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Framework for integrated community-based life-long health and care services in aged societies

Cadre de travail pour les services de santé et de soins communautaires à vie intégrés dans les sociétés âgées

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Contents

Page

Foreword

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International Workshop Agreement IWA 18 was approved at a workshop hosted by the British Dental Association (BDA), in association with the British Standards Institution (BSI), held in London, United Kingdom, in July 2015.

Introduction

This International Workshop Agreement defines principles, social issues and approaches related to aged societies in order to address the shortcomings in social infrastructure. The contents of this International Workshop Agreement, which are supported by the holistic framework of services (see Clause 4), need to be highlighted on a global platform in order to share knowledge. Countermeasures to cope with insufficiencies in social infrastructures to adapt to a global ageing society need to be addressed today.

According to projections based on the UN DESA report on *World Population Prospects*[3] by the year 2050, many countries are projected to become super-aged societies, with people aged 65 years or older exceeding more than one in five of the population.

NOTE The terms “ageing society” (where more than 7 % are 65 years or older) and “aged society” (where more than 14 % are 65 years or older) are derived from past UN population reports. The term “super-aged society” (where more than 21 % are 65 years or older) is an extension of these terms. It is used in the academia and government of Japan and is gradually spreading into use in international news arenas.

In addition, developing countries and regions with rapid economic growth will be subject to changes to their ageing population over the next few decades. A well-supported infrastructure of an aged society includes a comprehensive, holistic view covering diverse generations and their lifestyle, economic status, cultural backgrounds and much more. As life expectancy increases, governments, health care providers, service providers and the community need to adapt to enable members of the younger generation to maintain their health and active participation in society, and to support the desire for people to continue to live independently as they age. This International Workshop Agreement covers key concepts that support certain on-going social changes. It aims to promote further deliberations from service providers and standards bodies, among others, of these aspects that will not only address existing issues, but also help to prevent potential future problems.

This International Workshop Agreement recognizes the wide range of global efforts to define social infrastructure for aged societies and to offer consistent, personalized lifelong care. A common factor in academic research and national/international guidelines is the promotion of the individual as an equal partner in controlling his/her health care. This relates to all aspects of a person’s life, including planning, decision making and day-to-day living, leading to a user-centred approach. The following five key principles have been identified as the core elements for future investment:

a) human dignity;

b) productive ageing;

c) community-based services;

d) systemization with people at the centre;

e) pursuit of innovation for sustainability.

Guidance on these key principles is given in 3.1.

Consideration needs to be taken in delivering person-centred services. Care needs to be provided ethically and respectfully, with the flexibility to meet the needs of diverse generations. Both the individual and the wider society benefit because the individual experiences greater satisfaction with his/her care and the social infrastructure that supports health care delivery is made more cost-effective. The focus of this International Workshop Agreement is not to provide clinical guidance, but to encourage health care service providers to drive for a shift in thinking. Harmonizing the concepts and methodology internationally will streamline the market environment of providers and users of health and care services, and build the basis for fair competition and development of related industries.

Establishing a common goal for standardization activities will help to provide life-long support for aged societies in the most efficient and productive way, by addressing common challenges. There will be closer examination on where standards can be used to bring about change. There is an increase in

global awareness of the need for a sound social infrastructure to support ageing populations. There are already some established platforms for knowledge sharing, but more needs to be done to align the language used and to outline proven good practices that may influence new behaviour and practices.

This International Workshop Agreement aims to encourage:

— sharing of knowledge and best practices at global level, relating to a gradual increase over time of aged societies;

— minimizing repetition and duplication of efforts, through the development of common approaches to the challenges associated with societies that are not able to adapt to an increase in the older population;

— improved realization and understanding of aged societies for policy makers, providers and the general public;

— creation of innovative solutions, across multiple service sectors, that will allow people to remain within their communities and outside of institutionalized care, where possible and for as long as possible;

— economic benefits for governments and the general public, through the provision of better products, services and systems.

Supporting material to accompany this International Workshop Agreement is available at the following website: shop.bsigroup.com/iwa18.

Framework for integrated community-based life-long health and care services in aged societies

1 Scope

This International Workshop Agreement provides a framework for addressing challenges faced by societies that have been unable to adapt to an ageing population. It can also be used by stakeholders as a useful reference at regional or global level.

This International Workshop Agreement addresses health, care and social challenges (including health care needs, daily living tasks, well-being, combating isolation and keeping safe) to ensure that the needs of individuals continue to be met as they grow older. It also outlines principles related to ethics, community-based solutions, integration, person-centred solutions and innovation.

2 Terms and definitions

For the purposes of this document, the following terms and definitions apply.

2.1
community
group of people, often living in a defined geographical area, who exhibit some awareness of their identity as a group, and who share common needs and a commitment to meeting them

[SOURCE: WHO Ageing and Health Technical Report, Vol.5[4], modified]

2.2
community-based services
community-based care
blend of health and social services provided to an individual or family in his/her place of residence for the purpose of promoting, maintaining or restoring health, minimizing the effects of illness and disability on his/her normal lifestyle

Note 1 to entry: The term “community-based programmes” is also used.

[SOURCE: ISO/TR 14639-2:2014, 2.12, modified]

2.3
dignity
right of individuals to be treated with respect as persons in their own right

[SOURCE: WHO Ageing and Health Technical Report, Vol.5[4]]

2.4
functional ability
health-related attributes that enable people to be and to do what they have reason to value

Note 1 to entry: It is made up of the intrinsic capacity of the individual, relevant environmental characteristics and the interactions between the individual and these characteristics.

[SOURCE: WHO World Report on Ageing and Health[5]]

2.5
environments
combination of factors at all levels of services in the extrinsic world that form the context of an individual’s life, including the built environment, people and their relationships, attitudes and values, health and social policies, the systems that support them and the services that they implement

[SOURCE: WHO World Report on Ageing and Health[5], modified]

2.6
health
state of complete physical, mental and social well-being and not merely the absence of disease or infirmity

Note 1 to entry: Health has many dimensions (anatomical, physiological and mental) and is largely culturally defined.

[SOURCE: WHO Ageing and Health Technical Report, Vol.5[4]]

2.7
health promotion
combination of health education and related organizational, political and economic interventions designed to facilitate behavioural and environmental adaptations that will improve or protect health

[SOURCE: WHO Ageing and Health Technical Report, Vol.5[4]]

2.8
health system
people, institutions and resources, arranged together in accordance with established policies, to improve the health of the population, while responding to people's legitimate expectations and protecting them against the cost of ill-health through a variety of activities, the primary intent of which is to improve health

Note 1 to entry: Health systems fulfil three main functions: health care delivery, fair treatment of all and meeting non-health expectations of the population. These functions are performed in the pursuit of three goals: health, responsiveness and fair financing.

Note 2 to entry: A health system is usually organized at various levels, starting at the community level or the primary level of health care and proceeding through the intermediate (district, regional or provincial) to the government level.

[SOURCE: WHO Ageing and Health Technical Report, Vol.5[4], modified]

2.9
healthy ageing
process of developing and maintaining the functional ability that enables well-being in older age

[SOURCE: WHO World Report on Ageing and Health[5]]

2.10
independence
ability to perform an activity with no or little help from others, including having control over any assistance required rather than the physical capacity to do everything oneself

[SOURCE: WHO Ageing and Health Technical Report, Vol.5[4]]

2.11
independent living
living at home without the need for continuous help and with a degree of self-determination or control over one's activities

[SOURCE: WHO Ageing and Health Technical Report, Vol.5[4]]

2.12
integrated care
integrated care services
methods and strategies for linking and coordinating the various aspects of care delivered by different care systems, such as the work of general practitioners, primary and specialty care, preventive and curative services, and acute and long-term care, as well as physical and mental health services and social care, to meet the multiple needs of an individual client or category of persons with similar needs

Note 1 to entry: In this International Workshop Agreement, the scope of integrated care services includes independence support care services as well as the interface with (but not the inclusion of) medical care. It also includes independence support care services in the community after medical (curative) care has been delivered by professionals.

[SOURCE: WHO Ageing and Health Technical Report, Vol.5[4]]

2.13
integrated health services
continuum of services that are managed and delivered at different levels and sites within the health system

Note 1 to entry: Care is provided according to the needs of the individual throughout the course of his/her life

Note 2 to entry: In this International Workshop Agreement, the scope of integrated health services includes health promotion services as well as the interface with medical services, but does not include medical (preventive and curative) services provided by professionals.

[SOURCE: WHO Ageing and Health Technical Report, Vol.5[4], modified]

2.14
integration
coherent set of methods and models, on the funding, administrative, organizational, service delivery and clinical levels, designed to create connectivity, alignment and collaboration within the health sector

[SOURCE: WHO Ageing and Health Technical Report, Vol.5[4]]

2.15
intrinsic capacity
composite of all the physical and mental capacities of an individual

[SOURCE: WHO World Report on Ageing and Health[5], modified]

2.16
lifestyle
set of habits and customs, influenced, modified, encouraged or constrained by the lifelong process of socialization, that carry health implications

[SOURCE: WHO Ageing and Health Technical Report, Vol.5[4], modified]

2.17
long-term care
range of health care, personal care and social services provided to individuals who, due to frailty or level of physical or intellectual disability, are no longer able to live independently

[SOURCE: WHO Ageing and Health Technical Report, Vol.5[4], modified]

2.18
personal care
assistance with functions and activities normally associated with body hygiene, nutrition, elimination, rest and walking, which enables an individual to live at home or in the community

[SOURCE: WHO Ageing and Health Technical Report, Vol.5[4], modified]

2.19
prevention
action aimed at promoting, preserving and restoring health when it is impaired and to minimize suffering and distress

[SOURCE: WHO Ageing and Health Technical Report, Vol.5[4], modified]

2.20
programme
organized collection of activities directed towards the attainment of defined objectives and targets which are progressively more specific than the goals to which they contribute

[SOURCE: WHO Ageing and Health Technical Report, Vol.5[4], modified]

2.21
provider
organization that provides a product or a service

EXAMPLE Producer, distributor, retailer or vendor of a product or a service.

Note 1 to entry: A provider can be internal or external to the organization.

Note 2 to entry: In a contractual situation, a provider is sometimes called “contractor”.

[SOURCE: ISO 9000:2015, 3.2.5]

2.22
quality of life
product of the balance between social, health, economic and environmental conditions which affect human and social development

Note 1 to entry: It is a broad-ranging concept, incorporating a person’s physical health, psychological state, level of independence, social relationships, personal beliefs and relationship to salient features in the environment.

[SOURCE: WHO Ageing and Health Technical Report, Vol.5[4], modified]

2.23
system
network of interdependent components that work together to attain the goals of the complex whole

[SOURCE: WHO Ageing and Health Technical Report, Vol.5[4]]

2.24
systemization
school of thought evolving from earlier systems analysis theory and advocating that virtually all outcomes are the result of systems rather than individuals

Note 1 to entry: It is characterized by attempts to improve the quality and/or efficiency of a process through improvements to the system.

Note 2 to entry: The term “systems approach” is also used.

[SOURCE: WHO Ageing and Health Technical Report, Vol.5[4], modified]

2.25
well-being
dynamic state of physical, mental and social wellness

Note 1 to entry: It is a way of life which equips the individual to realize the full potential of his/her capabilities and to overcome and compensate for weaknesses, and which recognizes the importance of nutrition, physical fitness, stress reduction and self-responsibility

Note 2 to entry: Well-being is viewed as the result of four key factors over which an individual has varying degrees of control: human biology, social and physical environment, health care organization (system) and lifestyle.

[SOURCE: WHO Ageing and Health Technical Report, Vol.5[4], modified]

3 Principles and social issues

3.1 Principles

3.1.1 General

Subclauses 3.1.2 to 3.1.6 provide guidance on five principles of solutions to health, care and social challenges related to aged society.

In order to establish aged societies where people are able to stay healthy and active for as long as possible and to continue to live in their communities with peace of mind and dignity, even when they become frail, multiple stakeholders of our society (states, local governments, non-profit organizations, enterprises and individuals) should adhere to the five principles described in 3.1.2 to 3.1.6.

3.1.2 Human dignity

Principle: Multiple stakeholders should hold firmly the principle of respect for human dignity throughout a person's life.

Dignity, the core value of human rights, is supported by an individual's independence and positive relationship with society. Although it is often overlooked due to the physical and mental changes that accompany ageing, the respect for dignity should be upheld throughout people's lives.

3.1.3 Productive ageing

Principle: Multiple stakeholders should adapt a productive ageing approach as the basis of their relevant activities.

All individuals should be enabled to pursue a healthy life for as long as possible, as well as the opportunities to work and to participate in social activities. At the same time, they should be able to endeavour to maintain productive relationships with the people around them regardless of frailty, while those people should also help to provide opportunities for them to continue to be productive.

3.1.4 Community-based services

Principle: Support and services such as health care, long-term care, preventive actions and support for activities of daily life, all of which are necessary for people to be able to fully experience productive ageing, should be rooted in communities to secure user accessibility and to enhance provider responsibility and coherence.

Support and services of this kind are meaningless unless they are easily accessible in daily life. Providers of the support and services should pursue active engagement with their stakeholders in communities.

3.1.5 Systemization with people at the centre

Principle: The support and services mentioned above should be person-centred and systemized so that they can be provided efficiently in a seamless and flexible manner in the community, with users of such services being at the centre of the system. Support and services should be flexible and adaptable to the varying needs during a person's life.

Support and services should not be provided in an uncoordinated and inflexible manner divided into speciality silos.

3.1.6 Pursuit of innovation for sustainability

Principle: Individual parts of systems and entire systems of support and services (mentioned previously) should both be improved by the pursuit of innovation based on evidence, including those from the salutogenic approach.

NOTE The salutogenic approach, introduced by Aaron Antonovsky, sees health as a movement in a continuum between total ill health and total health. It puts more importance on people's resources and capacity to create health than the classic focus on risks, ill health and disease. It focuses on the ability or "sense of coherence", composed of the elements of comprehension, manageability and meaningfulness, enabling the use of resources available to solve the problem. See Reference [6].

Health and care services and their systems should be continuously innovated to be more efficient and of better quality at all times in a sustainable manner, supported by new technology and scientific knowledge, as well as by social innovation, including behavioural changes not only of the aged but also of the younger generation.

3.2 Social issues

3.2.1 General

Subclauses 3.2.2 and 3.2.3 outline some of the aspirations for aged societies in the future. They also cover some of the challenges and barriers to meeting these aspirations that have been identified. They are based on research undertaken with carers, nurses and members of the general public in the UK during 2014, as part of a framework for standards to support innovation in long-term care (see Reference [7]).

3.2.2 Future provisions for aged societies

3.2.2.1 Common principles

This subclause outlines some of the aspirations for aged societies in the future.

There are common values for provision of products and services to aged societies, which are focused on providing health and social care needs in the home. Care and support should:

— be tailored to meet the realistic wishes of the recipient;

— be arranged in a timely manner;

— be provided in the home (where desired and if possible);

— provide flexibility over timings for receiving care services;

— be well coordinated by someone who knows the recipient and understands his/her needs;

— be delivered by a team that is trusted by the recipient.

Specific requirements for aged societies tend to increase as a person's physical and/or mental health declines. Keeping physically active and avoiding loneliness are fundamental aspects to ensuring well-being. Communities are an invaluable source of support as the health and care needs of an individual change. People need to be able to access medical and lifestyle services easily to ensure a continued positive outlook on life. As personal care requirements increase, the focus often moves towards accomplishing routine day-to-day living tasks in the home. With cognitive impairments, planning financial and personal security becomes a greater priority, along with the ever-changing contexts and technologies surrounding financial transactions and economic changes.

Changes in physical and/or mental capabilities are often predicted by key milestones that result in greater challenges, such as restrictions on mobility, memory loss or the death of a partner. An increase in single people (as opposed to couples) or single parent families may encourage greater independence

