



## The Improving INtegrated people-centred healthCAre Solutions

### Joint Statement

### Recommendations for Policy Action

18 June 2019

#### Preamble

Approximately half the world's population lacks access to essential health care (ILO Report). Longer lifespans and the growing burden of long-term chronic conditions requiring complex interventions over many years are also changing the demands on health systems.

Integrated people-centered health services mean putting the comprehensive needs of people and communities, not the diseases, at the center of health systems and empowering people to have a more active role in their own health.

In the report "WHO global strategy on people-centered and integrated health services" the WHO identifies five interconnected strategic directions (empowering & engaging people; strengthening governance & accountability; reorienting the model of care; coordinating services; creating enabling environment), whose assumption is that the implementation of people-centered and integrated health services can generate significant benefits in all countries, whether low, middle or high- income. Moreover, the epidemiological transformations have been changing health needs with a prevalence of chronic diseases, that require a comprehensive approach embedding prevention, health promotion and an integration of services that is horizontal (between social and health services) and vertical (between levels of care). This urges the implementation of a change in

the management of the services, including their reorganization as well as the set-up of innovative approaches undertaken within the local communities/population by professionals with specialized, multidisciplinary skills and competences. In this context, the B3 Action Group of EIP-AHA is pioneering the identification and scale-up of citizen centered, validated good practices for integrated care services. Complementary to B3, A3 Action Group on “Lifespan Health Promotion & Prevention of age-related frailty and disease” is scaling up the good practices aimed at preventing frailty in older adults, as well as chronic diseases with life-course, innovative approaches that include patient empowerment and multi-stakeholders’ collaborations focused in the community settings.

In Italy, for instance, in order to give an answer to the above-mentioned challenges, in the framework of ProMIS – Programma Mattone Internazionale Salute Programme a dedicated subgroup of Italian Regions activated a specific group on integrated care services. Moreover, this subgroup shared to act in line with the “National Chronicity Plan (NCP – 2016)” which underlines the importance of: a) the integration between primary and specialised levels of care, hospital and territorial services; b) the activation of multidisciplinary networks and horizontally integrated social-health models, coordinated with coherent disease prevention and health promotion strategies of the “National Plan for Prevention” (PNP).

## Recommendations for Policy Action

- 1. Promote the exchange of good practices and tools that can impact at national/European level, focusing on the implementation of change management for the scale-up of innovative, integrated services**

**Our commitments:** map of European projects related to the topic, disseminate results through ProMIS communication channels (web channels, newsletter, thematic events etc.), foster collaborative approaches to the scale up of innovative practices.

Set up a database to collect European Projects funded in the framework of Interreg, public health and Horizon 2020 Programmes **(1)** to better identify existing/under construction tools/deliverables (particularly ICT) **(2)** and effectively promote it to all European Regions **(3)**.

## (1) Under construction

Project title	PROGRAM 2014-2020	Theme	Leader	Abstract	Website Link
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(on line link)

## (2) Under construction

Tool title	Typology	Description	Tool Link
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(on line link)

We call on the European Commission to:

- Reinforce the dialogue among DGs SANTE, REGION and CONNECT in the pursuit of “health in all policies”
- Combining funds from multiple sources (Direct and Indirect)

We call on Member States to:

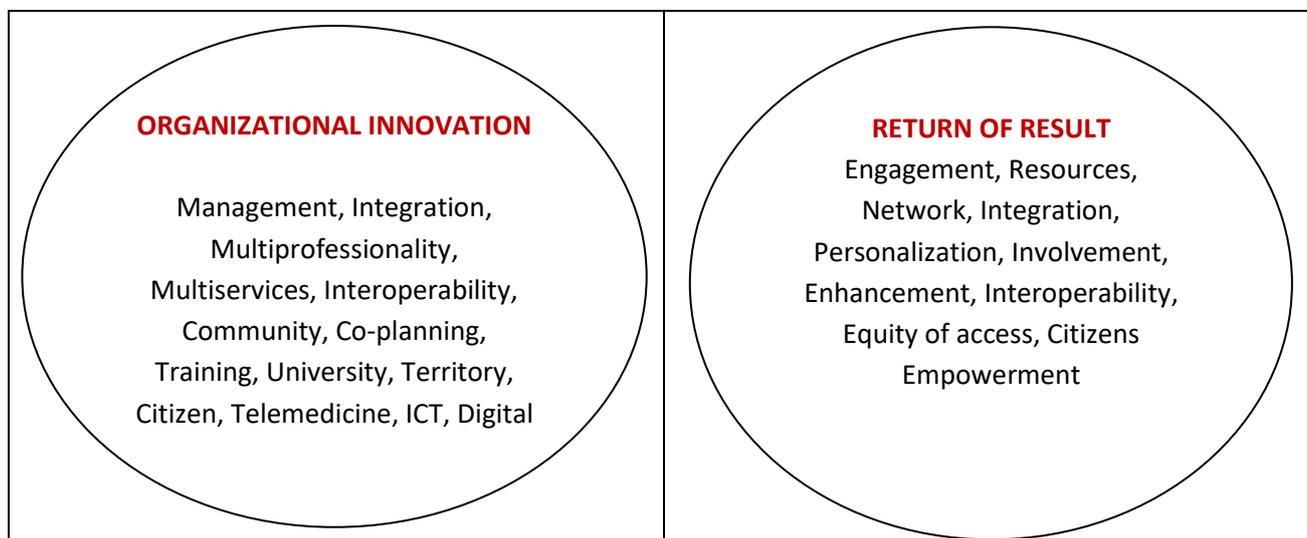
- Participate to European projects as advisor in order to guarantee a concrete impact at national level as well as to increase the effectiveness on direct and indirect beneficiaries
- Support local and regional authorities in sharing ICT tools to improve integration, quality and sustainability of the services at organizational/management and citizen level
- Reinforce the empowerment of health professionals on soft and digital skills through training national plans

## 2. Locate a single keyword to process shared tools to work within organizational innovation

**Our commitments:** collection and analysis of regional priorities, expected results and investments, but also sharing of the materials collected with the actors involved and, broadly, all European Regions

Establish a common ontology **(1)** to better identify regional and local common needs **(2)** and effectively implement new solutions within organizational innovation **(3)**.

## **(1)**



## **(2)**

From the regional survey, the need to compare and / or learn and / or scale emerges transversally:

- Effective and efficient organizational models
- Innovative and integrated care pathways / systems
- Renewed technologies and infrastructures
- Training models for "innovation" of human resources
- Evaluation models and innovation support
- Innovative territorial services (family friendly, community friendly, etc.)
- New Business Models

## **(3)**

Launch a new web space to collect new solutions within organizational innovation and promote twinning for scaling up activities. (by 30 August 2019)

We call on the European Commission to:

- Share the defined ontology
- Improve/support exchange activities among Regions
- Create guidelines on "lesson learnt"

We call on Member States to:

- Starting from the direct involvement of EU Regions, bring the best national practices to the European Commission and European policy makers' attention

**3. Establish INcaso as a permanent network for a constructive dialogue with the European Commission, by collaborating with existing European networks/partnerships (e.g. EIPonAHA, RSCN) for the sharing of strategies, policies and interventions on the implementation of integrated care services by the Italian Regions and other Member States.**

**Our commitments:** annual work activities; plan paper elaboration; annual survey processing and data analysis

We ask to strengthen and make more effective the collaborative networks for actions undertaken within the framework of active and healthy ageing, such as those focusing on integrated services, at European level.

We call on the European Commission to:

- Consider the INcaso network as permanent stakeholder (feedback on European consultation; dialogue on specific issues; source of content and data, etc.)

We call on Member States to:

- Promote INcaso network to regional stakeholders.

## ANNEX I

### About ProMIS

ProMIS, an institutionalized Italian network of the Ministry of health and Italian Regions, whose aim is to promote cooperation on health issues, was born to promote Italy's participation in European funding and projects and to build a constant and qualified presence of Italy in the European and international health framework. ProMIS is in constant connection with other national Ministries (research, social, tourism, territorial cooperation), National Health Agencies and Institutes in the pursuit of "Health in all Policies". ProMIS supports all Italian regions in the management of European projects and deals with communication and dissemination activities regarding health.

### List of Endorsers





REGIONE PUGLIA



REGIONE DEL VENETO

Logos -> authorisation