Themes: Ageing and Care, Disability; User Group: Older people; Country: Spain; Language: English; Year: 2017; Event: Ageing and Care Working Groups	
Programme's name: *Original title:*	Inter-ministerial Social and Health Care Interaction Plan (PIAISS)
Organisation / Country:	Generalitat de Catalunya, Spain
Website:	Inter-ministerial Social and Health Care and Interaction Plan (PIAISS)
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Summary:	In the context of an aging population, health and social services face the challenge of transforming the current health care model, adapting it to meet the needs of citizens and doing so in a way that is sustainable for the system. Adopted in 2014, the Catalan Inter-ministerial Social and Health Care Interaction Plan (PIAISS) introduced an integrated care approach to overcome this challenging issue and develop a person-centred care model. The plan is being implemented through the Presidential Ministry with the participation of the Ministry of Social Welfare and Family and the Ministry of Health. To implement the initiative, the Local Partnership for Integrated Care in Barcelona was established in 2015. The Local Board for Integrated Care in which all the governance stakeholders are involved (Barcelona City Council, Health and Social Services Ministry representatives, and commissioners) has the mission of defining the health and social care priorities and aligning all the initiatives being developed in the city to make sure they comply with the framework provided by the PIAISS. Some of these initiatives to promote integration are: • A new model for health and social home care for people with complex care needs being piloted in two districts of the city. • Integrated electronic records: The Catalan Electronic Health Record and the IT system of the local social services (SIAS) are now connected using interoperability standards and support for professionals to use it differently according to their needs is incorporated.

	• A post-referral protocol for activating social home care at the hospital bed, to ensure continuity for cerebral stroke patients. • Vincles Project: a community project that provides care for older people who feel alone through a social support network they can access using a touch screen tablet. Transforming the system involves not only improving the skills of the professionals and all the workforce involved in care, but also redesigning how services are provided and encouraging cooperation between health care and social service sectors, and between organisations and professionals working with the same patients.
Resources:	PIAISS is supported by a system providing a comprehensive view of a service user to enable collaboration between clinicians, nurses, social workers and other professionals. The project combines deep industry knowledge from professionals, with tools to support interoperability and patient case management, guaranteeing a 24x7 support model to give an appropriate response to a crisis. The system provides the integration of information and care plans across the various agencies and service providers via a digital portal.
Objectives:	The implementation of the PIAISS has highlighted the need to develop the current health care model into a comprehensive and integrated system of health care from a dual perspective – health and social care – with a single vision. The aim is to equip Catalonia with a health care service with the capacity to respond adequately to an aging population, characterised by increasing rates of chronic illness; in other words, to provide a care system that makes a comprehensive assessment of the individual, determines his or her care needs and provides a suitable response for their health and social care needs. The objectives of the Plan are: • Integrated health and social care model covering all the population throughout their life course. • Comprehensive model focused on the needs of individuals. • Continuity of care, regardless of how they entered the system. • New professional culture with planned and proactive collaboration. • Empowered service-users with an improved relationship with services.

	• Good quality and secure shared information systems. • Community-based care close to the place of residence of the individual. • Single approach to the use of resources through the shared assessment of the care needs of the individual. • Streamlining of resources to improve cost-effectiveness.
Issues encountered:	In order to successfully implement the reforms, three elements have been key. First, national leadership has been important to create a common vision to guide the implementation of reforms, however these have been made respecting the subsidiarity principle and promoting microsystem partnerships to enable action. Second, a functional approach which has incorporated care pathways, processes and protocols, collaborative practice between teams and professionals as a central concern rather than starting with structural aspects of the strategy. Finally, the transformation would not have been possible without identifying and promoting professional leadership as the main agent of change for integrated care.
Outcomes:	Indicators show that the Local Partnership for Integrated Care in Barcelona has made a positive impact in a number of areas. Hospital admissions have been reduced, there have been fewer accident and emergency visits, reduced medication costs and faster responses to inquiries and contact from citizens.
Evaluation of practice:	The Local Partnership has been evaluated by reviewing key performance indicators in health and social care.
Sources of further information:	Available here.