



Editorial

# On the possibilities and limitations of integrated health and social care

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Integrated health and social care can be defined as a comprehensive system of support, assistance, and care for people with complex needs, including monitoring, planning, implementing, coordinating, and assessing the needs of patients/clients with reduced self-sufficiency. Integrated health and social care include personal care (fulfilling the life needs of the client/patient), usually social, nursing, palliative, and other health care services.

The conditions for implementing integrated health and social care include the systemic connection of disparate, isolated health and social care segments regarding functional legislation, funding, and personnel capacities. The prerequisite for integrated health and social care work is an orientation towards multi-professional interdisciplinary teams with a clearly defined and anchored position of the integrated health and social care coordinator.

The EU has not established an ideal comprehensive integrated health and social care system (IHSC). In various countries, IHSC models are implemented based on the historical conditions of social and healthcare development and health and social policy setting, including insurance systems.

The current situation in the Czech Republic does not correspond to social development, the ageing population, or the increase of people with chronic diseases or disabilities (IHSC clients) who have social along with medical needs and cannot move from one system to another. This issue includes the entire age spectrum, but the senior generation represents a significant part of the population requiring integrated health, social support, and care. Health and social care are provided to IHSC clients by different providers with different types of service financing, and its uniform definition is very problematic. In the current system, health and social care is provided to an insufficient extent and with different regional availability. Its complexity is limited by different rules and conditions depending on the health or social-oriented services. A fundamental obstacle to setting up the IHSC system in the Czech Republic is the absence of political will to transform health insurance into a system combining health and social care insurance.

The IHSC system of care is qualitatively different from the existing separate health and social care system in the Czech Republic. The so-called health-social border in the Czech Re-

public is characterised by legislative fragmentation between disparate departmental laws. This fragmentation results from a lack of functional communication between the health and social care systems, mutual, and informed planning (interventions, finances, personnel capacities, etc.), and monitoring and coordination. A typical example is the situation where field care (social) and nursing (health) services, whose workers often go to the clients' homes, do not coordinate their activities and are separate entities that do not communicate with each other.

The Czech Republic lacks a personnel element, i.e., municipal and regional teams, competent to communicate, process, and link information across various health-social and related areas in the current conditions of fragmented care. In cooperation with other experts and clients of the IHSC, the coordination team would create documents for planning the development of health and social services in the relevant region or municipality. The issue of comprehensive planning and coordination of health and social services has not yet been resolved in the Czech Republic. The position of a municipal care coordinator is possible.

A relevant consideration is leveraging the potential of the existing regulated profession of health and social workers, whose qualifications are defined by the current Act on Non-Medical Health Professions. A health and social worker (in the position of "health worker" under the Ministry of Health of the Czech Republic) having a bachelor's degree enables the performance of another regulated profession – "social worker" (under the Ministry of Labour and Social Affairs of the Czech Republic). With this degree, the health and social worker acquires equivalent insight, knowledge, skills, and equivalent competencies for the performance of both professions in both departments and is a naturally qualified coordinating personnel element of the integrated health and social care system across the two separate departments.

There is a well-known saying, *Historia magistra vitae, repetitio mater studiorum* (History is the teacher of life, repetition is the mother of wisdom). We can then ask – if the Ministries of Health and Social Affairs for several years after 1948 were combined into an overarching and coordinating Ministry of Health and Social Care, isn't it time for a historic and perhaps wise change?

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