The European Platform on Health and Social Equity (PHASE) is an advocacy and action oriented body for EuroHealthNet participants and a wider range of partners from relevant fields in public, private and voluntary sectors willing and able to work on addressing the wider determinants of health. PHASE aims to directly support and actively contribute to the EU policy framework for social investment and innovation by bringing new ideas to bear on areas of specific added value with regards to tackling social inequalities in health.

Our Policy Précis provide an easy-to-read analysis of a key policy area, outlining where progress can be made to address social and health inequities in Europe. The aim is to inform and help to improve international, national and local policies and practices within and beyond health systems, in order to promote better health and well-being for all.

This series of summaries is updated and expanded with full references online at www.eurohealthnet.eu

Making the link

There is much discussion about “integration” of public sectors, including health systems. Often that focuses on economic sustainability. But improving health equity and wellbeing can and should be a priority.

People-centred and integrated health services can improve health equity if social determinants of health and health benefits of all policies are considered. Such integration across sectors might be organizational, structural, budgetary or administrative. There is not a single approach, but various possibilities for integration, coordination and contracting. This means that a range of public services and users work in context to reach efficient coordination and improve outcomes.

The expectations are that people-centred and integrated health services produce new ways of working between professionals across services and sectors. It sees individuals, families and communities as participants and beneficiaries\(^1\). They are organised around health needs and expectations of people, rather than around diseases\(^2\). People-centred and integrated health services ensure a continuum of health promotion, disease prevention, diagnosis, treatment and disease management, rehabilitation, and palliative care services throughout the life course\(^3\). This can involve primary and hospital care, particularly with regard to people with chronic diseases or older people\(^4\). Access to safe, effective, timely, efficient services of an acceptable quality is emphasised. As people face multiple and coinciding challenges, service patterns are extended and delivered by multiple providers\(^5\) and across sectors.

The Cardigan Integrated Care Centre will provide 21st century primary, community, social care and third sector services and facilities. www.wales.nhs.uk

www.eurohealthnet.eu
The Situation

The recent economic crisis has affected public services by increasing demand for certain health services, reducing public budgets, and decreasing incomes among service users. Other long-term challenges include ageing, increasing chronic diseases, multimorbidity, poverty and long-term unemployment. All these conditions require multiple and complex interventions.

Even in countries with the best access to health services, over one-third of the population reports experiencing difficulties. Problems include distance, cost and waiting times. Preconditions for access to services are financial resources linked to needs, well-equipped facilities, staff with the right skills in the right place at the right time, affordable quality medicines and acceptable services.

These challenges coincide with increased specialisation of providers and professionals and a narrow focus on disease management in large, dispersed systems.

Greater participation of patients, families and communities in the planning of integrated health services and care processes at local, regional and national levels needs encouragement. Improving health outcomes requires a renewed focus on tackling the social determinants of health to placing health at the centre of all policies and services. This would benefit vulnerable and marginalised citizens, such as undocumented migrants, people with mental health problems, improve equity and wellbeing across the social gradient. That brings economic and societal gains as well as improved health and equity.

Pathways to progress

Interdependence and common challenges of health services call for closer cooperation between EU member states, respecting national rights to organise systems.

The EU 2020 strategy set objectives for policy reforms for social protection and high-quality health services. The latest Communication calls for reforms to reduce the reliance of health systems on hospital-based care and increase integrated health services focusing on patients and their treatments outside hospitals.

An EU-level reflection process was established in 2011 to provide modern, responsive and sustainable health systems. Health is a key part of the EU Social Investment package from 2013. Several States have received recommendations to reform their health system as part of the European Semester. 2014 Ministerial Conclusions on the Economic Crisis and health care underlined health promotion and disease prevention policies; integration between primary and hospital care, and between health and social services; and implementation of ICT innovations and eHealth solutions to ensure quality of services and health literacy.

The importance of the EU Semester

[Diagram of European Semester: A Partnership EU-Member States]
The EU Semester process includes analysis of financial sustainability of health systems, effectiveness and adequacy in meeting social needs and access to affordable and high-quality health services. After analysing the reform efforts and commitments made by each EU member state, country-specific recommendations (CSR) are published annually.

**The Social Investment Package**

This is an extensive approach to help state actors to develop human capital by giving people skills and capabilities to participate in society and supporting people in all stages of their lives. Examples of social investments are improving early child education and care; youth guarantee schemes for employment; education or apprenticeship; investing in health and life-long learning. The European Structural and Investment Funds (ESIF) support the key policy areas at local and regional levels. Tackling health inequalities and building sustainable systems are key parts of the package.

**The Social Protection Committee (SPC)**

This important EU body comprising national representatives is developing a Joint Assessment Framework (JAF) in the area of health. This includes indicators for overall health outcomes, determinants of health care performance (access, quality, efficiency and resources), non-health care determinants (health behaviour, lifestyle and external factors) and contextual information on the socio-economic situation (demographics, poverty, social exclusion, and education). It is also making recommendations on access to health and long term care.

The European Council Working Party on Public Health at Senior Level focuses on health systems performance assessment (HSPA) and liaises with the SPC. The Working Party aims to increase visibility, transparency and validity of comparisons and assessments between health systems. That means that various tested treatments and their results are registered; this register-based data forms the basis to compare the efficiency and impact of health services on population health.

**Cross Border Healthcare Directive**

A critical report on the state of play of the implementation of the Directive will contribute to shaping healthcare reform in many EU countries, improving transparency and patient mobility throughout the EU, and enabling progress on Health Technology Assessment, e-Health cooperation and European Reference Networks. These are networks and centres of expertise across the EU. The network funds proposals for highly specialised health services. Work remains to be done on tackling inequalities generally, however.

**New technologies**

**eHealth** refers to tools and services using information and communication technologies (ICTs) that can improve prevention, diagnosis, treatment, monitoring and management of health and health conditions. eHealth could benefit the entire community including more vulnerable disadvantaged people with low health literacy by improving access to care and quality of care. The **eHealth Action Plan** aims to enhance people-centred services and citizen empowerment, encourage organisational changes and improve cross-border healthcare, universality and equity.
Setting an example

**Integrated health and social services, Scotland, UK**

NHS Scotland and its 14 health boards have been moving towards an integrated health system since 2004, with the unification of primary and secondary health services.

From April 2016 onwards, legislation will establish fully integrated health and social care under new Health and Social Care Partnerships. The Act sets the timescale and principles for the full integration of health and social care services. In addition to the horizontal integration, vertical integration through programmes of work, such as Managed Clinical Networks (MCN), has supported integrative practices in Scotland since 1998. There are around 130 MCNs today with some operating beyond the boundaries of primary and secondary care services to include social care as well.

**Multisector labour force service centre (TYP), Finland**

The multisector labour force service centre (TYP) started in the beginning of 2015 after pilot testing in 26 municipalities and regions. In this new joint effort, model employment services, municipal health services and social security offices work together to estimate service needs, plan appropriate services and monitor the progress of long-term unemployed towards employment. The purpose is to provide public employment services, which include social, health and rehabilitation services.

The regions and municipalities have agreed on how the activities are organised and actions taken. The services include health counselling and health check-ups, rehabilitation counselling and advice, social work and counselling, addiction and mental health counselling and advice, and financial and debt advice. Regular employment services include among others, compensated or subsidised work contracts, a combination of social benefits and work, and work ability rehabilitation.

**OECD integrated approach to mental health, education and employment services**

Mental ill health is a common cause for working-age benefit claimants, labour market exclusion plus negative outcomes in education and transition into employment. There is also significant stigma associated with mental ill health, which harms employment prospects for people affected.

Good examples of integrated services were reported by the OECD in 2015. The promising examples of fully integrated service delivery are between mental health and employment (or education) services. The services can be integrated and delivered within a sector through the provision of employment support in the health system or health services in the employment system or by integrated employment and health services.

EuroHealthNet’s Technical Working Group on Health Systems (TWIG-HS) was established to support its members’ and partners’ work to re-orientate health systems to promote health equity and wellbeing. It will encourage active communication and exchanges on EU, national, regional and local policies and projects.

To become involved contact Ingrid Stegeman i.stegeman@eurohealthnet.eu
References, Sources and Links


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