they can draw on as part of their care for a loved one (e.g. care services). The inclusion of "carers" in the social services means that they can benefit from e.g. social counselling services and other support (e.g. support in handling the sick) while caring for their loved ones.

5.a.3. The project Support for the process of deinstitutionalisation and transformation of social services

Within the project Support for the process of deinstitutionalisation and transformation of social services in the Czech Republic through the Operational Programme Employment Plus and the state budget of the Czech Republic we provide a wide range of support to the following target groups dealing with transformation and deinstitutionalisation:

- socially excluded persons and persons at risk of social exclusion,
- providers and commissioners of social services, services for families and children and other services to promote social inclusion,
- workers in social services,
- social workers,
- the public,
- public administration staff working on social, family or health issues.

Duration of the project: 1. 1. 2023 – 31. 12. 2026

5.a.4. Improving the quality and accessibility of home care through the introduction of new methods and technologies (health component)

The Ministry of Health is implementing the project "Increasing the quality and accessibility of home care through the introduction of new methods and technologies". The main objective of the project is to develop and pilot test a proposal for a system solution to increase the quality, accessibility and efficiency of home care as part of healthcare provision in accordance with the principles of patient-centred care over a period of 30 months in 5 regions. A crucial part of the pilot testing will be an evaluation, the output of which will be a cost-benefit analysis. The objectives and activities of the project are based on the Home Care Concept 2020 and the first Action Plan. The project also plans to create and pilot test 3 new educational programmes to achieve increased competencies of nurses and in relation to the requirements of the introduction of telemonitoring and case management, as well as to create and test 1 procedure for the introduction of telemonitoring and case management as a tool for providing effective multidisciplinary care and reducing the administrative burden of nurses in home care.

b) eliminating spatial disparities in the availability of and access to long-term care, particularly in rural and depopulated areas;

5.b.1 Planning and funding system for social services/long-term care

As an example of good practice in the area of the funding and planning of social services in the context of eliminating territorial disparities in accessibility, we can cite the common system in the Union of Municipalities in the Novoborsko region. Community (medium-term) planning for the development of social services has been taking place in the Union of Municipalities of Novoborsko since 2006. The union has 19 municipalities, the smallest number of inhabitants is 146 in the municipality of Slunečná.

The tasks placed on the municipality with extended powers (Nový Bor), which did not have a social services coordinator, were increasingly complex; the breakthrough came in 2017 – within the project "Social services in the Novoborsko region without barriers" funded by the OP Employment, the position of social services coordinator was established, and it was thus possible to strengthen the processes of the planning and funding of social services. in order to improve the functioning of the social services. The funding of social services is administratively demanding for municipalities and confusing for individual mayors, but most municipalities are aware of their "moral" obligation and solidarity in the funding of social services. Thanks to the project, it was possible to set up a mechanism for calculating the total amount for the services provided in the area and its budgeting among the individual municipalities of the Union of Municipalities of Novoborsko according to the number of inhabitants.

The amount of the contribution was based on the needs of the territory, the update of the workload and beds for the social services. Cooperation was also conducted with social service providers operating in the area, and reserves were created for future services that proved to be needed in the area.

Advantages of the whole system within the Union of Municipalities of Novoborsko:

- the coordinator of social services of the union fulfils the legal obligations for all the municipalities of the union, and thus the legal obligations are fulfilled;
- the network of social services is defined for the whole territory;
- by making a minimum financial contribution to social services, municipalities ensure that they can use all social services operating in the territory;
- by paying from one place, there are considerable savings (administrative, time, personnel) for municipalities;
- for providers, the administration of multi-source funding is considerably simplified, they can focus more on the clients.

Gradually, all the municipalities in the union were motivated to allocate in their budgets the amounts recommended for the funding of social services. The funds are distributed to the providers in the simplest possible way, i.e. through the municipality with extended powers Nový Bor. Municipalities that conclude contracts with the town of Nový Bor and send their contribution to the town's account, calculated according to the number of inhabitants and the amount per inhabitant in a given period, can join the system.

Challenges:

Under current legislation, municipalities do not have to contribute financially to the funding of social services.

Measures implemented or under preparation:

Methodological support in the area of the planning and funding of social services at the municipal level.

- *Objective of the measure:*

To support the system of planning or funding of soc. services also at the municipal level.

- *Type of measure (legislative, investment, methodological, action plan, etc.):*

Methodological.

- *Specific target group of the measure (definition, focus and size):*

Municipalities (and, as a result, their residents who use social services).

- *Results and impacts (expected or already achieved):*

Achieved – changes in the system of funding social services in selected localities of the Czech Republic leading to an improvement of the system of funding, and therefore also the provision of social services.

- *Fulfilment time line:*

Results already achieved – see above.

- *Financial resources (national or EU):*

EU (ESF projects) + national.

- *Coordinator of measures and cooperation with relevant actors:*

Ministry of Labour and Social Affairs, and municipalities or their associations.

- *Evaluation*

Verbal description of the achieved result and inspiration as an example of good practice (Recommendations (methodological document)_KA 5.indd (mpsv.cz).

Describe how you would welcome help and support from the European Union. At the same time, please indicate, if relevant, where you could and would like to be involved from the Member State level (possibilities for cooperation between Member States, description of an example of good practice from the Czech Republic, etc.).

Further support from EU funds for the planning and funding of social services.

5.b.2. Closing the territorial gap by supporting providers under grant schemes

We are trying to eliminate territorial differences in the provision of long-term care by supporting social service providers under subsidies (Subsidy procedure for regions and the Capital City Prague in the area of social services, Subsidy procedure in the area of social services with a supra-regional or national scope), where we try to get the service provided even to the less accessible areas of the region.

Beyond this, we are seeking to secure additional funding under extraordinary grants to target service provision within rural and depopulated areas.

As a legislative measure, an Amendment to Act No. 108/2006 Coll., Social Services, as amended, is being prepared with the aim of improving and ensuring the quality of social services, including long-term care services, with an emphasis on rural and other areas.

Describe how you would welcome help and support from the European Union. At the same time, please indicate, if relevant, where you could and would like to be involved from the Member State level (possibilities for cooperation between Member States, description of an example of good practice from the Czech Republic, etc.).

We would welcome support in terms of strengthening calls as well as ensuring cooperation and good practice across Member States or the cooperation of Member States on unified issue-focused projects.

5.b.3. Availability of healthcare

The legal framework of the Czech Republic ensures that health insurance companies must actively work to ensure that their insured persons have access to the health services they need. This system is designed to make healthcare accessible and of a high quality for all residents of the Czech Republic.

The statutory obligation to ensure the availability of health services under Act No. 48/1997 Coll., on Public Health Insurance is imposed on health insurance companies. This act stipulates that health insurance companies are obliged to ensure the availability of health services covered by public health insurance to their insured persons. Specifically, Section 11 defines the obligation of insurers to ensure that insured persons have access to health services within a reasonable distance and time. Insurance companies must ensure contractual relations with a sufficient number of health service providers to cover the entire territory of the Czech Republic. Act No 372/2011 Coll., on Health Services, which lays down rules for the provision of health services and imposes an obligation on health service providers to provide care in accordance with contracts concluded with health insurance companies and defines standards of quality and availability of healthcare that must be observed.

The Ministry of Health, which determines the country's health policy, prepares legislation in the field of healthcare and supervises its implementation. It also manages the state's network of health facilities and public health promotion programmes and works with regional and local authorities to coordinate health services.

The Ministry of Health has set the criteria for the 31st and 32nd call for proposals announced by the Ministry for Regional Development of the Czech Republic, which administers the Integrated Regional Operational Programme (IROP) "Support for the development and availability of health aftercare", where the deadline for the receipt of applications is 30 June 2025. The calls are aimed at increasing the quality, expanding the range and availability of inpatient aftercare, within the framework of which the modernisation and reconstruction of inpatient wards providing aftercare is supported. The subject of the projects may be infrastructure construction, remodelling and upgrading of rooms or spaces for individual work with patients or the introduction of care by healthcare multidisciplinary teams.

c) introducing available innovative technologies and digital solutions in the provision of care services, including to promote independence and independent living, while addressing the potential challenges of digitalisation;

5.c.1. A unified data base based on tracking the needs of social service clients

The development of innovative technologies is supported by non-investment calls of the Operational Programme Employment Plus and investment calls of the Integrated Regional Operational Programme. Within the framework of the implementation of the system project of the Ministry of Labour and Social Affairs, one of the main key activities will address the creation of a Unified Data Base (UDB) based on monitoring the needs of social services clients.

Challenges:

The shortage of workers in social services is one of the problems that needs to be addressed. The development of innovative, particularly surveillance technologies could help to keep clients in their home environment for as long as possible and maintain a degree of self-sufficiency with some assistance from service staff.

Measures implemented or under preparation:

Creation of a Unified Data Base (UDB) and monitoring of the needs of social service clients.

- *Objective of the measure:*

Improve the information and data base of social services with a focus on monitoring the needs of social service clients, setting metrics for measuring the effectiveness of social services and reducing the administrative burden on social service providers.

- *Type of measure (legislative, investment, methodological, action plan, etc.):*

Legislative – will be addressed within the framework of the amendment to the Social Services Act and methodological – the project will consist of a methodological framework describing individual data items and structures, thus enabling uniform data collection.

- *Specific target group of the measure (definition, focus and size):*

14 regions of the Czech Republic and all social service providers

- *Results and impacts (expected or already achieved):*

Achieved – changes in the system of funding social services in selected localities of the Czech Republic leading to an improvement of the system of funding, and therefore also the provision of social services.

- *Fulfilment time line:*

By 2027

- *Financial resources (national or EU):*

EU (ESF projects) + national.

- *Coordinator of measures and cooperation with relevant actors:*

Ministry of Labour and Social Affairs

5. c. 2. Innovation in Social Services Award

The Association of Social Service Providers of the Czech Republic in cooperation with regions and other partners organizes a competition for the best innovative projects in social services. In the 2nd year of the Innovation in Social Services Award competition, a total of 5 projects from all over the Czech Republic won by bringing a superior, innovative or exceptional approach to the everyday practice of social service providers and regional authorities. A total of 43 projects entered the Innovation in Social Services Award competition with their innovative approaches, of which 38 were from social service providers and 5 were regional projects. The expert jury selected the best innovative projects in 5 categories: Regional offices, Setting up processes in the organization, Deinstitutionalisation in social services, Care in social services, Use of technology in social services. This year's winners were innovations focused on a comprehensive solution to autism in the Vysočina Region, the inclusion of a psychological team as a regular part of care for clients of a home for the elderly, the transformation of an institution into a permeable community residential service, the use of a therapeutic garden for the self-determination of clients, or facilitating the lives of children with cerebral palsy with the help of an eye camera. A description of the individual innovation projects for 2024 is available in the Innovation Catalogue. The Ministry of Labour and Social Affairs took over the patronage of the award.

5.c.3. Supported projects in the field of social innovation

The Ministry of Labour has supported the project of the Zlín Region "Use of social innovations with the help of assistive technologies in the Zlín Region" through the ESF. The Zlín Region has long been struggling with insufficient capacity of residential services for the elderly and persons requiring social and healthcare, rising costs of residential services; lack of professional staff in residential facilities, which are also very busy. The project tested whether this trend could be partially mitigated by the use of assistive technologies, which would allow to extend the time clients can stay in home care and thus reduce the pressure on specialised residential facilities. At the same time, what technologies could be used in residential facilities to reduce staff workload.
In cooperation with users and service providers, situations suitable for the use of technology were identified and those most at risk were selected. In the first phase, the project tested several dozen sensors and systems to map bodily functions, the movement of a person in space, falls, sensors detecting risk situations such as smoke, sudden changes in room temperature, detection of anomalies inside the monitored space. The strengths and weaknesses of each facility were evaluated and those that met the needs of the participating organisations were selected and pilot tested in practice.
In the second phase, a prototype of a surveillance and monitoring system was created, which continuously collects data and detects abnormal conditions and values of physiological parameters of the monitored persons on the basis of automatic evaluation.

The evaluation of the pilot testing showed that the use of assistive technologies resulted in a slight increase in the psychological well-being of clients, and the perceived frequency of social contacts increased for supported clients (especially for clients in home care).

Launched in September 2022, Direct people's "INTELLIGENT REMOTE MONITORING" project, aimed at improving medication adherence in the elderly, has transformed over the course of its development from an initial idea for a smart medication dispenser into a comprehensive solution involving the use of an AI voicebot.

The main objective was to find an effective solution for the elderly in the area of adherence to treatment. Market research and expert studies have revealed the inadequacy of existing solutions, which are often limited to basic pill boxes and alarm clocks or telephone reminders by family members.

The project analysed the different types of smart medication dispensers available on foreign markets and purchased for the project. Six of the twelve selected drug dispensers were eliminated prior to the test due to failure to meet basic user criteria such as small size, lack of features, or poor quality. The rest of the medication dispensers were included in a trial with the elderly. This showed that despite initial concerns, the elderly gradually learned to handle the drug and by the end of the test confirmed a positive impact on adherence. However, the key was the elderly person's willingness to use and cooperate with the new solution.

The second part of the project was the development of a "Digital Caregiver" – a voicebot that uses AI technology to provide regular telephone reminders to take medication, have empathetic conversations and provide feedback on the patient's condition. Testing with real users has shown that a voicebot is more effective than traditional reminder methods and more natural for the elderly who are already used to using the phone.

Several channels were used to recruit testers, such as outreach, social networks, personal referrals, and physicians. It turns out that in the case of a new solution, especially when technology is involved, a personal recommendation is best. A total of 13 elderly persons with various health problems participated in the test.

Over 1,800 cases of medication dispensing were recorded during the testing of the dispensers, while over 200 calls were made during the voicebot testing. These tests provided valuable feedback for further development of the project.

The project also consulted experts from various fields on adherence issues and conducted a needs and gaps analysis of currently available drug products. Based on the findings, the design of a custom smart medicine cabinet was developed that incorporates modularity and an improved setup and control system.

d) ensuring that long-term care services and facilities are accessible to persons with special needs and disabilities, and respect the equal right of all persons with disabilities to live independently within the community with choices on an equal basis with others.

5.d.1. Support for the process of the deinstitutionalisation and transformation of social services in the Czech Republic

Within the project Support for the process of the deinstitutionalisation and transformation of social services
must be followed and fulfilled Criteria for Community Social Services and Criteria for Transformation and Deinstitutionalisation, valid from 1.4.2022 and issued by the Ministry of Labour and Social Affairs. The aim is to improve the lives of people with disabilities and enable them to live a normal life comparable to that of their peers. During deinstitutionalisation, there is a controlled closure of institutions and the development of community social services. The resulting structure and operation of social services is primarily aimed towards the needs of service users and their social inclusion, clients are not subjected to institutionalization.

5.d.2. Protection and enforcement of patients' rights

Act No 372/2011 Coll., on health services and conditions of their provision, provides for compliance with the principle of comprehensive planning in relation to persons with reduced mobility. The Act addresses the issue of patients with sensory disabilities or severe communication problems.
The Ministry of Health has a Working Group on Patient Safety and Quality of Healthcare. In the framework of the development of system measures of the Ministry of Health in the field of the quality and safety of provided health services, the rule of universal implementation is observed, i.e., it takes into account all patients, including patients with any disability.

When drafting all documents of a legislative nature, their potential social impacts, including impacts on persons with disabilities as a specific social group, are obligatorily assessed in accordance with the General Principles for Regulatory Impact Assessment (RIA). Relevant entities within and outside the Ministry (including organisations representing persons with disabilities) are approached during the comment procedure and can comment on individual measures, objectives, regulations, etc.

A special team has been established within the Healthcare Department of the Ministry of Health to improve the protection and enforcement of patients' rights, including those of patients with disabilities, in the provision of health services.

Since 2017, the Ministry of Health has been in the process of establishing rules, mechanisms and conditions that determine how patient organisations can participate in the development and implementation of health policy. For this purpose, a separate Patients' Rights Promotion Unit (PRU) was established at the Ministry of Health, which initiated the establishment of the Patients' Council as a permanent advisory body to the Minister of Health and which continuously ensures the participation of patient organisations in health policy processes and creates conditions for this participation (education, information, funding).

Concrete measures that can demonstrate respect for the principle of comprehensive planning are, for example, the activities of the State Institute of Public Health (SIPH).
The SIPH is involved in the implementation of the National Action Plan for Alzheimer's Disease and Related Diseases (NAPAD) for 2020-2030. Specifically, this is Strategic Objective 4 Dementia Awareness and Prevention. In 2023, a proposal for a Primary Prevention to the National Action Plan was prepared and submitted as part of the Recommended Practices for Alzheimer's Disease and Similar Diseases (still under discussion).
The draft Primary Prevention does not show signs of direct or indirect discrimination against persons with disabilities. The proposed measures accommodate persons with disabilities.
The intervention activities of the SIPH within the framework of primary prevention of infectious and non-infectious diseases and promotion of a healthy lifestyle are implemented in such a way as to accommodate and not discriminate against persons with disabilities. The interactive programmes are implemented in cooperation with organisations that bring together disabled people, such as the Czech Union of the Deaf, the Brno Union of the Deaf, the Moravian Deaf Café, Tyfloservis, schools with disabled pupils and special schools.
The ministry is a member of the expert group on accessibility of public administration and public services, and it is therefore possible to respond more flexibly to current demands and needs from persons with disabilities across the activities of the Ministry of Health. Based on the cooperation between the Coordinator for Persons with Disabilities and the Emergency Operations Centre of the Ministry of Health, SONS carried out accessibility testing of the Central Reservation System in 2022, based on which the system was modified according to accessibility requirements. In 2023, communication between the Ministry of Health, the State Institute for Drug Control and this group began on the topic of accessibility of electronic prescriptions (e-Prescription) and vouchers (e-Voucher).

5.d.3. Support for non-profit organisations helping people with disabilities

The Ministry of Health supported non-governmental non-profit organizations helping people with disabilities from its grant program Health Promotion, Increasing the Efficiency and Quality of Healthcare, which includes priorities focused on:

1. education in the field of the prevention of domestic and gender-based violence for children, people with disabilities and the elderly,
2. coordination of care for people with chronic illness, rare diseases or disabilities in the provision of long-term care services in the sense of comprehensive support in the field of health and social care through case management, support for the work of health and social workers and support for awareness-raising of people who are chronically ill, have rare diseases and disabilities and their lay carers
3. improving the quality of life of people with neurodegenerative diseases,
4. support advocacy activities for people with disabilities and chronic or other serious illnesses.

Applicants meeting the set criteria and indicators can be supported under this programme. Approximately 50-80 projects are supported annually. The support is mainly aimed at funding services, staffing and the production of outputs for the target groups of individual projects.

e) ensuring that long-term care services are well coordinated with prevention, healthy and active ageing and health services, and that they promote independence and independent living and contribute as far as possible to the restoration of physical or mental fitness and the prevention of deterioration.

5.e.1. Preparing for ageing

The issue of long-term care is also addressed in the Action Plan for the Implementation of the Strategic Framework for Preparing for an Ageing Society for the Period 2023-2025, which was submitted by the Minister of Labour and Social Affairs Marian Jurečka and approved by the Government of the Czech Republic on 29 November 2023 by Resolution no. 920.

In the Action Plan we state that Czech society is ageing and it is necessary to prepare for this fact. According to the data of the Czech Statistical Office as of 31. 12. 2022, there were 2.208 million people aged 65 and over in the Czech Republic, of whom 929 thousand were men and 1.279 million were women. More than 20% of the population was in the 65+ age group, and by 2025 it should be 21.3%, and 29% in 2050, with 2.3 and 3.1 million elderly persons in absolute terms.

The Action Plan for the Implementation of the Strategic Framework for Preparing for an Ageing Society for the Period 2023-2025 shows that we need to prepare for the ageing of society. It is not only society that should prepare in its policies, but also every citizen. The Action Plan is based on the principles of sustainable development of society, intergenerational cohesion, and emphasizes the cooperation of all actors and an active approach to life and participation in society. The global goals of ageing policy include cooperation between the state and all actors as a basis for a resilient society, an active personal approach to ageing, ageing with dignity and quality of life. Promoting dignified provision in old age is also one of the main objectives of the Action Plan. One of the strategic goals is to ensure the availability of social and health services that enable a dignified life for people who require the help of others not only because of their age, in cooperation between the public and private sectors, and to create a legal framework for a sustainable system of interconnected care services. Specifically, it concerns the drafting and submission to the government for approval of a bill in the area of the interconnection of health and social care, i.e. setting up the interconnection and mutual coordination of the hitherto separate spheres of social and healthcare aimed at improving the quality of life of the patient/client who needs both components of care.

The Action Plan also declares the need to strengthen the protection of the elderly in society through legislation on the protection of the elderly from violence and abuse by drafting a legislative proposal that takes into account the setting of the issue of prevention and

protection from ill-treatment, abuse and neglect in social and health services, and to include a gender perspective. An inter-ministerial working group on the issue of safety and the rights of older people in context has been established at the Ministry of Labour and Social Affairs.

6. It is recommended that Member States ensure that high quality criteria and standards are set for all long-term care settings, tailored to their characteristics, and that these criteria and standards are applied to all long-term care providers regardless of their legal status. To this end, Member States are invited to ensure a national quality framework for long-term care that is consistent with the quality principles set out in the Annex and includes an appropriate quality assurance mechanism that:

a) ensures that quality criteria and standards are met in all long-term care settings and by all long-term care providers, in collaboration with them and the people receiving long-term care;

6.a.1. Social area

According to Act No. 108/2006 Coll., on Social Services, as amended (hereinafter referred to as the "Social Services Act") and the implementing regulation to this Act (Decree No. 505/2006 Coll.), general obligations are set for providers of social services, including the obligation to comply with quality standards for social services. The quality standards criteria are binding for all registered social service providers for all forms of social service provision and settings. At the same time, they are binding for all providers of social services regardless of their legal status. It is necessary to be registered, i.e. authorised to provide social services (licensed). The Act also defines the conditions for registration and sets out rules for monitoring compliance. The provider is obliged to comply with the registration conditions throughout the provision of the social service. It is illegal to provide social services without registration.

Compliance with the criteria of quality standards is monitored by the inspection of social service provision carried out by the Ministry of Labour and Social Affairs. Measures to remedy deficiencies identified during the inspection may be imposed for non-compliance. The measure is a definition of what the provider is to do (or cease doing), including specific dates, to address the deficiency. The provider is obliged to comply with the imposed measure within the given deadline. If he did not done so, he would fulfil the facts of the offence defined in Section 107(2)(m) of the Social Services Act. The provider must submit a written report on the implementation of these measures. Failure to submit a written report on the implementation of the measure is an offence under Section 107(2)(m) of the Social Services Act. Control of the implementation of the measures imposed to eliminate the deficiencies identified during the inspection of the provision of social services is carried out in the form of a follow-up inspection.
The Act also defines the offences that a provider may commit in the provision of social services, namely offences related to registration, offences related to the commencement,

course and termination of the provision of social services. The most serious offence is the provision of a social service without the relevant authorisation.
In the case of particularly serious non-compliance/non-fulfilment of measures for failure to meet the criteria of the quality standards for social services, the registration may be revoked and the provision of social services terminated.

Challenges:

Intensify inspections of social services.

6.a.2. Health area

The system of quality assessment of health services in the Czech Republic is complex and includes various aspects of legislation, competence and control. The evaluation of the quality of health services in the Czech Republic is based on a comprehensive legislative framework and involves the cooperation of various entities such as the Ministry of Health, health insurance companies, the State Institute for Drug Control and health service providers themselves. Accreditation, audits, quality indicators and an incident reporting system are key tools of control, which together contribute to ensuring a high level of quality and safety in the health services provided.

Act No.372/2011 Coll., on Health Services and Conditions of their Provision (Health Services Act) defines the rights and obligations of health service providers, patients and health professionals, sets out the basic rules for the provision of health services and quality assurance, imposes on health service providers the obligation to regularly assess the quality of the services provided and to implement quality improvement measures.

Act No. 48/1997 Coll., on Public Health Insurance, regulates the relations between health service providers and health insurance companies, including contractual conditions relating to the quality of services provided. Decree No. 102/2012 Coll., on the evaluation of the quality and safety of inpatient healthcare, establishes procedures and criteria for the evaluation of the quality and safety of inpatient healthcare, and imposes an obligation on inpatient care providers to regularly submit reports on the quality and safety of the care provided.

The standardisation of the staffing of individual health services is set by Decree No. 99/2012 Coll., which sets out the requirements for the minimum staffing of health services in the Czech Republic. The legislation sets out requirements to ensure minimum conditions that ensure a sufficient level of care in healthcare facilities and the protection of patients' rights to quality and safe health care. The Decree establishes minimum numbers and qualifications of healthcare workers for different types of healthcare facilities and services, with requirements varying according to the type and scope of healthcare provided (e.g., follow-up and long-term inpatient care, home care services, inpatient geriatric care, geriatric outpatient clinics).

In connection with the improvement of the quality of healthcare provided, interference with the dignity of people during the provision of health services was introduced as an offence in the comprehensive amendment to the Health Services Act, specifically in Section 117(1)(x).

Competences and entities in the field of quality assessment and control:

The Ministry of Health, which coordinates the development of the national quality policy in the health sector, issues methodological guidelines and recommendations for ensuring the quality of health services and carries out accreditation of health service providers. Health insurance companies, which conclude contracts with health service providers and monitor compliance with the terms of the contract, including the quality of services provided, carry out audit and quality control activities. The State Institute for Drug Control, which controls the quality of medicines and medical devices. Monitors the safety and efficacy of medicines. Health service providers who have an obligation to ensure and regularly assess the quality of services provided and implement quality and safety management systems.

b) motivates and empowers long-term care providers to go beyond minimum quality standards and to continuously improve quality;

6.b.1. Entry quality requirements for the provision of social services, including long-term care services

The proposals for the interpretation of the material and technical provision of social services that have been prepared so far are only of a methodological nature, or in the form of substantive conditions relate to specific investment calls from EU funds. These are the following documents:

- Recommended Practice No. 2/2016 Material and technical standard for residential social care services,
- Recommended Practice 4/2018, which replaces Recommended Practice 5/2017. Material and technical standard for social care services provided in a residential form – for the purposes of IROP calls No. 81 and 82,
- Recommended Practice 4/2021 The specific conditions of IROP Call No. 101 according to REACT-EU,
- Substantive conditions for the implementation of residential care service projects under the National Recovery Plan.

These documents do not fully ensure the uniformity of interpretation of this issue and therefore do not eliminate the inconsistency of the performance of social services in the Czech Republic.

Challenges:

There is no clear personnel and material and technical standard for the area of social services, which creates different approaches of registration authorities in obtaining authorization for the provision of social services and also creates uncertainty for clients or potential clients of social services in that it is not clear what is the basis for the provision of social services. That is, in what material and technical conditions and who provides social care to clients. This is a fundamental problem in residential care services, where there is a

higher risk of endangering the life and health of clients precisely because of the lack of definition of these requirements.

Measures implemented or under preparation:

Determination of requirements for minimum material and technical standards corresponding to the type of social service provided.

- *Objective of the measure:*

Draft Government Decree on setting requirements for minimum staffing and material and technical standards corresponding to the type of social service provided.

- *Type of measure (legislative, investment, methodological, action plan, etc.):*

Legislative measures

- *Specific target group of the measure (definition, focus and size):*

Actors of the social services system – providers of social services, clients, representatives of public administration (representatives of regional authorities – registrars of social services)

- *Results and impacts (expected or already achieved):*

Ensuring minimum quality in terms of material and technical and personnel standards.
Unification of the conditions for registration of the types of social services in question with regard to the provision of personnel, material and technical conditions

- *Fulfilment time line:*

Since the planned entry into force of the amendment to the Act and continuously thereafter

- *Financial resources (national or EU):*

National and EU resources

- *Coordinator of measures and cooperation with relevant actors:*

Ministry of Labour and Social Affairs in cooperation with the Ministry of Health

- *Evaluation:*

The impact of the new legislation will be continuously evaluated in the framework of monitoring the state budget spending and monitoring the development of the number of workers in the social services positions in question. The review of effectiveness will be carried out in the form of an ex-post evaluation. On the basis of long-term experience, it can be stated that more significant findings, on the basis of which it is possible to make a

qualified assessment of the regulation, can be obtained only after about 1.5 years of the entry into force of the change. The mechanisms in place can be corrected, if necessary, by amending the legislation when deficiencies are identified.

- *Links to other measures:*

Within the framework of the draft amending act regulating the provision of social and health services, i.e. the act amending the Act on Social Services, the Act on Health Services and the Act on Public Health Insurance, the so-called social and health services are introduced, which will enable the combination of a social service and a health service within a single service and their provision to be effectively coordinated.

c) allocates sufficient resources for quality assurance at national, regional and local level and encourages long-term care providers to have financial resources for quality management;

The funding of social services, which also covers the social part of long-term care services, is multi-source in the Czech Republic. The sources for covering the total costs include subsidies from the state budget (subsidies from the Ministry of Labour and Social Affairs), reimbursements from clients, care allowance, subsidies from the own funds of regions and municipalities, reimbursements from health insurance companies, European sources and other sources. The following table describes the structure of sources of funding for social services (in CZK), or the development in the years 2013-2022.

Costs		Structure of funding sources for social services (in CZK) in 2013-2022									Annual growth of social services costs (2013 – 2022) billions
YEAR	Total cost of soc. services (in billion CZK)	Care allowance	User payments	Health insurance companies	Subsidies from the MoLSA	Regions	Municipalities	Office of the Government, other ministries	EU funds	Other	
2013	28.623	5938980070	6931003534	1249258014	6556068676	2087237290	2512170849	166620350	955991088	2225909677	
2014	30.501	6096575530	7472948536	1342508081	7707498387	2113834246	2485011655	159994849	1020658420	2102352079	1.878
2015	32.068	6373007023	7650822428	1478243654	8565000000	2736981041	2626388853	151175986	589121296	1898084846	1.567
2016	34.040	6964679636	7975330602	1654419103	9185000000	3065629328	2695504401	152869898	383170967	1964051761	1.972
2017	38.763	7592648732	8140909224	1967159970	11248986004	3917537782	2867111153	161068929	849322320	2019011035	4.723
2018	44.518	7750870797	8382149465	2264802389	14894611712	4229491460	3218089938	215393256	112985492	2432736060	5.755
2019	49.322	8228298644	8834890226	2697261559	16805611712	5133382706	3466683114	271287446	103647389	2848135700	4.804

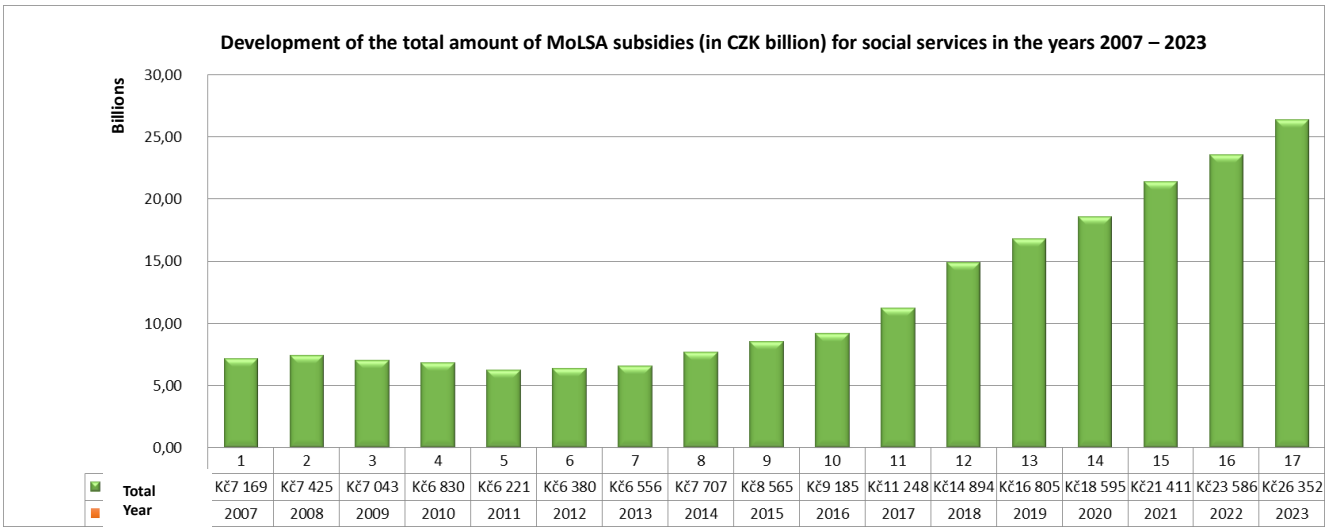
2020	**56.368**	8257484155	9163460775	3250269524	18595611712	6510028789	3660538354	514830908	1101583603	5314192180	**7.046**
2021	**61.871**	8257594110	9206294803	3707762701	21411611712	8062113116	3792253833	408704928	4911634666	6533501331	**5.503**
2022	**64.066**	1140608 4483	1078948 9606	426881 1891	2358623 8021	794437 0641	4005182903	424926977	308568886	1332326592	**2.195**
									Increase since 2013 Total		**35.443**

The amount of the subsidy is determined by the Ministry of Labour and Social Affairs on the basis of the percentage set by law (or set out in the Annex to Act No.108/2006 Coll.) for each region separately (see the following table).

Percentage share of the region in the total annual volume of funds allocated in the state budget for the support of social services for the respective budget year

Region	**In %**
Prague	8.08
South Bohemia	6.67
South Moravia	9.21
Karlovy Vary	3.40
Hradec Kralove	5.46
Liberec	4.14
Moravia-Silesia	11.99
Olomouc	7.81
Pardubice	5.37
Pilsen	4.86
Central Bohemia	10.93
Ústí nad Labem	9.71
Vysočina	5.30
Zlín	7.07

The eligible costs covered by the grant are primarily personnel costs and other operating costs such as energy, utilities and other consumed purchases (material). Since 2015, the funding of social services at the regional level has been the responsibility of the regions, which receive subsidies from the Ministry of Labour and Social Affairs. The largest share of the total costs of social services is accounted for by wages and salaries of staff, which exceed 70%. The state budget subsidy covers about 40% of the total costs in the long term. A clear trend is the steady increase in the amount of this subsidy, as shown in the following graph and table, which also shows the data for this year.

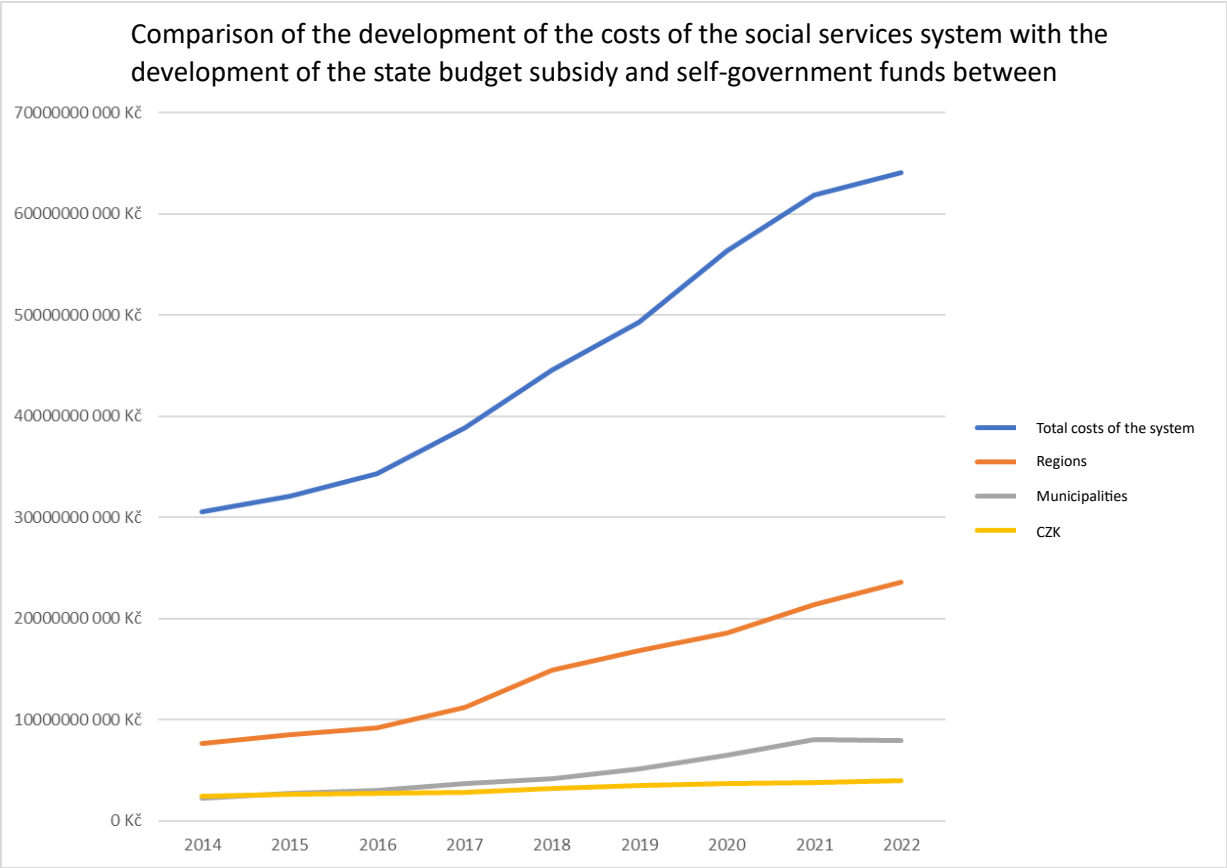


Pozn: Kč = CZK

Subsidies to support the provision of social services from the relevant chapter of the state budget for the year 2024 (in CZK):

	2022	2023	**2024**
Supra-regional services (programme B)	1 434 383 242	1 520 210 324	**1 521 000 000**
Resources for regions	22 147 733 456	24 832 516 543	**24 900 000 000**
Total	23 582 116 698	26 352 726 867	**26 421 000 000**

On the other hand, the challenge is and in the future will certainly be the share of regions and municipalities in covering the costs of social services, also in the context of the expected need for an increase in the capacity of social services in connection with the ageing population of the Czech Republic.



Pozn: Kč = CZK

At the same time, reimbursements for social services by health insurance companies were increased by 16% from January 2024. This modification of the reimbursement decree means an extra half a billion crowns. A larger share of the costs of residential social care facilities will be covered by public health insurance.

d) ensures that requirements relating to the quality of long-term care are integrated into public procurement where appropriate;

On behalf of the Ministry of Labour and Social Affairs: Public procurement in long-term care is not normally subject to competitive tendering. The current Public Procurement Act allows for evaluation according to quality criteria. According to Section 6(4) of the Act, contracting authorities are obliged to take socially responsible public procurement into account where appropriate.

Ministry of Health: in this respect, quality requirements are always implemented and required by the Ministry of Health in all support programmes. Calls for support always go through a system of comment procedures, where all relevant stakeholders affected by the supported area have the opportunity to comment. Any discrepancies must then be discussed with the commenting point.

A good example of this is the implemented Call in the Area of Support for Inpatient Aftercare. As part of the mandatory conditions, there were obligations for the applicant leading to:

- Improving the quality of care provided
- Increasing accessibility and expanding the range of care provided
- Increasing continuity of care within the health system in the region

e) promotes independence, independent living and community integration in all settings in which long-term care is provided;

The Ministry of Labour and Social Affairs is implementing a systemic project from the OP Employment+ called Supporting the Process of Deinstitutionalisation and Transformation of Social Services between 2023 and 2026. Its strategic goal is to create conditions for the free choice of the client of social services about the direction of further assistance, support and care with an emphasis on respect for natural dignity, personal independence, autonomy and the right to integration into society. It also supports the change of the non-community model of social services provision into a community model, including financial support, and also increases the general awareness of the importance of the deinstitutionalisation of social services.

The sub-objective of the project is to have 40 transformation plans of residential social services within the framework of the IROP 2021-27 funding during the implementation. In the framework of the project Supporting the Process of Deinstitutionalisation and Transformation of Social Services, it is necessary to follow and fulfil the Criteria for community-based social services and the Criteria for transformation and deinstitutionalisation, valid from 1. 4. 2022 and issued by the Ministry of Labour and Social Affairs.

Challenges:

Maintaining the involvement of social service providers in the implemented project and continuing the cooperation after the end of the project implementation, including providing strategic and methodological support in the provision of social services to the transformed providers.

Measures implemented or under preparation:

The transition from institutional care for people with disabilities to care provided in a natural environment.

- *Objective of the measure:*

To improve the lives of people with disabilities and enable them to live a normal life comparable to that of their peers.

- *Type of measure (legislative, investment, methodological, action plan, etc.):*

Non-legislative

- *Specific target group of the measure (definition, focus and size):*

Providers of social services, employees of social departments of regional offices,

- *Results and impacts (expected or already achieved):*

40 transformation plans of residential social services within the framework of the drawdown of funds from IROP 2021-27.

- *Fulfilment time line:*

Ongoing from 2023 to 2026,

- *Financial resources (national or EU):*

EU resources

- *Coordinator of the measures and cooperation with relevant actors*:

Ministry of Labour and Social Affairs, cooperation with regional offices on project implementation

- *Evaluation:*

Evaluation of the project, setting up the management of transformation and deinstitutionalisation of social service providers

f) ensures the protection of all persons in need of care and all caregivers from abuse, harassment, neglect and all forms of violence.

The Ministry of Labour and Social Affairs ensures the protection of these persons by inspecting the provision of social services. The inspection and its process are anchored in legislation (Social Services Act, Act on Control). The subject of the inspection is also the fulfilment of the obligations of social service providers to respect the fundamental human rights and freedoms of persons, including procedures for preventing violations thereof. A system of enforcement is established and used in practice to remedy deficiencies identified during inspection.

Challenges:

The Ministry of Labour and Social Affairs is seeking to legislate a new duty and offence of respect and protection of the privacy, dignity and integrity of persons receiving social services.

Measures implemented or under preparation:

Complaint mechanism

- *Objective of the measure:*

Improving the quality of social services by setting up more specific and enforceable mechanisms for the submission and handling of complaints about social services and thereby protecting all people in need of care and all carers from abuse, harassment, neglect and all forms of violence.

- *Type of measure (legislative, investment, methodological, action plan, etc.):*

legislative, methodological

Legislative – the Ministry of Labour and Social Affairs will submit an amendment to the Social Services Act that will introduce a procedurally more precise regulation of the filing of complaints in social services and will modify the term complainant. At the same time, it will introduce an investigation into the handling of the complaint by the MoLSA if the complainant is not satisfied with the handling of the complaint by the social service provider.

Methodological – within the framework of the project of the Ministry of Labour and Social Affairs *"Increasing the Efficiency of the Social Services System"* financed from EU funds, support is planned for the improvement of the quality of the social services system, inter alia, by setting up a process for resolving complaints and suggestions on the way social services are provided. The area of activity is: "*The creation and implementation of a complaint and submission mechanism in the field of social protection*", which should include the following parts:

a) Analysis of the current state of the complaint and submission mechanism

b) Developing a methodology for complaint and submission mechanism models

c) Pilot set-up and verification of the complaint and suggestion mechanism

During the implementation of the project, there is sufficient time to adjust the methodological documents in relation to possible changes in legislation.

The output of the activity will be the Methodology of Complaint and Suggestion Mechanism Models, which will be pilot tested in practice.

- *Specific target group of the measure (definition, focus and size):*

Initiators of complaints in social services/persons who can request a review of a complaint – the target group of persons is defined in the draft amendment to the Social Services Act as follows:

a) a person who is or has been provided with a social service,
b) the legal representative, guardian or supporter of the person who is or has been provided with a social service,

c) a person close to you, if the person to whom the social service is or has been provided is unable to lodge a complaint because of his or her state of health or because he or she has died,
d) a person authorised by the person to whom the social service is or has been provided,
e) a member of the household of the person to whom the social service is or has been provided, authorised to represent that person under the Civil Code, or
f) an employee of a social service provider

Other target groups beyond the initiators:
- ministry (conducting an investigation into the complaint).
- provider – rules of complaint investigation, implementation of the rules and adhering to them, cooperation with the Ministry during inspection.

- *Results and impacts (expected or already achieved):*

If the amendment to the Act on Social Services is approved, the Act should provide for concrete specifications of the process of filing complaints in social services and, at the same time, a review of the handling of a complaint in the event of disagreement with the handling of the complaint by the provider. A new obligation on the Ministry will be proposed and, if the draft amendment is approved, the procedure of the inspection body should be defined. However, these impacts and results will be relevant if the proposed amendment to the Social Services Act is approved in the Czech legislative process. The Ministry of Labour and Social Affairs will submit a proposal for this modification.

- *Fulfilment time line:*

Legislative – from the planned entry into force of the amendment to the Act and subsequently on an ongoing basis,
methodological – from 5/2024-3/2027

- *Financial resources (national or EU):*

Legislative regulation alone without extraordinary costs (personnel costs of the MoLSA staff), methodological support – EU resources CZK 4mil – EU share 76.735%, State budget share 23.265%.

- *Coordinator of measures and cooperation with relevant actors:*

Coordinator – Ministry of Labour and Social Affairs
Cooperation with relevant actors – the Ministry will inform if the amendment is adopted, and prior to that of the intention to anchor provider complaints in this way. Subsequently, if accepted, compliance with the rules of the grievance mechanism will be checked by the Ministry.

- *Evaluation*

Not relevant at this time

CARERS

7. It is recommended that Member States promote quality jobs and fair working conditions in long-term care, in particular by:

a) promoting national social dialogue and collective bargaining in the long-term care sector, including promoting the development of attractive wages, appropriate working arrangements and non-discrimination in the sector, while respecting the autonomy of the social partners;

7.a.1. Promoting social dialogue and collective bargaining

The Ministry of Labour and Social Affairs supports collective bargaining in any form and welcomes all initiatives by the social partners to increase the number of employees covered by collective agreements. Section 320a(a) of Act No. 262/2006 Coll., the Labour Code, as amended, allows trade unions and employers' organisations to draw a state contribution to support mutual negotiations at national or regional level concerning important interests of workers, in particular economic, production, working, wage and social conditions.
In the field of collective bargaining, the Ministry of Labour and Social Affairs is guided by international obligations and obligations arising from the Czech Republic's membership in the European Union. In preparing the new legislation, it also pays attention to the promotion of collective bargaining. At present, through the draft law amending Act No. 262/2006 Coll., the Labour Code, as amended, and certain other laws (Parliamentary Document No. 663), the Ministry of Labour and Social Affairs is transposing the obligations arising for the Czech Republic from Directive (EU) 2022/2041 of the European Parliament and of the Council of 19 October 2022 on adequate minimum wages in the European Union (hereinafter referred to as the "Directive on adequate minimum wages"). The proposed changes to collective bargaining include:

- setting up a procedure to remove blockages to collective bargaining when applying the existing principle of compulsory consensus on one side of the table in a situation where there is a plurality of trade unions in the employer;

- seeking to increase the coverage of employees by collective agreements by changing the parameters for applying exemptions from the application of an extended, industry-wide higher-tier collective agreement for certain groups of employers;

- efforts to increase the coverage of employees by collective agreements by extending the possibility of providing state contributions for social dialogue to the activities of social partners who conduct social dialogue at the sectoral level (so far it was possible only at the national and regional level).

As can be seen from the above proposed amendments to the Labour Code and the Act on Collective Bargaining, these include the promotion of collective bargaining through an amendment to the provisions of Section 320a of the Labour Code, according to which social partners may be granted a contribution under Section 320a of the Labour Code to support mutual negotiations concerning important interests of workers, in particular economic, production, working, wage and social conditions, also in connection with negotiations at sectoral level. In doing so, the legislator seeks to transpose one of the requirements of Article 4 of the Directive on adequate minimum wages, namely the requirement to *build and strengthen the capacity of the social partners to engage in collective bargaining on wage setting, in particular at sectoral and intersectoral level.* The aim of promoting collective bargaining at sectoral level is to increase the coverage of higher-level collective agreements and extended higher-level collective agreements. As a result of the possibility to support mutual negotiations of social partners at sectoral level, activities aimed at increasing the coverage rate of the HLCA or extended HLCA, and possibly also sectoral collective bargaining on wages, can be supported by the state contribution. The social partners, i.e. trade unions and employers' organisations on the one hand and government representatives on the other, will thus be able to expand the range of priorities and activities submitted for support through a contribution under Section 320a(a) of the Labour Code. It will now be possible to obtain a state contribution for decent conditions for conducting collective bargaining at the sectoral level (e.g. legal support, facilities for conducting collective bargaining). In the field of long-term care providers, it is also possible and entirely in line with the legitimate interests of employees in this field to apply for the above-mentioned contribution, which could help to develop social dialogue in the relevant field.
The Ministry of Labour and Social Affairs does not specifically monitor the area of long-term care providers in the context of collective bargaining and its support, nor does it have such an ambition in the future.

The Ministry of Labour and Social Affairs, on the other hand, has the ambition to address the promotion of collective bargaining in general, not in the context of a specific sector, through appropriate legislative and non-legislative instruments.

In addition to the above-mentioned instruments, which are part of the amendment to the Labour Code, the Czech Republic is obliged to prepare the so-called Action Plan to Support Collective Bargaining by December 2025 in connection with the transposition of the obligations arising from the Directive on adequate minimum wages. The social partners have now been asked to nominate their representatives for the meetings on the development of the action plan and have also been asked to send their suggestions for measures or activities which, according to their knowledge, practice and experience, can lead to the promotion of collective bargaining.

Social dialogue and collective bargaining in the field of long-term care providers is possible and fully in line with the powers of individual employees involved in the implementation of long-term care. However, the Ministry of Labour and Social Affairs does not specifically monitor this area of collective bargaining, nor does it have such an ambition.

7.a.2. Social dialogue in long-term care

The Ministry of Labour and Social Affairs conducts social dialogue with partners and stakeholders in the field of long-term care. The platform for these meetings is, for example, the Working Team on Social Issues of the Economic and Social Agreement Council of the Czech Republic. According to the approved statute, the Economic and Social Agreement Council of the Czech Republic acts as a joint voluntary, conciliatory and initiating body of the government, trade unions and employers for tripartite negotiations at the Office of the Government with the aim of reaching consensus on fundamental issues of economic and social development. The Working Team on Social Issues discusses current social issues, legislation and other relevant areas that have implications for the social and long-term care sector. Among others, employers in the sector are represented through the Union of Employers' Associations or the Association of Social Service Providers of the Czech Republic, which is the largest professional organization uniting social service providers in the Czech Republic, or the largest trade union that also represents the interests of employees in social services in the Czech Republic, which is the Trade Union of Health and Social Care of the Czech Republic.

Social partners and other actors (the Public Defender of Rights, regions, representatives of patients and clients of long-term care, patients' organisations, etc.) are involved at the level of the Ministry of Labour and Social Affairs in various working groups, in the whole spectrum of agendas implemented at the Ministry of Labour and Social Affairs, where they can express their views and experiences on the issues under discussion. In the working groups, they become co-creators of the changes being prepared, thus indirectly fulfilling the principle of participation under Articles 3 and 4 of the Convention on the Rights of Persons with Disabilities.

In the preparation of legislative proposals, all proposals are consulted and then go through the standard comment procedure.

Several important challenges were identified by the social partners during the preparation of the report on the implementation of the Recommendation. Many of these areas are also described and identified in detail within the text, and measures are already in place and under preparation in many areas. In particular, the social partners cite the area of funding and, in general, the division of long-term care provision into two funding-related sectors as key. Then there is the lack of financial appreciation of workers in the sector, lack of investment in the sector, investment in a suitable working environment, promotion of employee psycho-hygiene, etc. Areas such as interconnectivity with health services and primary care, lack of capacity, and systems of reimbursement from clients themselves also resonate significantly. Trade union representatives also mentioned the topic of insufficient recognition of formal caregivers in the form of benefits, which are generally perceived by employees as an essential component of working conditions (e.g. meal allowance, recreation allowance). In the private sector, this area is also problematic because the lack of a higher-level collective agreement for social services does not guarantee an adequate level of

remuneration and benefits in the private (wage) sector, where employee representation through trade unions is generally less common than in the public sector.

The Ministry of Labour and Social Affairs welcomes and supports social dialogue and the involvement of actors in this area. We consider social dialogue and the involvement of all actors in the process of shaping the long-term care system to be a key factor for the implementation of the desired changes.

Also under the Ministry of Health, all strategic documents concerning the provision of health services are commented on by the subjects concerned, including representatives of patients and persons with disabilities. This is implemented through the Patients' Council of the Minister of Health and also, for example, through the Council for the Elderly or the National Council for Persons with Disabilities. The Ministry of Health proceeds according to the principle of participation, i.e. that the impacts on persons with disabilities are best assessed by a representative of this particular group of persons. Therefore, these representatives have access to comments and other processes.

7. a. 3. Calls to promote social dialogue

There have been 2 calls to promote social dialogue and the current call for tender No. 58 could support the theme of "*social dialogue and collective bargaining in the long-term care sector, including the promotion of the development of attractive wages, appropriate working arrangements and non-discrimination in this sector*", if any of the social partners are interested in focusing on this particular area. This is not the case in the currently implemented projects. If the social partners are interested in addressing this issue, this topic can be included in the support and addressed in future projects. However, this would probably mean a requirement for an increase in the allocation of Call No. 58 (currently the amount is CZK 100 million.

b) without prejudice to Union law relating to health and safety at work and ensuring its effective application, promoting the highest standards of health and safety at work, including protection from harassment, abuse and all forms of violence for all long-term care workers;

7.b.1. Practice according to Act No. 258/2000 Coll., on the protection of public health in the field of physical stress and working positions at work

All employers have a duty to ensure occupational health and safety (OHS) by classifying all their jobs into one of four job categories. In essence, it is a summary assessment of the level of burden with factors that determine the quality of working conditions from a health perspective. When categorising work, the category of the determining factors in a characteristic shift shall be determined. Determinants are those influences which, according to the current state of scientific knowledge, may significantly affect or influence health in a given job.

Microclimatic risk factors are divided into heat stress and cold stress; chemical factors are divided into substances and mixtures in general, lead, dust, carcinogens, mutagens, reproductive toxicants and asbestos; biological factors are divided into groups; physical stress is divided into overall physical stress, local muscular stress, working positions and manual handling of loads.

The safe provision of social services guarantees a safe environment for clients and staff

Challenges:

In the context of the social dialogue, trade union representatives described challenges in the following areas:

Identification and assessment of risks to the health and safety of employees, categorisation of work according to risk, emphasis on occupational health, personal protective equipment, prevention of burnout syndrome, psycho-hygiene courses.

In connection with the categorisation of work, trade union representatives also consider problematic the absence of a uniform methodology for the procedure of public health authorities in deciding on the categorisation of work, which would then be reflected in the processes in the field of occupational safety and health at the level of employers, but which would guarantee equal access and the objective assessment of risk factors and categorisation of work and proper assessment essentially independently of the request (proposal) of the employer. In practice, it is known that comparable employers, the same occupations and comparable workplace conditions (including comparable critical risk factors) result in completely different classifications of work in the relevant category.

c) addressing the problems of vulnerable groups of workers, such as long-term home care workers, permanent caregivers and migrant caregivers, including by ensuring effective regulation and professionalization of this care work.

Is not currently relevant.

8. It is recommended that Member States, where appropriate in cooperation with the social partners, long-term care providers and other stakeholders, advance the professionalization of care and address skills needs and labour shortages in the long-term care sector, in particular by:

a) designing and improving initial and continuous education and training to equip current and future long-term care workers with the necessary skills and competences, including digital ones;

8.a.1. Qualifying and continuous education of long-term care workers – social part

Qualifying education for formal carers – Secondary school framework education programmes are subject to assessment by the regulatory body at inception and each individual HEI education programme is subject to individual opinions from the regulatory body.
With a system set up in this way, programme improvement or updating occurs on an ongoing basis as a result of schools communicating with employers of social service workers [Regulated Unit No. 699, see https://ec.europa.eu/growth/tools-databases/regprof/regprof/45412 (here erroneously Title: Social worker, the correct one should be Social service worker); do not confuse with social worker – regulated unit 655, see https://ec.europa.eu/growth/tools-databases/regprof/regprof/14505] based on their needs. This allows the system to respond to different needs within each region.

Continuous education for formal carers – social service workers (formal carers), like other employees, have a duty to deepen their qualifications. For these purposes, the Social Services Act sets out five forms in which continuous education can be provided. One of them is courses with an accredited programme. These programmes are accredited by the Ministry of Labour and Social Affairs for both social service workers and informal carers (individuals providing care to recipients of care allowance). As part of its obligation to provide continuous training to the professionals it employs, the employer sends employees to such courses.

Measures implemented or under preparation:

Maintain the quality of educational programmes by inspecting their structure and content before granting accreditation by the Ministry of Education, Youth and Sports

- *Objective of the measure:*

Maintain the quality of educational programmes by inspecting their structure and content before granting accreditation by the Ministry of Education, Youth and Sports

- *Type of measure (legislative, investment, methodological, action plan, etc.):*

Legislative

- *Specific target group of the measure (definition, focus and size):*

Social service workers (not to be confused with social workers!) – approx. 86 thousand, qualification conditions: criminal integrity, medical fitness, education, see: https://ec.europa.eu/growth/tools-databases/regprof/regprof/45412

- *Results and impacts (expected or already achieved):*

Continuous education at least to the minimum extent specified beyond the general obligation (Section 230 of the Labour Code)

- *Fulfilment time line:*

Ongoing

- *Financial resources (national or EU):*

Public (national) or EU budgets, if the course is part of an accredited programme supported e.g. under the OP Employment+ call

- *Coordinator of measures and cooperation with relevant actors:*

Ministry of Labour and Social Affairs – methodological and inspection activities towards employers of social service workers and inspection activities towards entities that implement courses with a programme accredited by the Ministry of Labour and Social Affairs.

8.a.2. Qualification and continuous education of long-term care workers – health part

The system of qualification training for non-medical healthcare professionals is established by Act No.96/2004 Coll. on the conditions for the acquisition and recognition of professional competence to perform non-medical healthcare professions and to perform activities related to the provision of healthcare. Professional competence can be obtained according to the individual categories of non-medical health professionals by completing a three-year accredited medical bachelor's or master's degree programme, an accredited training programme at higher vocational schools, a school-based training programme at secondary medical schools or an accredited qualification course, depending on the individual health professions.

Specialisation education is a form of lifelong learning, meaning the continuous renewal, improvement, deepening and supplementation of the knowledge, skills and competences of health professionals and other professionals in the relevant field in accordance with the development of the field and the latest scientific knowledge. The aim of specialisation studies is to extend the professional competence of a healthcare professional in order to obtain high professional education and to provide high quality, highly specialised healthcare.

A condition for admission to specialisation training is the acquisition of professional competence to practice a non-medical health profession and the content of the training programme is divided into theoretical and practical parts. It is completed by a postgraduate examination.

Following the amendment to Government Regulation No. 31/2010 Coll., a new educational programme General Nurse – Nursing Care in Geriatrics was published in 2020. The specialisation training is divided into separate modules, for the field of general nurses it is in the scope of 648 hours.

Further opportunities for increasing the competences of non-medical health professionals can be achieved by attending accredited certified courses focusing on individual categories of non-medical HCPs with a link to the specific issues of a given field. Upon completion of the course, the graduate gains special competence for narrowly defined activities listed on the certificate (e.g. patient activation; wound healing, etc.).

8.a.3. The current state of competences of social service workers and paramedics

There are now intensive discussions in the professions on the alignment and mutual recognition of competences for both occupations. These discussions have been triggered mainly by the current process of legislative regulation of social health services, where new

social and health inpatient care is being established. The training programmes of the two professions will be analysed and adapted so that mutual qualifications can be recognised without substantial continuous training requirements.

8.a.4. Promoting digital skills for social workers

As part of the National Recovery Plan, up to the 3rd quarter of 2025 it is possible support social workers' digital skills, skills enhancement or re-skilling through digital learning. Entities employing social workers can participate in the project of the Labour Office of the Czech Republic "NRP – Digi for the Company" (no. CZ.31.6.0/0.0/0.0/24_109/0010192) and possibly as a "participating entity" in the framework of call no. 31_23_101 Further vocational training of employees in the field of digital skills (IT) and Industry 4.0 "NRP – Digi for Umbrella Bodies"

The target group of the NRP – Digi the Company are employees and natural persons running a business; eligible applicants are defined in the terms and conditions of the call (NPO Digi for the Company (uradprace.cz). The project is administered by the Labour Office via a web application: **https://www.uradprace.cz/app/npo-digi/.** This is an open rolling call with a closing date of 09/25. The supported activities are digital training in IT and Industry 4.0 and support for wage contribution. The amount of the contribution is set in units, see the terms of the call.

As the call NRP – Digi for Umbrella Bodies is already closed, it is not possible to support further applicants. However, those interested in training can receive support as a "participating entity" = current or future member of the umbrella professional and business associations defined in the text of the call. The entities involved are not obligatorily mentioned in the application for support and their involvement in the project occurs only during its implementation. The terms and conditions of support are set out on the website of the call: Call No. 31_23_101 Further professional training of employees in the field of digital skills (IT) and Industry 4.0 "NRP – Digi for Umbrella Bodies" (mpsv.cz). Among the entities already supported in Call No. 101 is the Association of Czech and Moravian Hospitals, which brings together, among others, long-term sickness hospitals and hospices and other entities enabling the LLL of helping professions.

b) building career pathways in the long-term care sector, including through skills upgrading or re-skilling, skills validation and information and guidance services;

8.b.1. Skills development in the long-term care sector – social part

In terms of content, the development of qualifications is the subject of a private law relationship between the employer and the employee. The conditions are set by labour law (Labour Code) and the Social Services Act. The employee (social services worker) is obliged to undergo continuous education corresponding to the needs of the employer resulting from the position performed (work with a specific target group of clients), to the extent of at least 24 hours per year. This was changed with effect from 1. 7. 2024 to 48 hours for 2 consecutive years, which will allow senior staff to complete specialized multi-day training programs.

Measures implemented or under preparation:

Ensuring the quality of care provided through a minimum amount of continuous education

- *Objective of the measure:*

Ensure the quality of direct care by setting a minimum scope of continuous education

- *Type of measure (legislative, investment, methodological, action plan, etc.):*

Legislative

- *Specific target group of the measure (definition, focus and size):*

Social service workers (not to be confused with social workers!) – approx. 86 thousand, qualification conditions: criminal integrity, medical fitness, education, see: https://ec.europa.eu/growth/tools-databases/regprof/regprof/45412

- *Results and impacts (expected or already achieved):*

Continuous education at least to the minimum extent specified beyond the general obligation (Section 230 of the Labour Code)

- *Fulfilment time line:*

Ongoing

- *Financial resources (national or EU):*

Public (national) or EU budgets, if the course is part of an accredited programme supported e.g. under the OP Employment+ call

- *Coordinator of measures and cooperation with relevant actors:*

Ministry of Labour and Social Affairs – methodological and inspection activities towards employers of social service workers and inspection activities towards entities that implement courses with a programme accredited by the Ministry of Labour and Social Affairs.

c) creating opportunities for non-registered long-term care workers to obtain regular employment status;

Is not currently relevant.

d) exploring legal migration options for long-term care workers;

In social services, long-term care is mainly provided by social service workers. This position may also be held by citizens of other EU Member States, their family members and other persons under Section 2(1) of Act No.18/2004 Coll., on the recognition of professional qualifications, as amended, and Directive 2005/36/EC, as well as persons from third countries (now typically from Ukraine) with nostrificated documents under the education regulations, in accordance with the stipulated legal conditions. The Ministry of Labour and

Social Affairs is currently addressing the issue of better job placement for foreigners through agency employment.

8.d.1 Health workers

Any non-medical health worker or other professional worker who has received education outside the Czech Republic in a Member State of the European Union or in Switzerland, Norway, Iceland or Liechtenstein and who comes to practise this profession in the Czech Republic may practise this profession as:

a) an established person – an established person means an applicant who is continuously practising a healthcare profession or other expert profession in the Czech Republic on the basis of recognition of competence to practise this profession, if the professional qualification for the exercise of this profession has been obtained or already practised in accordance with the legislation in a Member State other than the Czech Republic;
b) a visiting person – a visiting person means an applicant who is established in the territory of a Member State other than the Czech Republic for the purpose of exercising a professional activity and who exercises the corresponding health profession or other expert profession in the Czech Republic temporarily or occasionally within the framework of the free provision of services

Recognition of professional qualifications includes: recognition of professional competence, or recognition of specialised competence.

e) strengthening professional standards, the offer of attractive professional status and career prospects and adequate social protection for long-term care workers, including those with low or no qualifications;

8.e.1 Social Workers Act

A Regulatory Impact Assessment (RIA) of the draft law on social workers is currently underway based on the outputs of the working groups that met in 2023 and available data. A related planned change is the unification of remuneration of social workers, which will reduce the fluctuation between different segments of the social work field and, on the contrary, increase stability in the field.

Challenges:

Establishing and strengthening the social work profession. Adoption of legislation.

Measures implemented or under preparation:

Ensuring the quality of care provided through a minimum amount of continuous education

- *Objective of the measure:*

Establishing and strengthening the social work profession

- *Type of measure (legislative, investment, methodological, action plan, etc.):*

Legislative

- *Specific target group of the measure (definition, focus and size):*

Social workers working in individual departments of public administration, approx. 18 thousand

- *Results and impacts (expected or already achieved):*

Unification of the performance of social work, including uniform remuneration of social workers

- *Fulfilment time line:*

From 1. 1. 2025

- *Financial resources (national or EU):*

Public budgets (national)

- *Coordinator of measures and cooperation with relevant actors:*

Ministry of Labour and Social Affairs in cooperation with other ministries, regional offices, professional associations of social workers and umbrella organisations of employers

Describe how you would welcome help and support from the European Union. At the same time, please indicate, if relevant, where you could and would like to be involved from the Member State level (possibilities for cooperation between Member States, description of an example of good practice from the Czech Republic, etc.).

We would welcome support and assistance in the sense of at least partial harmonisation in the field of social work regulation across the European Union in the form of setting minimum conditions that a natural person must meet in order to be able to carry out activities belonging to the field of social work.

However, we note here that many healthcare providers are developing and implementing their own programmes and measures to support their healthcare workers. These include, for example, the establishment of so-called children's groups, part-time work, in the case of administrative staff, the possibility of working in the "home office" mode, employee bonuses in the form of sick-days, company meals, meal vouchers or contributions to cultural and healthy activities, vouchers for stays, the possibility of advantageous employee loans in cases of sudden difficult life situations, etc. The trade unions of the providers play an important role here. The Czech-Moravian Confederation of Employees' Unions, which includes the Trade Union of Health and Social Care of the Czech Republic, is active at the national level. The latter is an important actor and initiator of discussions on individual issues of healthcare workers.

f) implementing measures to combat stereotypes and gender segregation and to increase the attractiveness of the long-term care profession for both men and women.

8. f. 1 Support for carers

The Ministry of Labour and Social Affairs accredits training programmes for social workers and informal carers, among others. This measure is stereotypically neutral and does not support gender segregation, which is also related to income.

Challenges:

The salaries of social services workers have not been improving in the long term (in 2014, CZK 338 million was spent on salary increases for social services workers, in 2015 it was CZK 720 million and in 2016 a total of CZK 650 million; salaries were last increased in 2020. Salary increases for social service workers (salary table No.2 to Government Regulation No.341/2017 Coll.) are subject to negotiations in 2024 (as in previous years).

Trade union representatives describe the issue of pay as one of the fundamental problems in securing quality, experienced and stable staff and thus the attractiveness of the profession for men and women. For this reason, they propose that the Czech Republic introduce a mechanism for regular indexation of salary tariffs, including the provision of funds for such increases, as well as a mechanism for wage increases for employees in the private (wage) sector. In addition to adequate wage compensation (basic wages and salaries), they also see an increase in the attractiveness of the profession of long-term caregivers for both men and women through other wage and non-wage incentive payments (benefits) and various forms of benefits, in particular: extraordinary remuneration (13th salary), an increase in the amount of leave by one week per calendar year to regenerate the physical and mental strength of social service workers and social workers, an allowance for spa, medical and rehabilitation therapy for social service workers to regenerate their mental and physical strength, early retirement without reducing the amount of pension for the years of service in the social sphere, the availability of clinical supervision for employees according to their requirements and the employer's obligation to provide the specified number of hours. Therefore, they propose, as one of the tools to address the stabilization of staff in long-term care, the establishment of a working group at the highest level to stabilize staff in social services with the participation of tripartite partners.

Measures implemented or under preparation:

Increasing the attractiveness of the long-term care profession for both men and women by improving pay conditions

- *Objective of the measure:*

Increasing the attractiveness of the long-term care profession for both men and women by improving pay conditions

- *Type of measure (legislative, investment, methodological, action plan, etc.):*

Political decision

- *Specific target group of the measure (definition, focus and size):*

Workers in social services-approximately 86 thousand,

- *Results and impacts (expected or already achieved):*

Increase in the salary base for social service workers in the public sphere

- *Fulfilment time line:*

Prerequisite from 1. 9. 2025

- *Financial resources (national or EU):*

Public budgets (national)

- *Coordinator of measures and cooperation with relevant actors:*

Tripartite (government, trade unions, employers)

9. It is recommended that Member States establish clear procedures to identify informal care providers and support them in their care activities by:

a) facilitating cooperation with long-term care workers;

9.a.1 Definition of a caring person in the Social Services Act

In the amendment to Act No. 108/2006 Coll. on Social Services (in the Collection of Laws as of 19 June 2024), changes have been made to support informal carers. A key change is the definition of "caring person". The basic activities of social service provision newly include "assistance in ensuring safety and the possibility of remaining in a natural social environment". Basic social counselling provided in social services: personal assistance, care services, respite services and day care centres can also be provided to carers in the scope of activities providing support to carers and activities that consist in training the skills of carers to cope with caring for persons dependent on their help. These activities are considered core activities for the purposes of the funding of social services. The core social service activity of professional counselling (section 37(3)) has been added in section 37(4)(d), which consists of activities providing support to carers and activities that consist of training carers in skills for coping with caring for those dependent on their help.

9.a.2 Support for non-governmental non-profit organisations in the field of long-term care

In 2022, the Ministry of Health's subsidy programme "Health Promotion, Increasing the Efficiency and Quality of Healthcare" introduced a new priority "Coordination of care for people with chronic diseases, rare diseases or disabilities in the provision of long-term care services in the sense of comprehensive support in the field of health and social care through case management, support for the activities of health and social workers and support for awareness of people with chronic diseases, rare diseases, people with disabilities and their lay caregivers". In addition, this grant programme includes priorities aimed at supporting the work of qualified peer counsellors to improve the quality of life for people with mental illness through the involvement of peer counsellors in mental health. This grant programme is announced annually with a deadline for applications by the end of September. The support

granted is then implemented in the following year after the application has been approved by the programme's grant committee.

9.a.3 Swiss contribution

The Ministry of Health is developing a project connected to activities linked to the Concept of Home Care, which, in addition to measures to support the development of care for patients in their own social environment, will include measures aimed specifically at supporting the awareness and competences of informal carers by home care workers.

9.a.4 Working group on support for informal carers

A new working group has been established at the National Centre for Nursing and Non-Medical Health Professions, concentrating on the area of support for informal carers, with representatives not only from the Ministry of Health but also from the Ministry of Labour and Social Affairs. The working group is currently working to promote greater confidence among informal carers to be aware of social health support options when caring for a patient in their own social environment, through the production of a video which will provide a basic differentiation of the services available and their target groups. A leaflet will also be produced for GPs, hospitals and municipalities (social workers). The leaflet will contain general information for orientation in social services (types of help – where to go), contact details for carers' advisors, further information about support options at local authorities, a link to an information video and basic information about patient organisations.

The working group also plans to address the systemic support of informal carers through the establishment of a carers' advisor, who would have a defined territorial remit and would provide expert advice as well as substantive support and assistance.

b) providing support in accessing the necessary training, including occupational health and safety training, counselling, healthcare, psychological support and respite care, as well as support in balancing work and caring responsibilities;

9.b.1 Supporting informal carers through social services

In the amendment to Act No. 108/2006 Coll. on Social Services (in the Collection of Laws as of 19 June 2024), changes have been made to support informal carers. A key change is the definition of "caring person". The basic activities of social service provision newly include "assistance in ensuring safety and the possibility of remaining in a natural social environment". Basic social counselling provided in social services: personal assistance, care services, respite services and day care centres can also be provided to carers in the scope of activities providing support to carers and activities that consist in training the skills of carers to cope with caring for persons dependent on their help. These activities are considered core activities for the purposes of the funding of social services. The core social service activity of professional counselling (section 37(3)) has been added in section 37(4)(d), which consists of activities providing support to carers and activities that consist of training carers in skills for coping with caring for those dependent on their help.

9.b.2 Mapping barriers and obstacles to care among informal carers

Within the implementation of the project Support and improvement of the quality of services in the field of care and reconciliation of work and family life, the target group includes informal carers and support for informal caring men. The aim is to map obstacles and barriers to care, as well as positive examples from practice.
Since May of this year, a questionnaire survey "Caring in the Czech Republic" has been implemented, where the target group is the general population (3000 respondents) and also informal carers, of whom there are around 700 in the final sample of the research. Outputs are planned for October 2024.
The research is a longitudinal follow-up to the 2018 survey, which was also carried out by the MoLSA with the aim of comparing some areas within 6 years and also the pre-Covid situation, including mapping the mental health field, new support options, etc.
At the same time, a tab on the website of the Ministry of Labour and Social Affairs is being prepared called "I care for a loved one", with information for informal carers. In addition, recommendations for the state and public administration will be written in cooperation with experts and a conference on care with international participation is planned for 2025.
This project also includes a working group – an expert platform, where representatives of the Ministry of Labour and Social Affairs, the non-profit sector, and social service providers act as consultants and advisors for individual activities and can discuss some of the outcomes together.

Describe how you would welcome help and support from the European Union. At the same time, please indicate, if relevant, where you could and would like to be involved from the Member State level (possibilities for cooperation between Member States, description of an example of good practice from the Czech Republic, etc.).

It is important to raise the profile of informal carers and their work, they need social recognition. A joint European and national campaign would be beneficial.
We can be involved in sharing good practice, problem solving, legislative comparisons and ways of support and funding, campaigning to support informal, comparison strategies, volunteer involvement and peer programmes. Another theme is supporting men in caring. The use of shared care: barriers and support, community care and support.
The topic we would also like to address is *young carers*, which is also being addressed at European level and there is room for cooperation.

9.b.3. Psychological support for health professionals

The Ministry of Health provides support to health professionals and actively supports the management of psychologically stressful situations affecting health professionals in the context of their profession through measures. The support is based on the Methodological Recommendation for the Provision of Psychosocial Support in Healthcare.

The main objective of the methodological recommendation is to guide health service providers to create a network of trained psychosocial support providers across the health sector and their subsequent involvement in practice. It is primarily about offering and

providing such support to health professionals who have been confronted with professional situations of a psychologically overstressful nature, of which there are a considerable number in practice.

Activities related to the provision of psychosocial support are implemented through the Psychosocial Intervention Service System (SPIS), which is aimed at providing initial psychological and psychosocial support in the Ministry of Health.

Support is not only provided through the Healthcare Peer Support Line, but also through group meetings and support for the whole team or individual peer support, i.e. peer support from one healthcare professional to another.

Full and detailed information on SPIS activities, including the number of health workers treated, the use of telephone lines, the number of trained persons (by region), can be found at the website of the Ministry of Health.

The system of psychosocial intervention services (hereinafter SPIS) is provided through the National Centre for Nursing and Non-Medical Health Professions, a state-funded organisation under the direct competence of the Ministry of Health of the Czech Republic, in the areas of coordination, organisation and education.

SPIS offers and provides psychosocial support in the health sector and includes two main strands of these activities:

- Collegial support for health professionals through peers and SPIS psychologists,
- through the work of SPIS interveners and psychologists, psychological first aid for close patients.

Peer support is one of the measures available in the mental health care of health professionals. It is available to staff in the framework of the ministry in the event of an acute psychological overload event, as well as in the event of long-term, chronic stress on the healthcare worker's psyche. Peer support guarantees user confidentiality, secrecy, excellent time reach and flexibility. It is possible to use not only medical peers in one's own organisation, i.e. with the benefit of mutual acquaintance and naturalness of contact, but also the services of any trained peer colleague within the Czech Republic, especially when greater confidentiality is needed. In case of a request for complete anonymity or immediate support, there is a completely anonymous crisis line for health professionals, which is also provided by SPIS.

The second option for SPIS support is psychological first aid, which is provided to people affected by an acute stress reaction. This support is provided by trained health professionals, known as health interventionists or psychologists. By caring for psychologically affected persons – patients' relatives or survivors, sometimes even the patients themselves, they make the work of the attending staff easier. It allows them to concentrate on their professional medical tasks, while the acutely mentally affected are cared for by a medical interventionist. His or her task is to accompany those affected who show significant symptoms of acute stress reaction, in their most difficult moments, usually in the first hours after the event. In many cases, this support takes place in collaboration with clinical

psychologists or continues with their follow-up professional care. SPIS also provides a completely anonymous crisis line for patients' loved ones. In 2023, the Ministry of Health allocated a total of CZK 2,563,121.73 to cover the costs of SPIS activities, including the operation of crisis lines.

c) providing access to social protection or adequate financial support, while ensuring that such support measures do not discourage participation in the labour market.

9.c.1. Participation of carers in pension insurance without having to pay pension insurance premiums and assessment of the period of caring for persons dependent on the assistance of another natural person for the carer's entitlement to a pension and the amount of the pension.

Basic pension insurance in the Czech Republic counts on persons who personally care for those dependent on the help of another natural person. These carers are covered by pension insurance without paying pension contributions. Specifically, persons caring for a child under the age of ten who is dependent on the help of another person in level I (mild dependency) or a person who is dependent on the help of another person in level II (moderate dependency) or level III (severe dependency) or level IV (total dependency). The period of care, the duration and extent of which has been decided by the competent social security authority, is then fully assessed for the purposes of pension entitlement and the amount of pension, in the same way as the period of employment. As this is usually a period during which the carer has no or limited income due to caring, it is an excluded period which is not included in the period for determining the insured person's average monthly income so as not to reduce this average. In addition, in cases of long-term care (lasting 15 years or more), the calculation of the pension is based on the notion that the income of the carer was the care allowance paid to the cared-for person, so that two comparative calculations are made – one using the period of care as the excluded period, the other using the care allowance as notional income, and applying whichever calculation is more favourable to the carer.

Challenges:

Although carers enjoy high pension protection, their pensions may be low compared to those of non-carers, especially if they have been caring for many years and the person they have cared for dies when the carer is pre-retirement and has difficulty entering the labour market.

Proposed changes:

Therefore, it is proposed that caregivers be given a notional assessment base of 100% of the national average wage (care for dependants in dependency level III or IV) or 50% of the national average wage (care for a child under 10 years of age in dependency level I or a person in dependency level II). This is a much higher amount than the care allowance paid to the person being cared for. This amount will also be applied in cases where the total duration of care does not exceed 15 years. If the carer was also earning an income at the time, their actual earnings are added to the notional earnings. In addition, a comparative calculation

shall be made, excluding the period of care from the reference period, and the calculation which is more favourable to the person concerned shall be used. The calculation with an excluded period is more advantageous in a situation where the average monthly income before or after the start of care is higher than the national average wage.

Measures implemented or under preparation:

Improving the financial security of carers through pensions

- *Objective of the measure:*

Improving the financial security of carers through pensions

- *Type of measure (legislative, investment, methodological, action plan, etc.):*

Legislative – this is a draft amendment to the Pension Insurance Act.

- *Specific target group of the measure (definition, focus and size):*

The target group is short-, medium- or long-term carers, as defined above, who reach retirement age or become disabled.

- *Results and impacts (expected or already achieved):*

The expected benefit is more dignified financial security for carers when they retire or become disabled and draw a disability pension.

- *Fulfilment time line:*

The measure is proposed to take effect from 1. 1. 2027.

- *Financial resources (national or EU):*

National – state budget.

- *Coordinator of measures and cooperation with relevant actors:*

The amendment is proposed by the Government of the Czech Republic, it is prepared by the Ministry of Labour and Social Affairs and will be implemented by Czech pension insurance providers, i.e. the Czech Social Security Administration, the Ministry of Defence and the Ministry of the Interior.

- *Evaluation:*

The proposal has not yet been approved and therefore not implemented and cannot be evaluated

- *Links to other measures:*

The measure builds on and complements the existing legislation in the Pension Insurance Act.

9.c.2 Informal carers' access to social protection

Informal carers have access to social protection. "Indirectly", informal carers are protected by a non-insurance social benefit – care allowance. Care allowance is paid to people who are dependent on the help of another person (i.e. it is not the carer's entitlement). The state contributes to the provision of social services or other forms of assistance in coping with the basic needs of life. A person over the age of one who, due to a long-term adverse health condition, needs help from another person to cope with the basic needs of life to a certain extent (see below) is entitled to the allowance if this help is provided by one of the types of formal or informal carers listed in the Social Services Act.

A person under 18 years of age is considered to be dependent on the assistance of another natural person in

a) level I (mild dependency) if, because of a long-term adverse health condition, he or she is unable to manage the three basic needs of life,
b) level II (moderate dependency) if, due to a long-term adverse health condition, he or she is unable to manage four or five basic needs of life,
c) level III (severe dependency) if, due to a long-term adverse health condition, he or she is unable to manage six or seven basic needs of life,
d) level IV (total dependency) if, due to a long-term adverse health condition, he or she is unable to manage eight or nine basic needs of life,

and requires daily emergency care from another person.

A person over 18 years of age is considered to be dependent on the assistance of another natural person in

a) level I (mild dependency) if, due to a long-term adverse health condition, he or she is unable to manage three or four basic needs of life,
b) level II (moderate dependency) if, due to a long-term adverse health condition, he or she is unable to manage five or six basic needs of life,
c) level III (severe dependency) if, due to a long-term adverse health condition, he or she is unable to manage seven or eight basic needs of life,
d) level IV (total dependency) if, due to a long-term adverse health condition, he or she is unable to manage nine or ten basic needs of life,

and requires daily help, supervision or care from another person.

In assessing the level of dependency, the ability to manage the basic needs of life is assessed: mobility, orientation, communication, eating, dressing and putting on shoes, physical hygiene, performance of physiological needs, healthcare, personal activities and household care (the basic need of household care is not assessed for people under 18 years of age). In assessing the ability to manage the basic needs of life, the functional impact of the long-term adverse health condition on the ability to manage the basic needs of life shall be assessed; assistance, supervision or care not resulting from the functional impact of the long-term adverse health condition shall not be taken into account. In order for the level of dependency to be recognised in the relevant basic need of life, there must be a causal link between the impairment of functional ability due to the adverse health condition and the loss of the ability to manage the basic need of life to an acceptable standard. Functional abilities are assessed with the use of the person's retained potentials and competencies and the use of commonly available aids, appliances, items of daily use or equipment in the home, public areas or with the use of a medical device. A more detailed definition of the abilities to

cope with the basic needs of life and the method of their assessment is set out in the implementing decree to the Social Services Act.

Monthly amount of the care allowance (from July 2024)

- for persons under 18 years of age
  - CZK 3 300, in the case of level I
  - CZK 7 400, in the case of level II
  - CZK 16 100, in the case of level III
  - CZK 23,000 if the level of dependency of the person is IV and he/she is assisted by a provider of selected residential services
  - CZK 27,000 if the level of dependency is IV in other cases.
- for persons over 18 years of age
  - CZK 880, in the case of level I
  - CZK 4 900, in the case of level II,
  - CZK 14 800, in the case of level III
  - CZK 23,000 if the level of dependency of the person is IV and he/she is assisted by a provider of selected residential services
  - CZK 27,000 if the level of dependency is IV in other cases.

The above-mentioned amounts of the care allowance are increased by CZK 2 000 per calendar month for families with a dependent child up to 18 years of age who is entitled to the care allowance or with a parent entitled to the care allowance who is caring for a dependent child up to 18 years of age. The condition is that the family income is up to 2 times the minimum subsistence level. The increase is not available in certain cases, e.g. if the child receives foster care benefits.

Informal carers have access to all non-insurance social benefits. If the carer and the cared-for person form a circle of jointly assessed persons, the funds received from the recipient of the allowance for the assistance provided are not considered income for the purposes of other non-insurance social benefits. For people whose income is not jointly assessed for the purposes of a particular non-insurance benefit (they are not jointly assessed), the funds received for the assistance are counted. Informal carers generally have specific protections in the area of non-insurance benefits (some requirements are not imposed on them, e.g. the requirement to try to increase their income through their own work if it is a condition of entitlement to a particular benefit).

The design of the care allowance does not discourage the participation of carers in the labour market, nor does it discourage the sharing (division) of care between formal and informal carers. The limiting factor may be the amount of this benefit and the supply of formal care.

<u>Challenges:</u>

Adequacy of the amounts of the care allowance
From July 2024, there will be an increase in the amounts of care allowance for certain levels of dependency. In the case of people in dependency level IV, the amount of the care allowance will also be affected by the way care is provided (a higher amount is paid to people

in a home environment). A long-standing challenge is whether to prioritise people at higher levels of dependency (with higher needs for help, support and care) over those at lower levels of dependency in terms of the amount of the care allowance. The amount of the care allowance for adults in dependency level I (CZK 880) does not correspond to the fact that the person is unable to manage three or four basic needs of life (i.e. about 1/3). The difference between the amount of CZK 880 (three or four basic needs of life unmanaged) and CZK 23 000 or CZK 27 000 (nine or ten basic needs of life unmanaged) is enormous and difficult to justify to many members of the lay or professional public. The differentiation of the amounts of the care allowance according to the way care is provided has its supporters and opponents, as reasons can be found for and against this arrangement (given the existence of other policies). For these reasons (taking into account recent experience), it cannot be ruled out that the legislation will change in a relatively short period of time (the amount of the care allowance will no longer be affected by the way care is provided).

Method of assessing the level of dependency and the length of the proceedings

The time between the application for care allowance and the decision on the case is long in terms of the needs of the dependants (and possibly also in terms of the carers). Some steps leading to its shortening have already been implemented or are being implemented within the framework of the transfer of some agendas from the Labour Office of the Czech Republic to the Czech Social Security Administration (territorial social security administrations). Dependency is assessed by medical examiners and specialist non-medical health professionals. They are based on the "medical" documentation of the person being assessed and on the record of the social investigation carried out by the social worker. When conducting a social inquiry, the social worker determines the person's ability to live independently in a natural social environment. His or her view may therefore be somewhat different from that of the medical examiner. A major challenge is to modify the criteria for health assessments in order to streamline and speed up the assessment process.

<u>Challenges:</u>

Adequacy of the amounts of the care allowance

From July 2024, there will be an increase in the amounts of care allowance for certain levels of dependency. In the case of people in dependency level IV, the amount of the care allowance will also be affected by the way care is provided (Simplified: a higher amount is due to people in a home environment). A long-term challenge is the adequacy of the amounts of the care allowance over time and whether, in terms of the amount of the care allowance, priority should be given to people in higher levels of dependency (with higher needs for help, support and care) over those in lower levels of dependency. The amount of the care allowance for adults in dependency level I (CZK 880) does not correspond to the fact that the person is unable to manage three or four basic needs of life (i.e. about 1/3). The difference between the amount of CZK 880 (three or four basic needs of life unmanaged) and CZK 23 000 or CZK 27 000 (nine or ten basic needs of life unmanaged) is enormous and, from the point of view of many representatives of the lay or professional public, difficult to justify. The differentiation of the amounts of the care allowance according to the way care is provided has its supporters and opponents, as reasons can be found for and against this

arrangement (given the existence of other policies). For these reasons (taking into account recent experience), it cannot be ruled out that the legislation will change in a relatively short time (the amount of the care allowance will no longer be affected by the type of care provided).

Measures implemented or under preparation:

Measure no. 1:

Change of competence in the field of non-insurable social benefits conditional on long-term adverse health status (care allowance, mobility allowance, special aid allowance) and the disabled person's card

- *Objective of the measure:*

The Czech Social Security Administration carries out the agenda of insurance benefits, including the assessment of health status for the purposes of the insurance and non-insurance system. In relation to the recommendations, specific mention can be made of the issue of disability pensions and long-term care. The agenda of non-insurance social benefits is carried out by the Labour Office of the Czech Republic. The aim is that the agenda of benefits conditional on long-term adverse health conditions should be carried out by a single institution. The measures do not consist in a mere transfer of agendas, but also in the modification of certain processes and procedures (including digitisation), which respond to the challenge of "length of proceedings" and will lead to a more efficient and faster administrative procedure. Among other things, it takes into account the specific situation of people in an incurable state requiring palliative care, in the final stage of an incurable disease with an expected end of life. A person who submits a certificate of incurable status with their application for care allowance will be considered to be dependent on the assistance of another person in level III for 12 calendar months (no social investigation or health assessment will be carried out). The aim of the measure is to prevent situations where the length of the care allowance proceedings is so long that some claimants in an incurable state do not live to see the allowance awarded. This measure will have a positive impact on both incurables and informal carers, as the time taken to claim care allowance will be significantly reduced.

- *Type of measure:*

Legislative.

- *Specific target group of the measure (definition, focus and size):*

Claimants for non-insurance benefits conditional on long-term adverse health status (care allowance, mobility allowance, special assistance allowance) and the disability card, recipients of these benefits, holders of disability cards; by inference, informal carers. The conditions for entitlement to the care allowance have been described above. More than 360 000 people receive this benefit, most of them over 65 years of age. In 2023, approximately 142,000 assessments were issued for the purposes of care allowance. Mobility allowance is granted to persons over one year of age who are entitled to a disabled person's ZTP or ZTP/P card and who repeatedly travel or are transported for payment during a calendar month;

persons who use certain residential social services may be granted mobility allowance only if there are reasons worthy of special consideration. Around 260 000 people receive mobility allowance each month. With special assistance allowance, the State helps persons with selected long-term adverse health conditions to acquire certain products and works, which it designates for these purposes as special assistance (guide dog, motor vehicle, stair platform, special software, etc.). The annual number of benefits oscillates from about 5,200 to 7,000, with about 11,000 assessments issued for the purposes of the special assistance allowance in 2023. A person over the age of one who has a physical, sensory or mental impairment of a long-term adverse health condition that substantially limits their mobility or orientation is entitled to a disability card. Depending on the severity of the restriction, there are three types of cards: TP, ZTP and ZTP/P. Each type of card confers a different level of benefits, the number of which increases in proportion to the level of functional impairment. In 2022, there were approximately 423,300 cardholders, and in 2023, approximately 75,000 assessments were issued.

- *Results and impacts (expected or already achieved):*

Fulfilling the objectives.

- *Fulfilment time line:*

The legislative process is ongoing. Estimated effectiveness: 1 April 2025.

- *Financial resources:*

National.

- *Coordinator of measures and cooperation with relevant actors:*

The coordinator is the Ministry of Labour and Social Affairs and the institutions concerned (the Labour Office of the Czech Republic, the Czech Social Security Administration, including the Institute for Health Assessment). A number of consultations (Ministry of Health, organisations defending the interests of people with disabilities and/or carers, etc.) took place as part of regulatory impact assessment.

Evaluation:

A regulatory impact assessment has been carried out. An ex post evaluation of the impact of the regulation was proposed 3 years after the change came into force, with criteria for the evaluation of the shift of agendas/legislative measure defined.

Links to other measures:

This legislative measure (transfer of agendas and adjustment of processes and procedures, including digitisation) is linked to legislative and other measures in the field of other non-insurance social benefits (explicitly on the issue of the digitisation of management and process). These measures fall within the scope of the Recommendation only in a broader context, as they may affect people with long-term care needs or informal carers.

<u>Measure no. 2:</u>

Change in the way the level of dependency is assessed (need for help from another person to manage basic living needs).

- *Objective of the measure:*

To modernise the way in which the level of dependency is assessed and, as a result, to speed up the health assessment process. Respond to the lack of capacity of assessors etc. (see the call on "Dependency assessment method and length of proceedings" for more details).

- *Type of measure:*

Legislative.

- *Specific target group of the measure (definition, focus and size):*

Persons dependent on the help of others. It roughly corresponds in size and character to the recipients of the care allowance.

- *Results and impacts (expected or already achieved):*

The expected impacts coincide with the objectives.

- *Fulfilment time line:*

Not yet determined, not expected to take effect before 2026.

- *Financial resources (national or EU):*

National.

- *Coordinator of measures and cooperation with relevant actors:*

Coordinated by the Ministry of Labour and Social Affairs. Cooperation with the Ministry of Health, organisations defending the interests of persons with disabilities and/or informal carers, groups of social service providers (e.g. The Association of Social Service Providers) is being implemented and/or envisaged.

- *Evaluation*:

Work on regulatory impact assessments has begun, consultations and analytical work is ongoing. The possibility of adopting the German model of assessing the need for long-term care/dependency on the help of other persons and its acceptance by the professional and lay public is being explicitly evaluated. The Ministry of Labour and Social Affairs has established a working group for this purpose.

- *Links to other measures:*

It follows on from the measure "Change of competence in the field of non-insurance social benefits conditional on long-term adverse health status (care allowance, mobility allowance, special assistance allowance) and the disabled person's card".

GOVERNANCE, MONITORING AND REPORTING

The matters covered in this section are being addressed on an ongoing basis. Further details and information on the ongoing implementation of each action can be found in the text above.