



Project Title: ENhANCE: European curriculum for family and Community nurse

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Liguria Region's scaling-up experience about FCN in the framework of EIP on AHA Reference Sites Network



European Innovation
Partnership on Active
and Healthy Ageing



EIP ON AHA
REFERENCE SITE



SI4LIFE and ALISA WP7



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THE TARGETED SOCIAL IMPACT

The share of the population aged 65 YEARS AND OVER is increasing in every EU country. Taking care of frail older adults who live alone at home is a big challenge for every EU socio-sanitary system.

National health policies aim to prevent older adults access and permanence in hospitals, since "institutionalization" is expensive and no longer sustainable.

In this context, the targeted social impact we're going to present is to allow ageing people to stay independent as long as possible, enabling them to participate to the local community life and enhancing the quality of their lives

The WHO identifies Primary Health Care (PHC), i.e. a first-contact, accessible, continued, comprehensive and coordinated CARE, as an effective mean to target this social impact, since it provides a GATEWAY between the community and the health systems.

The modernization of health services across Europe through a new PHC model requires new roles and new ways of working by health care personnel.

In this framework, the **Family and Community Nurse (FCN)** has been identified by WHO as a KEY ACTOR in the new PHC model, shaping personalized services for the older adults and their families.

THE CONTEXT

In Liguria Region over-65 represent about the 28,4% of total population.



**Over-65
28,4% of total
population**

This demographic scenario makes Liguria an extraordinary TEST BED FOR INNOVATION in policies concerning the ageing population, at all levels.

The existing policies and interventions are already tailored on the ageing population, based on prevention and active and independent living.

Current law in Italy assigns to the concurrent competence of state and regions the matter "health protection".

National law defines the Essential Levels of Health Care (LEA) and provides a framework for the management of chronic diseases. The conference of

regions has just released in September 2020 some guidelines for FCN integration in the social-health care system.

At the regional level for Liguria region the reference framework is the regional Social Health Plan.

The FCN has been identified in the current Regional Health Plan as a key innovative figure, but the actual integration of this figure in the regional health system is connected with 2 main elements:

- the research activities carried out by Regione Liguria as partner in European Projects;
- and new PHC issues opened by the current pandemic emergency.

CONSENSO PROJECT AND “INNER AREAS” NATIONAL PROGRAM

The first step of Regione Liguria in a EU project about FCNs

was in 2016 with CONSENSO Project, an Interreg project funded under Alpine Space programme (<https://www.alpine-space.eu/projects/consenso/en/home>)

CONSENSO was aimed to develop and test an health & social care model centered on Family and Community Nurses.

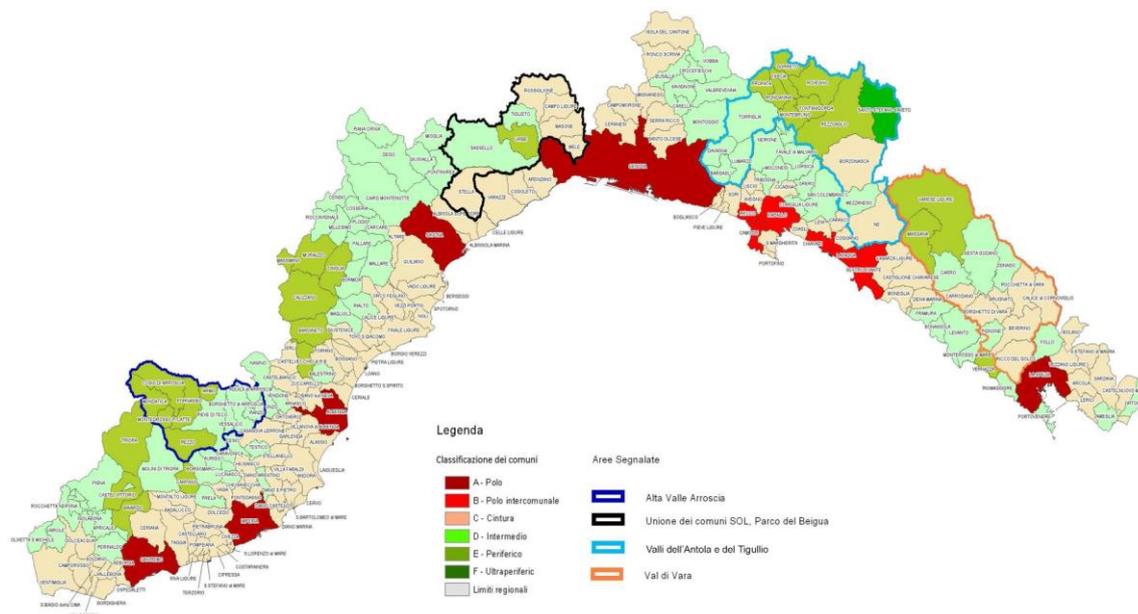
This new model has been tested in 5 pilot regions. Regione Liguria tested in Alta Val Trebbia, a mountain “inner” area where over-65 are about the 35% of population.

In the framework of the project 4 FCNs have been trained and then they managed ALL OF THE OVER-65 OF THE AREA with important results.

In 2019 the experimentation has been framed in the National Program targeting depopulation in “Inner Areas”. Regione Liguria has 4 Inner Areas in the Program.

Unfortunately, the integration of FCNs in inner areas has slowed down due to COVID emergency, but, at operating speed, the numbers of the implementation will be the ones depicted in this table.

INNER AREA	INHABITANTS	PLANNED FCNs
ALTA VAL TREBBIA	3.816	3
VALLE ARROSCIA	4.069	4
BEIGUA SOL	5.264	5
VAL DI VARA	4.925	5



ENhANCE PROJECT

In parallel with the last year of CONSENSO, in 2018, another project focused on FCNs started: ENhANCE.

Funded by the Erasmus Plus programme, ENhANCE aims to define a Professional Profile and a Curriculum for FCNs, which could play a reference role at EU level.

3 members of Regione Liguria Reference Site are partners of this project: ALISA (the Regional Health Agency), SI4LIFE and the University of Genoa

The flexible and “across the board” Curriculum has been tested in 3 countries (Italy, Greece and Finland).

The Italian pilot, consisted in a twelve-month Course at Master's level, awarding a Certificate in Family and Community Nursing officially recognized by UNIGE at EQF7.

44 FCN are going to take their certificate next December.

All of them will be integrated in the regional healthcare system by the next year.

ENhANCE results have been also taken as a reference point for the position statement about FCN delivered past summer by the National Federation of Nurses

THE LAST STEPS OF THE SCALING-UP EXPERIENCE

The last step of the scaling-up process has been fostered by the pandemic emergency.

As a matter of fact, on the base of the needs emerged with COVID emergency, in May 2020 the Italian Government issued the Decree Law n34 which empowers and reorganizes the welfare networks and formally introduces for the first time Family and Community Nurses as a key professional in social-health care services.

In summer 2020, Regione Liguria formally adopted the national law with a decree and identified in 8 FCN per (fifty thousand) 50.000 inhabitants the current need of the regional system.

FCNs will be integrated in the whole regional territory, scaling up the same approach adopted by CONSENSO in Alta Val Trebbia.

The 44 FCN trained in the framework of ENhANCE project will be employed under this new law and the Master Course organized by the University of Genoa will be repeated next year in order to provide the needed workforce.

CONCLUSIONS

The results of the described scaling up process still need to be evaluated at operating speed.

In addition this process can be even broadened both increasing the number of FCNs operating on the territory and extending the model to other Regions or countries.

In order to achieve the targeted societal impact we have anyway to tackle some challenges.

Most of them are rooted in the traditional “reactive” social-health care model centered on hospitals.

REACTIVE SOCIAL-HEALTH CARE	PROACTIVE SOCIAL-HEALTH CARE
Disease-centered	Patient-centered
Based on hospitals and specialized care centers	Based on General Practice and Primary Health Care
Focused on individuals and therapy	Focus on the community and on prevention
Guided by symptoms	Planned

An important switch to a proactive model is needed in order to set the ground for a Primary Health Care based on the pivotal role of FCNs

Other challenges are rooted in citizens attitude towards healthcare services: they are not used to a proactive approach where is the system who contact them. In this case, professionals' training, citizens education and formal and informal networks plays an important role as enablers.

COVID emergency has been an enabler, too, since it raised the need of a new approach to PHC. The challenge is to keep and formalize the new settings and policies once the emergency is ended.