

Editorial

Editorial Board of the *Social Work Journal* (RTS)

In The pathways that social policies follow are commonly haphazard, opportunistic and even scarcely believable. This does not mean we need to despair about whether these policies will come to fruition as long as the demands made by a large portion of the individuals affected are viewed as indispensable and urgent. This is particularly true if these demands are assessed according to expert criteria. This situation has recently applied to an old promise that addresses one of the major issues and inefficiencies that many users of the social services system have been putting up with for a long time.

For readers of RTS who follow us from the various autonomous communities of Spain, from other countries or even from other continents, we should note that we are referring to an old ambition held by the Autonomous Community of Catalonia, but one which may also be replicated in the relevant regions of our readership. Despite our presumption that this issue may apply universally across the board, at the same time we must acknowledge that the analysis we are setting out deals with an obvious specific context.

On 21 February this year, the Government of Catalonia finally approved the implementation throughout the autonomous community of Integrated Social Assistance and Healthcare. The agreement concerns the old ambition of integrating the two systems: social assistance and healthcare. The aim of this is to deliver the best level of care possible for the elderly, persons with a disability or mental illness and, generally, all individuals who have complex needs.

Notwithstanding the existence of the Vida (life) programme from 1984 and the ProdeP (programme for the promotion and organisation of personal autonomy and care for persons with dependencies) from 2005, if we are stating that it is an old aspiration this is because over the past nine years we have also seen the PIAIS (Inter-ministerial Plan for Health and Social Interaction and Care) from 2014 and the PAISS (Comprehensive Health and Social Care Programme) from 2019. Even so, the Covid pandemic shed a light on how the disconnect between both systems was causing a horrifying grievance in a number of care homes for the elderly. Consequently, in April 2020, they were taken over by the Catalan Ministry of Health.

This fragmented care between the two ministries that has existed up to now brings about a detrimental effect on outcomes in terms of both the health and the wellbeing of people. This is because there may be duplication of the resources put forward, in addition to the perception of a poor care service on the part of users, those within their care setting

and the professionals specifically delivering the care. Some people over the past year have received care from as many as thirty different professionals, often with no coordination between them. Consequently, the aim of comprehensive social assistance and healthcare is to offer care that focuses more on the service user thanks to a single care plan and personal assessment system. This means that the person in question will not need to explain their situation various times to different agents.

Moreover, the aim is also to promote the individual case-based management model, whereby each individual benefits from a sole agent organising the response provided by the various units and professionals. These case managers – who may be from the health or the social service sphere – coordinate with the primary care teams from both systems, as well as with other professionals whose services are required. The case manager will also take responsibility for management of admission to and discharge from the various hospital services.

Unlike the other programmes referred to above, where the aim is to foster experimental experiences by starting with small scale trials, the current system is based on a reality in which over one hundred integrated care initiatives have been identified throughout Catalonia. From these, the seven that have been deemed the most firmly established to be able to build on have been chosen as they will serve as an example. These relate to the areas of Amposta, El Prat de Llobregat, Barcelona, Manresa, Osona, Garrotxa/Ripollès and El Gironès. The choice is due to the fact that prior experiences had already been gained from the home and community spheres, and the aim is to cover the whole autonomous community by late 2024. Implementation in these seven areas must allow for the assessment of the various experiences and make it possible to deploy the programme in each area based on local needs.

The implementation of this scheme will unfold in parallel to efforts to set up an organisation named the Integrated Social Assistance and Healthcare Agency, the purpose of which is to provide coverage in all areas of Catalonia homogeneously, with separate management units in each region, albeit under a unique management team that will allow pioneering, innovative experiences to become systematic ones. It is expected that discussions will begin in parliament on the enactment of the regulation to assure the establishment of this agency in the autumn. In addition, progress must be made on the systems for the computerisation of the health and social spheres so information about the service users can be accessed from both.

The seven areas chosen are socially and demographically different; therefore, it is clear that applying the same scheme across each of them would lead to failure. Achieving effective equality between a citizen from one of these areas and one from another is not reliant on the same actions being carried out in all of them; instead, the issue is to be aware that the problems are the same but the realities are different, meaning that specific solutions will need to be provided. This flexibility will be decisive and it shall be determined by the future agency which will oversee a host of re-

sponses for Catalonia as a whole, without forming a centralised, Jacobin perspective of integrated care.

When asked why similar initiatives had been presented by the Catalan Government previously but had not seen the light of day, during the presentation ministers Balcells and Campuzano asserted that this scheme would deliver the definitive opportunity. This time, it is not a pilot plan that is being presented; rather, this integrated care scheme is actually being set up in seven areas. They also wished to highlight the significance of the fact that both ministries were working towards the same goal.

As a result, we at the Editorial Board of RTS would like to celebrate that a huge step has been taken in order to deliver – and to the extent possible extend – Integrated Social Assistance and Healthcare in Catalonia. We highly acclaim the endeavours of both ministries to make this happen, and we would also like to praise the social work professionals from both spheres who have worked hard to ensure that the service users they care for are the individuals who truly benefit from this political initiative.