
CONFERENCE ABSTRACT

Local Telecare Service: The public-private collaboration in building a network of stakeholders.

16th International Conference on Integrated Care, Barcelona 23-25 May 2016

Luis Berrios Novoa, Pachi Rivas Silva, Rosario Torres

Barcelona Provincial Council, Spain

Context and problem statement: As _substantive contextual elements_ (problems to solve):

- Territorial equilibrium between councils.
- Improve the development of actions for the promotion of personal autonomy, prevention services and care for chronicity.
- Strengthen Social care in a context of ageing of the population.
- The low deployment of Home Social Services with technological component.
- Low intensity (12 hours per month by user) and coverage (3.3% over >64) of Home Help Services.
- Cost- effectiveness approach in a financial crisis context.
- The willingness of persons to stay at home.

As _institutional elements_ (resources and rules):

- The Telecare is included at Social Services portfolio (Government of Catalonia, 12/2007 Act) as a guaranteed benefit (subjective right not limited to budget availability).
- At the same time, the Dependency Act (Spain, Law 39/2006) establish telecare provision for people recognized in dependency situation.
- The local authorities (municipalities) have competence in matters of basic social services (including Telecare).
- For its part, the Barcelona Provincial Council as a second-level administration has the mandate to provide economic and financial support to municipalities in the province.

The vast majority of municipalities in the province of Barcelona are small and medium. For these it is difficult to deliver all the services that by law must be provided to citizens. The Barcelona Provincial Council gives them support, assuming directly some of its competency. Its main function is to cooperate with local governments, whether municipal councils or County Councils. The support could be either in financial support programs or helping them in the implementation of new laws or regulations.

Berrios; Local Telecare Service: The public-private collaboration in building a network of stakeholders.

Aims, target population and key stakeholders Involved: This paper tries to answer the question of what model of management (organizational and institutional) shared between public actors (Provincial Council and City Councils) and the private sector in order to provide Telecare. The working hypothesis is that _shared leadership and institutional networking stimulates innovation and coordination between professionals and organizations_.

Also, it remarks that this management model enhances and opens ways of collaboration with other social protection sectors as Health System.

Despite the universal coverage of service, the user's profile is as follows:

- Over 75 years (90%)
- Living alone and / or have a lack of social network and / or family (89%)
- Chronic diseases
- Have limited mobility and / or risk of frequent falls

Stakeholders and their main roles:

Barcelona Provincial Council:

- Planning and promoting the service to regional scale
- Contracting Procedures (public tendering)
- Monitoring Service
- Innovation
- Financing (53%)

Councils:

- Competence of service
- Detection of needs
- Service prescription
- Monitoring Case
- Financing (47%)

Supplier (private):

- Innovation
- Coordination
- Human resources, materials and technology.
- Reporting / monitoring

Key findings:

- Currently the service is provided to over 67,000 users (27,000 in 2007).
- Coverage of 10% of the population over 65 years and 26% over 80 years.

Berrios; Local Telecare Service: The public-private collaboration in building a network of stakeholders.

- Homogeneity service: access criteria, funding and coverage, common procedures.
- Service aggregate purchase.
- Collaboration with other services as Police, Fire and Public Safety in developing strategies of preventive messages, awareness campaigns.

Highlights: Although the performance of the Local Telecare Service has been recognized as a successful program, the scenario of integrated social and health care open new challenges to the service in terms of leadership, shared information and person centered approaches.

Moreover it's necessary to evaluate the copayment models associated with sustainability and users financial participation.

Thirdly, the experience of users (relatives and caregivers) in terms of participation designing the care program is a working in progress challenge.

Finally, the key role of New Technologies facing specific needs of people.

Conclusion: This case analysis also underlines the firm commitment to strengthen the local social services home care. Three main lessons have been learnt:

1. This experience shows how shared decisions at same time facing adverse environment (economic crisis) and favorable (law and social services law dependence) for the deployment of public services opens up opportunities for collaboration between public administration and private suppliers.
2. The existence of a common population target between Health and Care Systems in terms of: a) person centered approach (for instance, Care Assessment), b) Cost- efficiency of deliver services and monitoring and c) the common purpose of assure people stay at home while possible.
3. Moreover, the opportunities for collaboration between the health sector and social agents coordinated, integrated and shared visions provide mechanisms for dialogue and information exchange.

Keywords: telecare; share leadership; public- private partnership
