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## CONFERENCE ABSTRACT

### Social and health care coordination committee: the case of araba

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**Introduction:** Ageing population as well as a increasingly plural and diverse society is making health and social system coordination more and more necessary everyday.

**Short description of practice implemented:** The Araba Integrated HealthCare Organization Social and Health Care Coordination Committee was officially created in June 2016.

Based on a definite People Centred Care approach individuals from different institutions providing care and building health within the territory were invited to participate. Citizens were also to take part in the Committee through a representative also pertaining to the so-called "third-sector".

**Aim and theory of change:** Putting people at the Center of all institutions/organisations providing care and building health through an open and collaborative networking method.

Targeted population and stakeholders

The Araba Regional Government, the City Hall Social Policy and Public Health Department, Mental HealthCare Integrated Organisation, citizen representatives (small towns and third sector), Araba IHO

**Timeline:** Started back in June 2016, still in progress

**Highlights:** People's needs seem to be no-longer a matter of "whose responsibility they are" but actually "how can we all together better contribute to".

Identifying key-figures at each institution has made it incredibly easier to come up with quicker and better outcomes for people's needs, whether at the individual or the population level.

Moving beyond the "here and now" most-common reactive institutional attitude when approaching care coordination, the Araba IHO Social and Health Care Coordination Committee has created the context for a more proactive, social and health promotion approach to actually become true at our territory. Several strategies regarding healthy child-upbringing, elderly-protection as well as specific population-related disease and behaviour prevention have already been put in place and are successfully being sustained.

**Sustainability:** Attending the Committee does not take over 3h/3 months but saves up hours and hours of unsucceeding messages and demands, and avoids unsatisfying responses to people's needs.

**Transferability:** Creating and sustaining a Social and Health Care Coordination Committee is no-more complicated than committing to People Centred Coordinated Care

**Conclusions:** Creating spaces and providing (short) times for individuals from health and social care provision organisations to meet each other, share perspectives, needs, expectations does radically facilitate coordinated care.

The views and beliefs of the individuals attending the Committee, as well as the mission and vision of the organisations they represent, clearly influences the outcomes in terms of coordinated care and intersectorial approach of health and social care.

**Discussion and lessons learned:** After these first two years, we are now in the position to say that investing in meeting each other, sharing perspectives and listening to each other is priceless when trying to implement Health and Social Coordinated People Centred Care.

Developing Health and Social Coordinated People Centred Care means moving beyond the usual reactive attitude to a more proactive one by means of innovative intersectorial strategies and programs.

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**Keywords:** health and social coordinated people centred care; proactive; intersectoriality

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