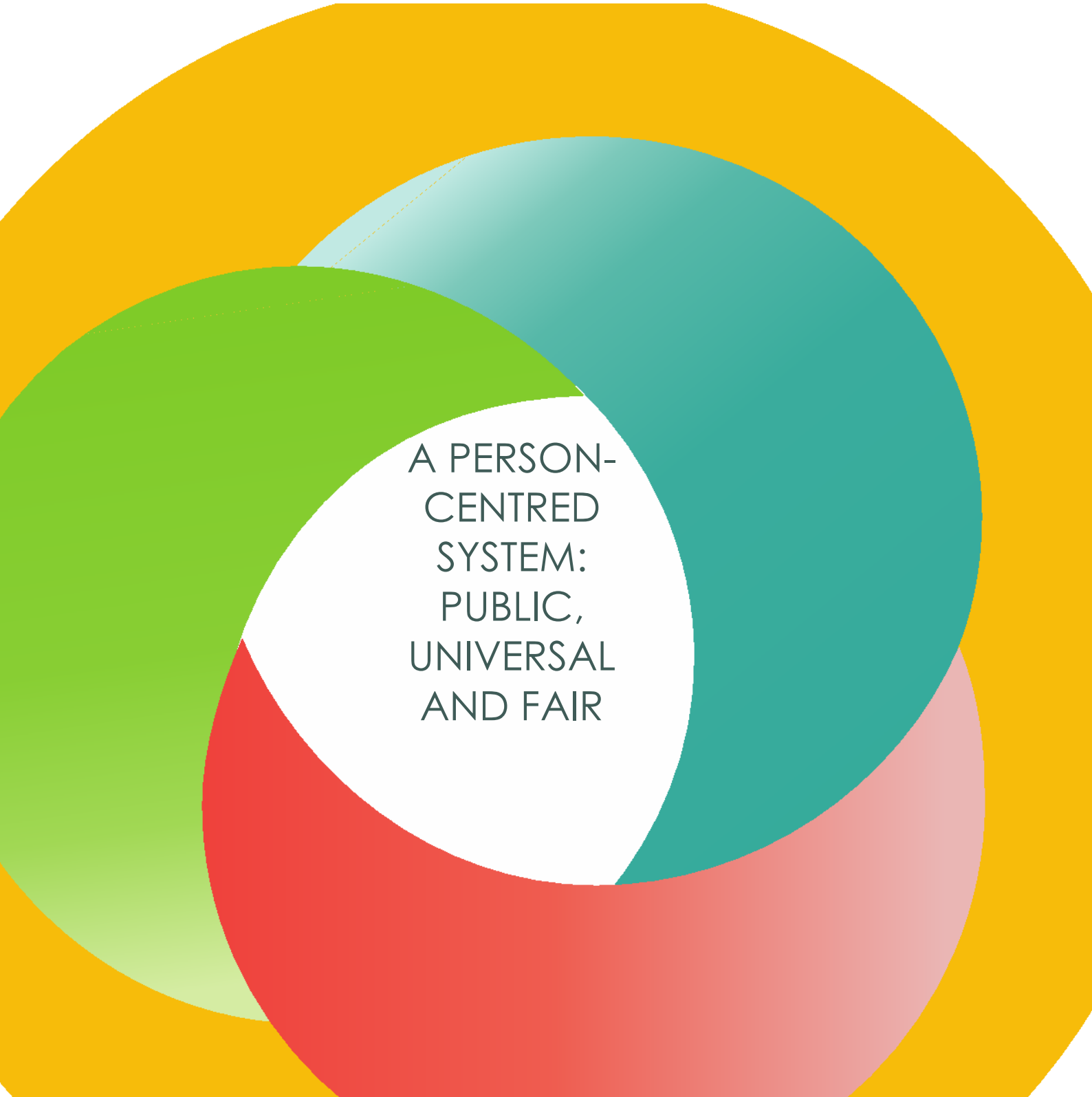
Health Plan

for Catalonia 2016-2020



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Introduction

Improving population health calls for quality care and the consolidation of a more public, just, universal and person-centred health system. Considering that health is much more than the absence of disease, action is also required in areas that bring an influence to bear on the determinants of health, through the implementation of Health in All Policies approach.

At this moment in time, the challenges facing the Catalan health system must be geared towards bolstering fair access, efficiency and quality as the cornerstones of the social justice that we seek for our country's citizens.

The analysis of health inequalities and their determinants has made it possible to identify particularly vulnerable groups for whom certain actions are planned. At the same time, many of the strategies already consolidated in Catalonia are being reinforced, such as public health, chronic care and person-centred care.

This Health Plan is the outcome of current social needs and scientific progress, and opens up new strategic lines by prioritising interministerial and intersectoral work, the review of the primary and community health model, research and innovation via the first Strategic Research and Innovation Plan of Catalonia, the area of medicinal products (which should ultimately lead to the future Catalan Medicines Agency), fuelled by a clear commitment to the community mental health care model.

The Health Plan for Catalonia 2016-2020 is the result of the contributions of numerous health professionals in Catalonia that were presented at the Conference held in Sitges in November 2015, and of the inclusion of the political priorities of the current Government. With its approval, we set out to tackle the challenge of bringing the projects contained in it to fruition, an undertaking that will not be feasible without the commitment of all health stakeholders: administrations, providers, professionals, citizens...

For this reason, I am pleased to present the Health Plan for Catalonia 2016-2020, which contains the policies promoted by the Government of Catalonia that are intended to guarantee the right to health of everyone, and I would ask you all to participate critically and actively in its deployment.

Antoni Comín

Minister for Health

1. Underpinning Principles

The Health Plan for Catalonia is the formal implementation of the Government of Catalonia's policy for the deployment of actions for health promotion and protection, disease prevention, patient treatment and rehabilitation and social reintegration in the best possible conditions.

The Health Plan is underpinned by respect for the values of solidarity, for people and their dignity, for diversity, the defence of justice and fairness in the distribution of resources and a commitment to the principles of public service.

1

Underpinning principles

Catalonia has a public health system that provides universal coverage and a comprehensive portfolio of services. The development of this system has contributed to improving population health and has set the standard for the quality of health care received by the population. The search for the greatest possible equity, on the one hand, in terms of accessibility, and in terms of outcomes on the other, is one of the guiding principles of our health system, since it provides a guarantee of social justice in health policies.

Increased life expectancy is a great achievement, although it also constitutes a major challenge, in the sense that an increasingly higher number of people, and older people, with ever more complex diseases must be attended to.

The public health system of Catalonia must respond to a changing demand for healthcare services that has emerged from diagnostic, therapeutic and technological breakthroughs, although it also stems from the population's increased life expectancy, changes in people's health needs and the evolution of citizens' expectations with regard to healthcare, among other factors. Increased life expectancy is a great achievement, although it also constitutes a major challenge, in the sense that an increasingly higher number of people, and older people, with ever more complex diseases must be attended to. In this setting, we are obliged to build a health system that attaches increasingly greater importance to the preferences and the values of the people it cares for and can adapt to their reality and to their environment.

In recent years, we have witnessed a major economic recession, with often dramatic social consequences. This has spawned greater imbalances in our setting, and more specifically in health. Nowadays, health disparities for geographic and socio-economic reasons, known as 'health inequalities', have heightened, and precisely on account of this lack of equity. These inequalities are largely due to the social determinants of health: the structural or circumstantial factors of a society or of its setting that determine the health of a population beyond the actual health system.

A healthy population is a country's most valuable asset, and the availability of a universal, fair, efficient and cost-effective public health system is a core requirement for progress.

A community's health is determined by its degree of development and its potential for progress, to the extent that good health is conducive to the advancement and the progress of its members. The public health system contributes to equality between people in one of their most basic needs because it provides access to services that can cover these needs and also through the ensuing health outcomes. The public health system is therefore a key asset in the prevention of health inequalities. Nevertheless, improving a community's health and ensuring that such an improvement is achieved fairly does not depend on the health system alone. A multilateral approach with an approach known as 'Health in All Policies' is called for: a health-centred approach permeating interministerial policies.

Professionals and users are the cornerstone of the health system, and their participation is crucial in guaranteeing a system which, based on research and innovation in processes and in services, is geared towards providing citizens with services of excellence that cover their health needs. The recent past, against a backdrop of imposed budget contention, has been characterised by an overburdened healthcare system and by the precarious nature of the settings in which the majority of health professionals are employed, and these aspects have had a negative impact on their expectations and on their dynamism. For this reason, health policies must prioritise recovering the leadership of professionals in clinical management and the improvement of their working conditions, as well as promoting dialogue between professionals and executive bodies.

People's health-related needs can only be satisfied by a health system that observes the principles of the Health Planning Law of Catalonia and those of the Public Health Law.

The principles envisaged by the Health Plan are:

1) **Place the focus on people** and guarantee the healthcare continuum. Leverage the advantages provided by technology, albeit providing humanised healthcare with the capacity to offer the healthcare alternatives best suited to social and health needs in each case. Involve citizens in the planning and evaluation of healthcare policies and develop the dynamics of shared decision-making further.

2) Guarantee **an equitable access** to benefits, not only to services, but also in terms of health outcomes; as well as in the distribution of resources according to the population's health needs, as a way of overcoming health inequalities.

3) Establish **social causes** as the main determinants of inequalities in a community's health, via a multilateral approach (Health in All Policies).

4) Complement the individual approach with a population-based perspective, accompanied by the perspective of **particularly vulnerable groups**.

5) Deliver healthcare activities with a high level of **quality and safety** and ensure the satisfaction of health system users.

6) Monitor the quality of population interventions, using **effectiveness and efficiency** criteria and leveraging the available **evidence** and the evaluation of actions as basic tools.

7) Be open and flexible and willing to **let people voice their opinions**, listen to them, adapt to them and give due consideration to the needs that they express. Be transparent and provide information and training on how to take care of one's own health and on the services provided by the system in order to promote knowledge, self-care, autonomy and an appropriate use of available healthcare resources.

8) Plan actions from a **predictive, preventive and proactive** standpoint, rather than a reactive one. Be capable of leveraging the advantages of health strategies in all policies to foster health protection and promotion and disease prevention via the implementation of interministerial plans that take a cross-cutting approach to objectives,

9) Pre-empt new population needs and **embrace new evidence, knowledge and technologies** that can improve healthcare processes and outcomes and

encourage the use of the most effective and cost-effective interventions while avoiding those that are not.

10) Apply a **territorial approach** to planning within the framework of the Health Plan for Catalonia and facilitate the decentralisation of management in order to bring it closer to people. Target efforts towards achieving health outcomes. Adapt hiring and incentives to territorial planning and to the accomplishment of health outcomes and person-centred care.

11) Acknowledge the work done by healthcare **professionals**. Optimise clinical expertise for decision-making in health and healthcare policy and in the transformation of the system. Promote competence of professionals as the most valuable asset of the public health system and engage them in its planning, management and evaluation.

12) Foster **health research** at all healthcare levels, encouraging a systemic strategy that acts as a driving force for the continuous improvement of an excellence-based healthcare system. Professionals, and more particularly young researchers and investigators, must have innovative tools to further the development of the healthcare system.

13) Generate **a harmonised information system network** that can be used to organise the actual system, healthcare practice, decision-making, evaluation and accountability. Develop new models of interaction between people and the health system, of non-face-to-face care, organisational changes and the role of professionals.

14) Produce an **action-oriented** Health Plan that promotes the changes that are necessary to accomplish health and quality-of-life objectives. A Plan that 'makes things happen'.

The Health Plan is produced giving due consideration to these principles and to the loyalty to public services, guaranteeing fulfilment and responsibility in the development of the healthcare, management and community action activities that are required to improve population's health.

2. Situation analysis and challenges

The economic recession has had an impact on people's living conditions and also increased health vulnerability and inequities.

The approach to the challenges addressed by the new Health Plan is based on an analysis of the situation of health and services, an appraisal of the projects and organisational changes introduced as of the Health Plan for Catalonia 2011-2015, while also taking the social and economic context in which health policies are to be deployed into account.

Situation analysis and challenges

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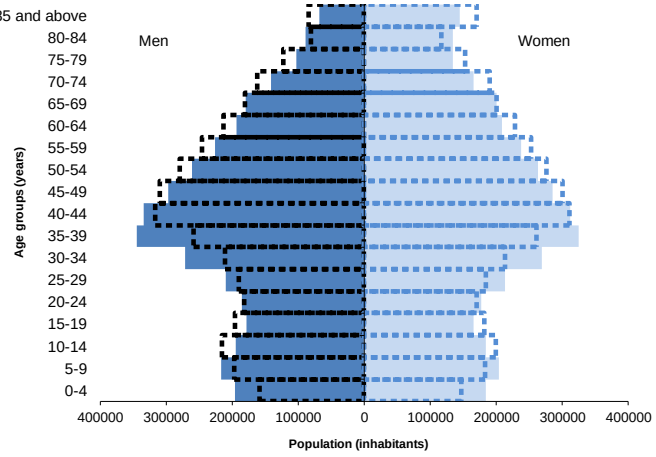
2.1. Situation analysis

Demographic and socio-economic context

In the early years of the 21st century, the population of Catalonia grew substantially due to a major migratory influx. In 2015, Catalonia had a population of 7,508,106 inhabitants[1] and a negative migration balance. The forecast is for the population to fall in the coming years, to 7,342,800 inhabitants[2] by 2020; the migration balance will continue to be negative, the birth rate will continue to fall and will be surpassed by the number of deaths. In this period, the ratio between people aged 65 years and over and those aged 85 and over is expected to increase; i. e., more than 250,000 of the expected one and a half million people aged 65 and over in 2020 will be 85 or older (figure 1).

Health and illness have a social dimension in which the person's health, socio-economic situation and the setting in which they develop all bring an influence to bear.

Figure 1. Population pyramid of Catalonia in 2015 and projection for 2020



Source: Idescat. Municipal census 2015 and projected population on January 1, 2020, by gender and quinquennial age (average scenario, base 2013)

Health and illness have a social dimension in which the person's health, socio-economic situation and the setting in which they develop all bring an influence to bear. Lifestyles and environmental factors contribute most to general morbidity and mortality, whereas other factors, such as genetics and the healthcare system, play a less prominent role in mortality.[3,4,5]

A far-reaching economic recession has prevailed in recent years. Unemployment rocketed from 6.5% in 2017 to 23.1% in 2013 and stood at 18.6%[6] in 2015. Long-term unemployment rose from 1.3% in 2017 to 12.2% in 2013, reaching 10.4%[7] in 2015. Moreover, it should be pointed out that only 31.7% of the unemployed population received some type of benefit in the first quarter of 2014, and only 11.9%[8] of people under the age of 30.

Disposable income in Catalan homes fell by 8% between 2009 and 2013. Although there is no linear relationship between income and health, families' loss of purchasing power and sudden impoverishment, particularly when the latter surpasses the critical limit, have an immediate impact on health, particularly in the more vulnerable groups, such as children.

The economic recession has had an impact on the population's living conditions and has affected spending on health.

The proportion of the population that lives below the at-risk-of-poverty threshold increased from 18.4% in 2009 to 20.9% in 2014. More than one and a half million people are below the poverty risk line. The pattern of poverty by age groups changed during the economic recession: in 2008, the population aged 65 and over was the group with the highest risk of poverty, whereas in 2014 the at-risk of poverty rate was higher in the population under the age of 16, followed by the population between the ages of 16 and 64, and finally the population aged 65 and over.[9]

The number of households suffering from severe material deprivation also increased between 2008 and 2014. Exposure to situations of deprivation in childhood is associated with poorer short- and medium-term health outcomes, which are more irreversible the greater the exposure to such adverse situations is.

Economic inequality has also increased in parallel. The Gini coefficient, which measures inequality in the income distribution, stood at 32.2 in 2009 in Catalonia, whereas in 2014 it had risen to 33.0[10] (where 0 is maximum equality and 100 maximum inequality), above the European Union level of 30.9.[11]

On the other hand, in recent years the number of early school leaving has stopped falling. In 2010, early school leavers (youth aged 18 to 24 who did not finalize the secondary education) stood at 28.9%, and the figure for 2014 was 22.2%, whereas the objective for 2020[12] is 15%. These data are important, as level of education is associated with long-term health outcomes.[13]

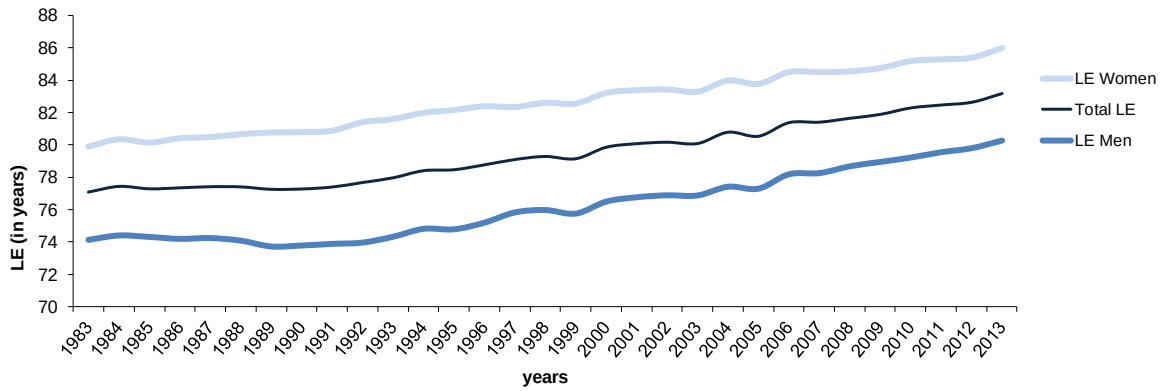
Health expenditure has fallen in absolute terms as a result of the effect of the recession and of the lack of a funding model suited to the needs of the Catalan population. As of 2010, this was compounded by the budget restrictions imposed through the monitoring of public deficit control objectives.

Between 2010 and 2014, there was an overall reduction of €1,440 million in health expenditure (which constitutes a variation of −14%). Nevertheless, the Ministry of Health's share in the overall budget of the Government of Catalonia increased in relative terms, from 36% in 2010 to 40% in 2014.

Health status and lifestyles of the population

The macroindicators for health in Catalonia are good in comparison with those of the countries in our setting. In recent years, there has been a progressive reduction in mortality and an increase in life expectancy.[14] For example, in the 2010-2013 period, the standardised death rate fell by 8.5%, whereas life expectancy for both men and women increased by 1 year (figure 2).

Figure 2. Evolution of life expectancy at birth in men, women and both genders together. Catalonia 1983-2013.



Source: Mortality Register of Catalonia, 1983-2013.

The most frequent large groups of causes of death are tumours in men and diseases of the circulatory system in women. Both causes account for more than half of all deaths, although when both genders are considered together, tumours cause a greater number of deaths.

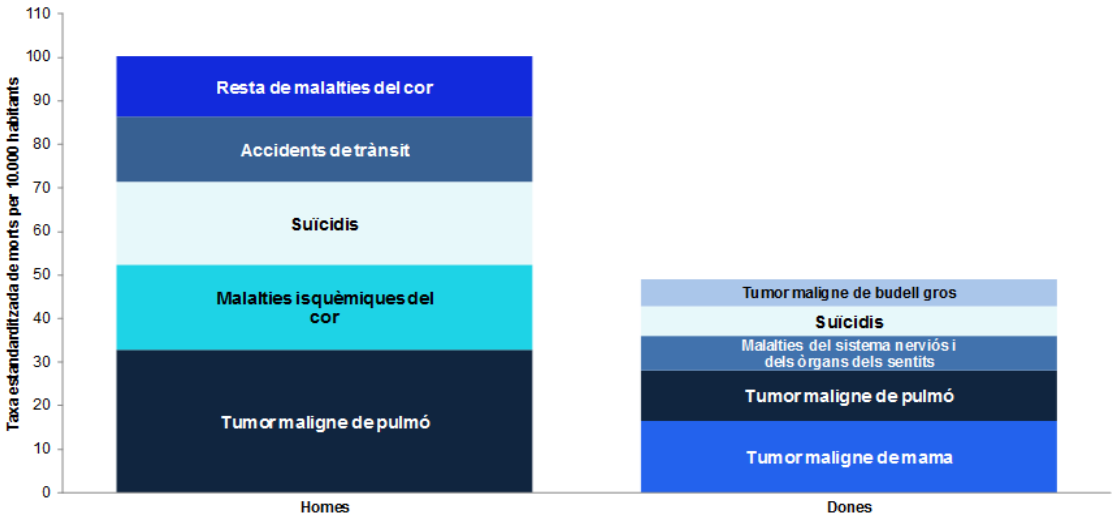
In women, the five diseases that cause most deaths (in absolute terms) and may therefore involve a greater volume of demand for healthcare services are dementias, cerebrovascular diseases, heart diseases, ischaemic heart diseases, and Alzheimer's disease. In men, the most frequent conditions are lung cancer, ischaemic heart diseases, bronchitis and asthma, cerebrovascular diseases and the other heart diseases. This pattern of chronic conditions is largely related to the fact that most deaths occur in people aged over 80.

Tumours and diseases of the circulatory system account for more than half of all deaths.

There is a group of diseases that cause premature mortality and have scant health-related importance because they are perceived by the population as deaths occurring before a

selected age (figure 3). In women, the most common ones are malignant neoplasm of breast and lung, diseases of the nervous system and the sensory organs, suicide and large malignant intestinal tumours, whereas in men these diseases are malignant lung tumour, ischaemic heart conditions, external causes (suicide and traffic accidents) and the other heart diseases. It should also be mentioned that premature mortality is much higher in men than in women.

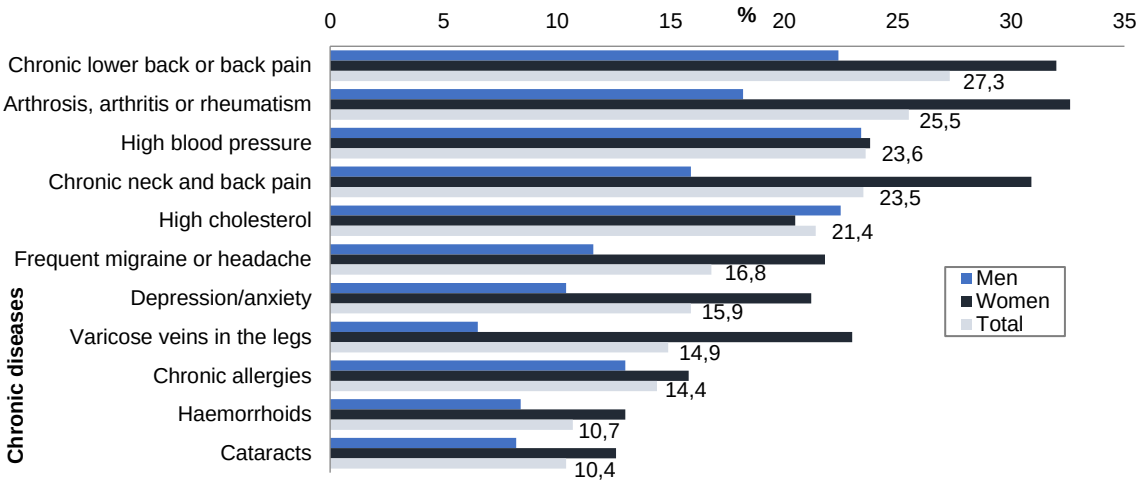
Figure 3. Five leading causes of premature death,* by gender. Catalonia 2013



** Segons les taxes estandarditzades per edat d'anys potencials de vida perduts (població estàndard: Catalunya 1991).*
Font: Registre de Mortalitat de Catalunya. Anàlisi de la mortalitat a Catalunya 2013.

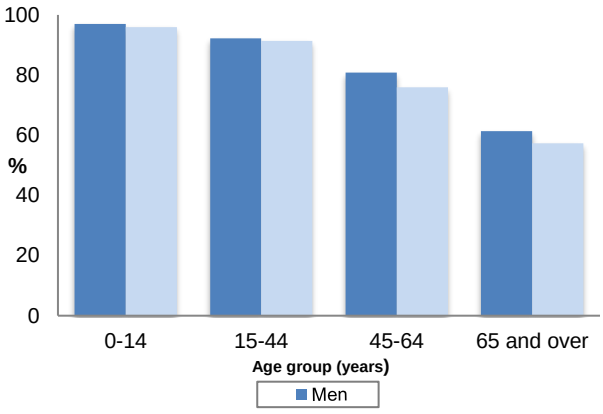
The favourable evolution of vital indicators and the ageing population place Catalonia in a health situation where chronic pathologies (figure 4) and complex chronic pathologies prevail, which can generate disability and dependence, particularly in the elderly. At this moment in time, 56.9% of the population of Catalonia has two or more chronic diseases.[15] Nevertheless, self-perceived health continues to be good (figure 5), and healthy life years in the 2010-2013 period increased by 2.1 years in men and by 5.7 years in women.

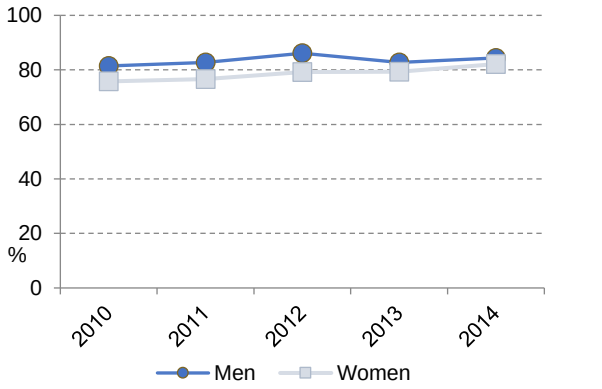
Figure 4. Main chronic disorders that the population aged 15 years or older have or have had, based on a list of 28 chronic conditions, by gender, Catalonia, 2014



Source: Health survey of Catalonia 2014. Ministry of Health.

Figure 5. Proportion of men and women with a positive self-perceived health, by age group and by gender. Catalonia, 2014, and evolution 2010-2014





Source: Health survey of Catalonia 2014. Ministry of Health.

Standardised proportions Direct method with total population on January 1, 2014

There is room for improvement in certain lifestyles, such as physical activity, dietary habits and smoking (table 1). The degree of performance of early detection preventive practices and risk factor control is satisfactory.

Table 1. Distribution of the population's habits and lifestyles, by gender (as a %). Catalonia 2011 and 2014.

	Men		Women	
Habits and lifestyles	**2011**	**2014**	**2011**	**2014**
Healthy physical activity (from 15 to 69 years)	74.2	70.5	69.0	65.1
Sedentary lifestyle (from 18 to 74 years)	15.4	19.9	18.3	24.4
Recommended intake of fruit and/or greens (6 years and over)	9.1	8.8	14.5	12.9
Have breakfast twice (3 years and over)*	42.2	42.1	47.5	44.7
Smoking (15 years and over)	35.8	31.8	23.4	20.3
High-risk alcohol consumption (15 years and over)	7.2	7.3	2.3	1.7

* The recommendation is to have breakfast twice in the course of the morning.

Source: Health Survey of Catalonia 2011 and 2014. Ministry of Health.

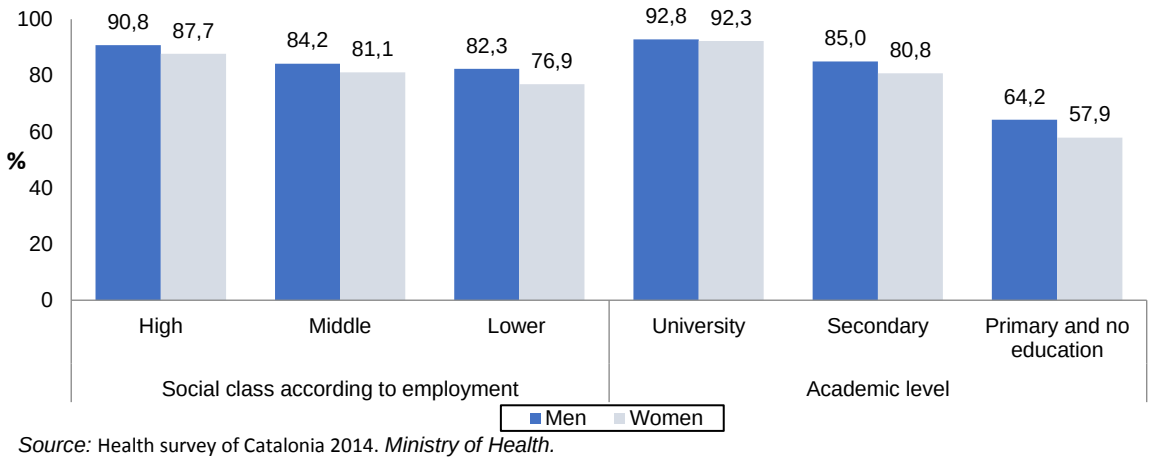
Impact of socio-economic determinants: social inequalities in health

The distribution of health indicators according to social determinants enables us to analyse the causes of social inequality in health in a community and are a preliminary step before corrective measures can be established in the form of public policies.[16]

At this moment in time, the economic recession has had an impact on people's living conditions and has increased vulnerability and health inequalities.

Although no relevant socioeconomic trends are observed in the use of services, people from the more underprivileged socioeconomic groups and with a lower level of education have a poorer self-perceived health (figure 6), say that they have a poorer quality of life and a higher prevalence of chronic disorders and disability. In 2014, 23.2% of the long-term unemployed said that their health was poor, whereas only 9.2% of employed people said that it was.

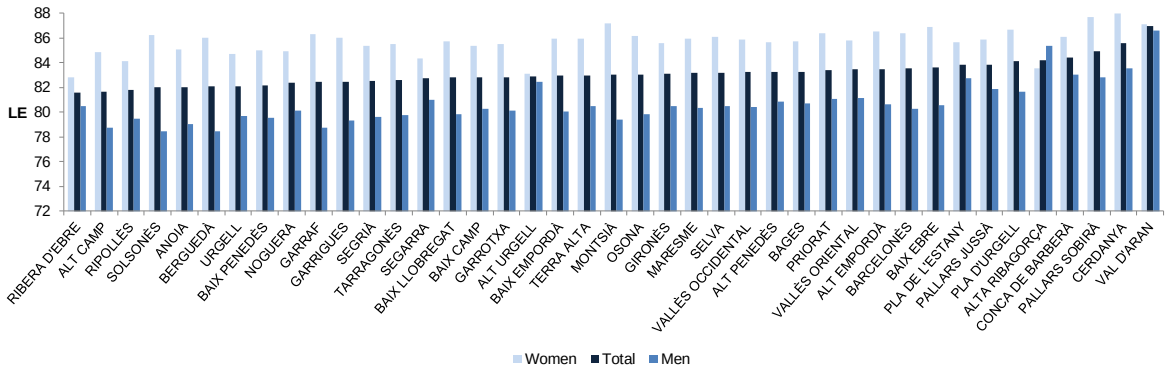
Figure 6. Positive self-perceived health in the general population, by social class and gender, and by level of education and gender. Catalonia, 2014



Source: Health survey of Catalonia 2014. *Ministry of Health.*

There is a marked difference in life expectancy at birth across the different Catalan counties (figure 7). This difference has not changed significantly between 2006 and 2013: Vall d'Aran (87.0), Cerdanya (85.6) and Pallars Sobirà (84.9) are the counties with the highest life expectancy, whereas Ribera d'Ebre (81.6), Alt Camp (81.6) and Ripollès (81.8) present the lowest life expectancy.

Figure 7. Life expectancy at birth by county. Catalonia, 2013



Source: Mortality Register of Catalonia, 2013. Catalan Ministry of Health

In recent years, general mortality rates have maintained the pre-economic recession trend and have continued to fall, with no major territorial variability. Avoidable mortality has also continued to fall, albeit at a slower rate due to the unfavourable evolution of death by malignant lung tumours in women and by suicide in both genders.

There are social inequalities in health by occupational situation, level of education and social class.

The mortality rate by suicide in Catalonia has grown since 2007 and stood at 6.3 per 100,000 inhabitants (2.9 among women and 10.1 among men) in 2013. This increase is among people aged 40 to 60 years (working-age population). Nevertheless, in order to interpret these data, it must be remembered that we are dealing with a small number of deaths that is sensitive to interannual fluctuations and also that measures have been implemented to improve information about cause of death in deaths that required the intervention of the authorities, beginning in 2010, which may have modified the declaration, qualitatively and quantitatively.[17]

Mental health is one of the areas where the effects of the economic recession are most patent and where the unemployed population presents poorer mental health indicators than the employed population. In 2013, 23.1% of people who had been unemployed for more than one year were at risk of having mental health problems, whereas the proportion was 9.5% among the employed. In fact, recent studies have shown that families with members who are unemployed and/or who have mortgages had more mental health and alcohol abuse-related problems in the period comprising 2006 and 2010.[18] The reasons for this phenomenon are

numerous and are related to both the loss of economic benefits and the psychosocial effects of being unemployed.

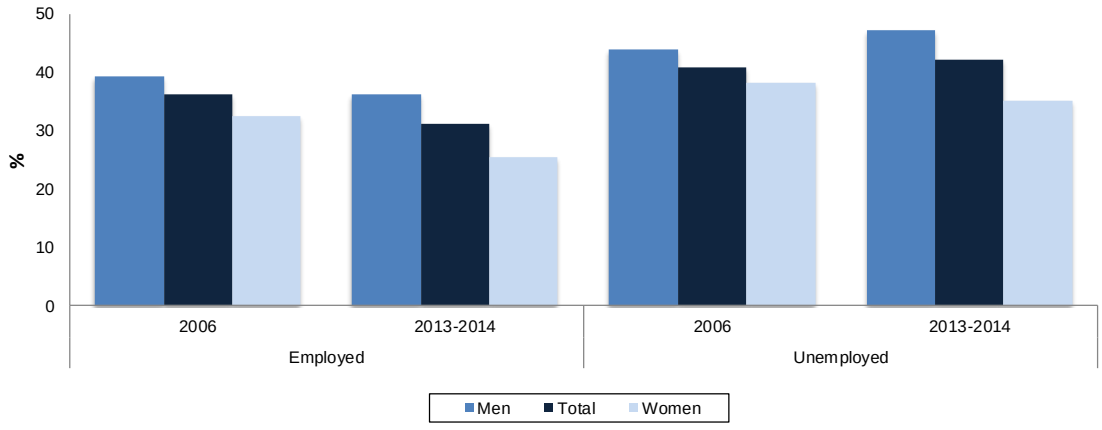
Recent years have witnessed an increase in the number of people aged 65 and over who live alone, with the figure now standing at 280,000, most of them women. This makes the problem of undesired loneliness one of the most relevant health determinants in the elderly. The loss of a social network has been related to an increase in the general mortality rate, the loss of self-care competence, self-perceived health and the overuse of healthcare resources[19]. The WHO's *World report on ageing and health*[20] considers that one fundamental health strategy for this group is to help people to age safely, independently, and comfortably in their own home, regardless of income or level of intrinsic capacity.

Certain lifestyles and preventive practices present trends by social class and by level of education. A higher proportion of people from better-off classes and with a higher degree of training have healthier habits and engage in preventive practices.

Certain lifestyles and preventive practices present trends by social class and by level of education.

The prevalence of smokers fell between 2006 and 2014 (29.5% and 25.9%, respectively), although there are differences depending on employment situation. People who are unemployedsmoke more than people who work, and it should be noted that the proportion of unemployed men who smoke has increased in recent years (figure 8).

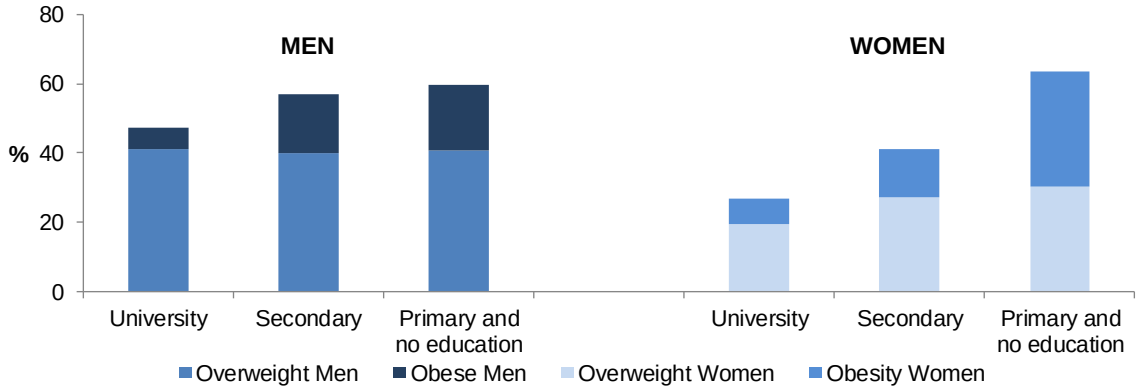
Figure 8. Prevalence of smoking in the population aged 16 to 64 years by employment situation and gender. Catalonia, 2006 and 2013-2014



Source: Health Survey of Catalonia 2006 and 2013-2014. Ministry of Health.

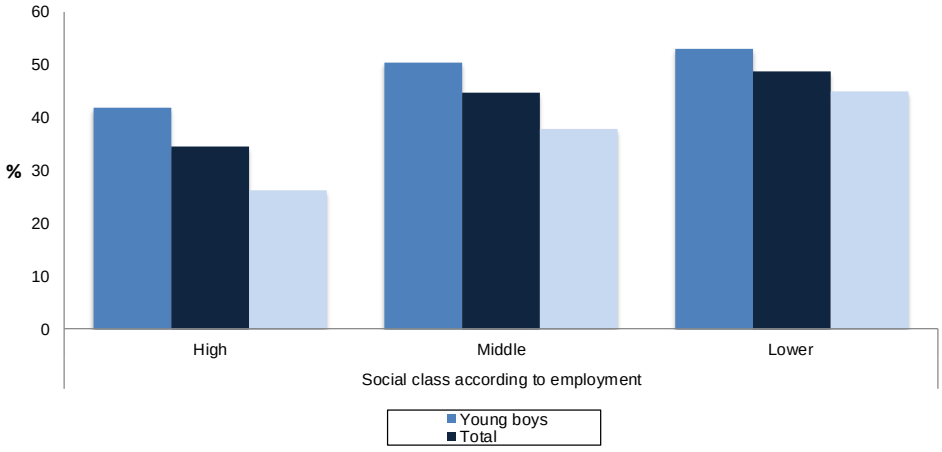
Excess weight (being overweight and obesity) is higher among people with a primary education or with no education (figure 9). It also tends to be more prevalent in the unemployed population, albeit less markedly. In 2014, 45.2% of the employed population and 49.2% of the unemployed population (and 52.2% of the long-term unemployed population) were overweight. A higher proportion of children from the more underprivileged classes have a more sedentary style of leisure than those of the better-off classes (figure 10).

Figure 9. Distribution of categories of body mass index (BMI)* for being overweight or obese in men and women aged 18 to 74 years, by level of education. Catalonia, 2014



Source: Health survey of Catalonia 2014. Ministry of Health.

Figure 10. Population aged 3 to 14 years, according to sedentary leisure (two hours or more in front of the television or screen every day), by social class and gender. Catalonia 2013-2014.

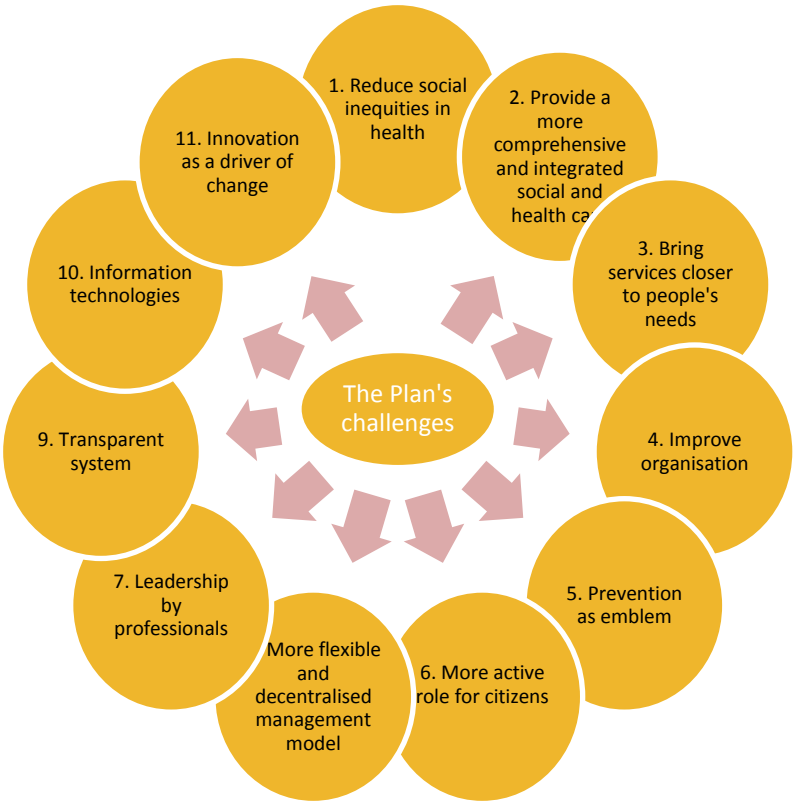


Source: Health Survey of Catalonia 2013-2014. *Ministry of Health.*

2.2. Challenges facing the Health Plan for Catalonia 2016-2020

The approach to the challenges faced by the new Health Plan is based on a situation analysis of health and services, the evaluation of projects and organisational changes introduced as of the Health Plan for Catalonia 2011-2015, while also taking the social and economic context in which the health policies are to be implemented into consideration.

Each challenge is accompanied by the future proposals that will be implemented in the projects of the new 2016-2020 Plan



An intersectoral, interdepart-mental and interadminis-trative strategy is called for to reduce social inequalities in health.

1. Reduce social inequalities in health

Reducing social inequalities in health is a cross-cutting strategy.
This strategy must attach special relevance to intersectoral, interministerial and interadministrative work.The socioeconomic trend related to health must be factored into all of the Health Plan's projects.

The Health Plan for Catalonia 2011-2015 initiated the Interministerial Health Plan[21] (PINSAP) under the concept of *Health in All Policies* in order to address determinants of health outside the healthcare system as well. This Plan (which includes the 'Health in the neighbourhoods' and 'Protection for energy poverty' programmes, among others), is an example of how we must look beyond the health system to minimise differences in health conditions linked to people's social and economic condition. Since the deployment of the PINSAP in 2014, more than 570 activities that affect health determinants and which have been sponsored by different non-health ministries have been rolled out.[22]

The Health Plan for Catalonia 2016-2020 aims to promote the PINSAP and interministerial programmes such as the Interministerial Social and Health Care and Interaction Plan[23] (PIAISS) or the Comprehensive Mental Health Plan. Moreover, it includes specific projects for vulnerable groups in the area of child and mother care, elderly care, people with illnesses that lead to disability or dependence and victims of violence.

The health objectives proposed by this Health Plan make it possible to monitor the analysis of health status, lifestyles and the use of services from this standpoint and to assess the headway made in reducing inequalities.

2. Provide a more comprehensive and integrated social and healthcare

The population's health needs are increasingly more related to the chronic diseases associated with ageing, although they are also derived from increased survival rates in conditions such as cancer, cardiovascular or respiratory diseases, to name but some, which are the main reasons patients have for visiting doctors. These conditions call for a response by the system that overcomes the inertia of the reactive and fragmented action characterised by the care provided to acute conditions and to aim for an integrated care that seeks to deal with medical complexity and interrelate with the person's environment. The transitions required inside the health system call for the establishment of collaboration dynamics between services and professionals. We are dealing with a context with new health needs on the one hand, and the transformation of the healthcare system on the other, which must move forward towards a more integrated, person-centred care that also embraces the value of healthy life expectancy. The Health Plan for Catalonia 2011-2015 implemented a set of projects to promote a new planning in the way services are provided in order to offer them in a much more integrated way. This involved working to improve coordination between health-care settings, territorial agreements, the Shared Clinical Record of Catalonia, networked organisational models, as in the case of rare medical conditions.

The transitions that are required inside the health system call for the establishment of collaboration dynamics between services and professionals.

All territories have care pathways and mechanisms for service integration for diabetes, chronic obstructive pulmonary disease (COPD) heart failure, depression, chronic kidney disease and dementia via the Chronicity Prevention and Care Programme.[24] It has also promoted self-care (Pacient Expert Catalunya® Programme[25]), preventive measures and programmes for the rational use of medicinal products.

The increase in healthcare resources in sub-acute care and post-acute care units, day hospitals for chronicity or units specialising in complexity, available in 64%, 74%, 80% and 72% of the territory, respectively, and the identification of 150,000 complex chronic patients, for whom a individualised and shared intervention programme (PIIC) has been implemented, all helped to reduce the number of emergency hospitalisations related to admissions for a series of chronic diseases (COPD, heart failure, ischaemic heart disease, asthma, diabetes complications) in the 2011-2014 period (8%).[26]

The Health Plan for Catalonia 2016-2020 affords continuity to projects that pursue integrated healthcare, and priority consideration has been given to developing particularly the interaction of healthcare and social services. For this reason, the Interministerial Social and Health Care and Interaction Plan (PIAISS) was recently created and is due to be deployed within the framework of the Health Plan for Catalonia 2016-2020. Further progress must also be made in the implementation of the territorial agreements and the development of healthcare networks.

3. Bring services closer to people's needs: improve accessibility and resolution

Healthcare models must take organisational aspects into account and leverage the possibilities of information and communication technologies, actively pursuing the alignment of presentations with patient needs and expectations. These care forms are regarded as indispensable in achieving better resolution capacity at all levels while also improving access, healthcare continuity and quality of care.

During the term of the Health Plan for Catalonia 2011-2015, measures were taken to improve the population's accessibility to healthcare services and waiting times (table 2).

Table 2. Selection of the most outstanding measures and results of the Health Care Plan for Catalonia 2011–2015 with Regard to Accessibility and Service Resolution

Health Plan for Catalonia 2011-2015 measures	Most outstanding results (2015)
Coordination models between primary and specialised care in ophthalmology, musculoskeletal system, dermatology and mental health.	Implementation of the care models in 75% of the territories.
Development of new technological tools promoting interaction between professionals and patients in a non-face to face model.	50% reduction in referrals to specialist care.
Extension of the sub-acute care units, chronicity day hospital and expert units in complexity	Reduction of 7,500 admissions in acute care hospitals.
Major ambulatory surgery	Increase in activity until it accounts for 60% of total surgery.
Home hospitalisation	Increase from 8,200 cases in 2010 to 12,619 cases in 2015.
Deployment of palliative care units	100% population coverage.
Restructuring of continuing healthcare and emergencies	Stabilisation of hospital emergencies.
Bolstering of the 061 CatSalut Respon	40% of phone calls without mobilisation of resources.
Mainstreaming of the electronic prescription	97% of prescriptions are electronic.

Source: Memòria del Catsalut, 2014.

The Health Plan for Catalonia 2016-2020 must continue to develop and mainstream these improvements until they cover the entire territory and all healthcare settings. For this reason, one of the strategic lines of action focuses particularly on the organisational forms required by accessible, responsive and integrated healthcare.

Waiting lists are a specific and characteristic phenomenon of tax-funded, universal, public health systems. In December 2015, some 153,103 people were waiting for surgery in Catalonia, 4.3% less than the previous year. The Health Plan's projects must strive to improve the management of waiting lists and reduce the time and the number of people who are waiting for a diagnosis and surgery. Therefore, they must consider the recently-approved Healthcare Waiting Lists Integrated Improvement Plan, which prioritises an increase in activity geared towards reducing waiting times and waiting list figures, the proactive management of patients on the waiting list, providing more accessible information and empowering primary care, while also improving access to initial outpatient department visits.

The Health Plan's projects must strive to improve the management of waiting lists and reduce the time and the number of people who are waiting for a diagnosis and surgery.

4. Improve organisation to be more effective

The system must provide an effective and well-organised response to health problems that constitute major causes of death, disease, disability or suffering or affect the vulnerable or those at risk of being so. In order to act upon these health priorities as globally and effectively as possible, the Health Plan for Catalonia 2011-2015 promoted the creation of master plans, action plans and specific programmes.

Table 3. Selection of the results of the actions prioritised in the Health Plan for Catalonia 2011-2015

Code Heart Attack[27]: survival rate from acute myocardial infarction with elevation of ST segment of 93.5% after 30 days	Medical Emergency System: 90% of life-threatening risk situations attended to in less than 20 minutes.
Code Stroke[28]: reperfusion rate of 16.8 per 100,000 inhabitants	
Code Multiple trauma[29]: 80% reduction in mortality	
Code Suicide Risk: reduction in suicide attempts	
Cancer rapid diagnosis circuit: 66% of patients begin treatment within 30 days	

Many of the measures, such as the emergency codes, do not constitute actual therapeutic innovations but rather the optimisation of existing treatments, by means of the organisation and coordination of networked health care resources. The restructuring of high-specialisation services has been implemented by means of agreements with scientific societies and providers and have made it possible to reinforce centres of excellence, concentrate activity and create alliances between centres. Since 2012, surgical activity has increased by 7% and there has been a 3% reduction in the number of medical admissions.[30]

The Health Plan for Catalonia 2016-2020 specifies a set of health priorities and reinforces priority intervention areas for the 2011-2015 period and extends them to achieve improvements in areas such as: communicable diseases, including community surveillance and control, rare diseases, primary care and community care, as well as children and young people's health, particularly with regard to mental health. Moreover, it continues and completes tertiary healthcare restructuring. In the emerging line of healthcare codes, the Plan for Catalonia 2016-2020 will address a comprehensive regulation of emergency systems in Catalonia: from the community setting to hospital emergencies. A process that must update the rules of the different devices that provide emergency care and how they are interrelated and modernise intra-hospital emergency processes to adapt them to criteria underpinned by health quality and satisfaction and user rights.

5. Prevention, our motto

Preventive measures, affecting both traditional health services such as public health and those obtained through non-health policies that improve people's living conditions, become key. In the current context, policies that help to avoid or delay health problems must make it possible to improve the health of the general population and guarantee the sustainability of the public health system.

The Healthcare Plan for 2016-2020 extends public health projects for the promotion and protection of health and

Public health activities geared towards promoting health in different lines of action were promoted throughout the term of the Health Plan for Catalonia 2011-2015. Some particularly salient actions include the Physical Activity, Sports and Health Plan (PAFES) which, rooted in primary care, provides advice to more than 350,000 people a year, and the Integrated Plan for the Promotion of Physical Activity and a Healthy Diet (PAAS). Other particularly noteworthy actions are the Amed network, the revision of school meals, vaccinations and HIV and

sexually-transmitted diseases programmes. Generally speaking, these actions are linked to terms and conditions of the services contract for diagnosis and risk factor control.

Another one of the most recent advances was the 'COMSalut' programme as a way of approaching community care through the integration of primary care, public healthcare services and local services. This project was rolled out in 16 primary health teams and was conceived as part of the Interministerial Public Health Plan (PINSAP[31]). Finally, mention should also be made of the untiring work to control food and the environment performed systematically by the Catalan Public Health Agency and the Catalan Food Safety Agency.

The Health Plan for Catalonia 2016-2020 prioritises public health as a line of action geared towards optimising the positive impact of health protection and promotion and disease prevention on population health. It envisages the making of a health education and promotion plan for all life stages and the participation of different sectors.

6. Provide citizens with a more active role

Technological development, chronicity and a more participative attitude by citizens in their social environment determine the need for them to have a more active role in their health.

Beyond the promotion of self-care, citizens must be empowered to participate in the health system.

Any care that purports to be truly comprehensive must seek to make patients jointly responsible for their own health. This must translate into a twofold objective. On the one hand, further work is required in health education in all stages of life, as is the promotion of self-care and the ability to manage personal health care, while on the other hand citizens must also be encouraged to participate in the definition of community health needs and person-centred care criteria must be included in the assessment of healthcare services.

This means that citizens need quality information that empowers them to have greater self-care capacity and to be able to share the relevant decisions that affect the management of their own care or disease, as applicable. In the case of degenerative diseases or situations that generate disability, patient-centredness must be shared by the caregiver. In terms of the way that they interact with the system, citizens need to be helped to understand how this system works, the best way of using it and be allowed to participate in its management.

Citizens participate via the CatSalut health boards and health boards of the health regions. Almost 300 associations participate in the Patient Advisory Board of Catalonia. More recently, within the framework of the Pacient Expert Catalunya® ('Expert Patient Catalonia') Programme, the Cuidador Expert Catalunya® ('Expert Caregiver Catalonia') Programme has been rolled out in primary care teams[32] to provide support to people who care for patients with dementia and other chronic conditions. This programme was structured on the basis of the training and support needs identified by the actual caregivers. Patient associations worked in formal groups to come up with proposals for this document in the preparation of this Health Plan. Initiatives such as Cat@Salut La Meva Salut, 061 CatSalut Respon or Canal Salut are also mechanisms of participation and interaction between the health system and citizens.

In addition to actions for promoting healthy lifestyle habits addressed in the previous section, the Health Plan for Catalonia 2016-2020 envisages affording continuity to projects that improve

patient empowerment and also establish formal participation mechanisms for citizens. These projects must enable citizens to be actively involved in the transformation of different areas of the system and ensure that their voice is heard and considered in the definition and joint design of new forward-looking strategies. Furthermore, assessment systems that factor in the citizen's perspective as a substantive part of the final outcome of the healthcare process must be implemented.

7. Recover the leadership of professionals

The leadership of professionals in the system must be recovered and measures to acknowledge the work done put in place.

A healthcare system close to the population's healthcare needs must involve professionals throughout the healthcare process, although it is also important that this involvement extend to the organisation of services and the management of centres. Professionals, who are the system's main assets, must provide their knowledge and experience to improve processes. Changes in the healthcare model mean changing the role of professionals and, consequently, the need to acquire new skills and competencies, such as communication skills, knowledge of new technologies and the capacity to work in multidisciplinary teams. This means developing regulated and accessible training mechanisms.

The unstable occupational environment that affects mainly the younger segments (and potentially the most dynamic), the healthcare burden, loss of purchasing power and the flexibilisation of working conditions do not in principle conform an optimal framework to plan the evolution needed by professionals to adapt to this new model, particularly in a situation of budget restraint and the accumulative and intrinsic inertia of professional groups.

The most basic way through which professionals participate in the system is their actual healthcare activity. Nevertheless, they also do so by means of the management bodies of centres, clinical committees or other means such as the advisory boards of master plans or other Ministry of Health and CatSalut programmes, in which these professionals participate in the design, implementation and evaluation of interventions. This participation may be either personal or representing scientific societies, work centres or providers. Examples of this are collaboration in the design of interventions in the context of the master plans (codes) or the restructuring of healthcare processes, for common and highly-specialised conditions alike. Professionals collaborate with the Ministry of Health and CatSalut on numerous advisory boards and task forces. About 400 professionals have collaborated in the restructuring of highly-specialised procedures. Between 2012 and 2014, more than 6,000 professionals participated by presenting their experiences at the Health Plan's annual congresses[33], and the initial proposals for this Health Plan arose from the inputs of work groups comprising more than 400 professionals at Sitges in November 2014 and 2015.

In this setting, the aim is to move towards a system that acknowledges professional advancement, promotes participation bodies and encourages the leadership of professionals in their associations. Recovering the dynamism of health professionals and pursuing their active involvement in the implementation of the policies arising from the Health Plan will also

be a priority in order to bring to light the consistency between everyday activity and strategic planning, taking both the country and the future into account.

8. Achieve a more flexible and decentralised management model

Integrated care to people requires an accessible, decisive, flexible, safe, quality and satisfactory healthcare service for patients and for professionals. With this intention in mind, these services must be managed in a decentralised fashion through to the clinical management level and overcoming compartmentalised healthcare echelons, service lines, centres and providers. Information and communication technologies can play a prominent role, both through their potential to improve the healthcare process and management and by enabling citizens to interact with the health system.

Throughout the term of the Health Plan for Catalonia 2011-2015, the management and participation mechanisms in the CatSalut and in the model of relationship with the SISCAT's network of suppliers were improved. The importance of the territorial agreements and the strategic alliances they yielded must be emphasised. The accreditation of primary care centres, based on 182 safety standards, was initiated. The functional structures of safety reference points in acute care hospitals and primary care were created. A dashboard with 70 indicators for monitoring quality and patient safety in hospitals was developed. Progress was made in the computerisation of the health system and in the creation and deployment of the shared clinical record and other projects, such as image digitisation. Moreover, resources enabling citizens to interact with the system, such as Canal Salut, 061 CatSalut Respon or Cat@Salut La Meva Salut, were developed and consolidated.

The Health Plan for Catalonia 2016-2020 promotes the decentralised management of services and actions geared towards improving safety. It advocates a funding system that affords consideration to the needs of the population of each territory, subject to the evaluation of health outcomes. It is committed to reinforcing the use of technologies and applying them to organisational improvement during the healthcare process and to improving the experience of patients who need to use the system or need information about their health.

9. Promote a formally-committed, transparent, self-evaluating and accountable system.

The permanent assessment of the degree of accomplishment expected of the health system in terms of access, care, effectiveness, efficiency and healthcare outcomes achieved is indispensable. The evaluation of outcomes throughout the healthcare process must help to build an integrated and quality health system. Moreover, promoting assessment includes a dimension of accountability and affords the system transparency, encouraging good practices and supporting informed decision-making in order to improve the system.

In the 2011-2015 period, in addition to the regular reports of the registers and Information Systems of the Ministry of Health and of the CatSalut, such as the Health Report, different

assessment instruments were consolidated through the Agency for Healthcare Quality and Assessment of Catalonia (AQuAS), such as the Results Centre,[34] and others were created, namely the Observatory for Innovation and Health Care Management and other projects such as Essencial,[35] which identifies clinical practices of scant value and makes recommendations for avoiding their use.

The Health Plan for Catalonia 2016-2020 is intended to extend the evaluation of outcomes to the entire healthcare process. Another objective is to evaluate effectiveness, efficiency and impact of health and screening programmes for health promotion and disease prevention. The aim is to further explore the evaluation of variability in healthcare practices depending on the environments and the intensive use of different sources of information in order to extend and improve the assessment of the system overall.

10. Implement information technologies

Information technologies have spawned a revolution in the sourcing, storage and management of information. Naturally, this has had a major impact on health systems. These technologies have contributed to the development of the system and to an increase in effectiveness and efficiency.

Cross-cutting projects of paramount importance were implemented in the 2011-2015 period, such as the Shared Clinical Record of Catalonia and Cat@Salut La Meva Salut. The former is a clinical management tool that is highly useful to professionals, whereas the latter, Cat@Salut La Meva Salut, is a service portal to facilitate interaction between citizens and the system.

The Health Plan for Catalonia 2016-2020 integrates the strategic line in digital health that was conceived to serve and support all the other strategic lines of the Health Plan. After developing an interoperability environment for the entire Integrated Public Health System of Catalonia (SISCAT) respectful of providers' management autonomy, this line has been created to address the challenge of managing healthcare processes and the integration of information in order to have a comprehensive overview of the population**.**

11. Innovate as a driver of transformation

In any attempt to improve population health and to guarantee that services to be rendered meet the population's needs, research and innovation are crucial elements in improving both therapeutic procedures and healthcare processes. Research geared towards optimising the treatment of prevailing pathologies, as well as innovation to improve the care provided, are therefore a part of good healthcare practice.

The strategic lines of the Health Plan for Catalonia 2016-2020 include research, and provisions made for the development of the Strategic Plan and Innovation in Health 2016-2020 (PERIS 2016-2020).

3. Evaluation of the previous period

The Health Plan for Catalonia 2011-2015 established 27 general health objectives, 13 scheduled for 2020 and 14 for 2015.

A total number of between 400 and 600 activities per year were defined and evaluated as part of the previous Plan.

Evaluation of the previous period

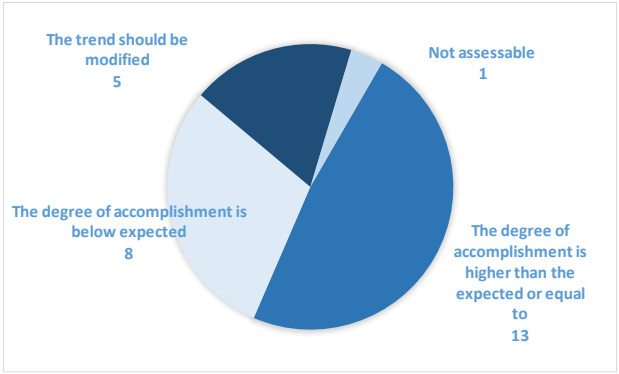
3.1 Evaluation of health objectives

The Health Plan for Catalonia 2011-2015 established 27 general health objectives, 13 scheduled for 2020 and 14 for 2015.

Objectives for 2020

Nine objectives are proceeding favourably. Eight projects are doing so at a pace equal to or higher than expected. These projects pertain to the general objective of increasing the proportion of healthy life expectancy (objective 1) by 5% and those targeting a reduction in mortality rates caused by circulatory system problems, cancer, respiratory, ischaemic heart diseases and stroke, breast cancer in women and colorectal cancer (objectives 2, 3, 5, 7, 8, 9 and 10). The reduction in the incidence of femoral neck fracture (objective 12) is evolving favourably, albeit below the expected rate. Moreover, the trend in three objectives must be changed, namely the reduction in the rate of mortality by mental diseases and suicide (objectives 6 and 11) and a reduction in amputations in people aged 45 to 74 years with diabetes (objective 13). Finally, the objective of increasing survival in cancer cases after 5 years (objective 4) is updated every five years, whereby its evolution cannot be appraised during the 2011-2015 periods.

Figure 12. Accomplishment of the Health Plan for 2011-2015 objectives at the end of the period



Objectives for 2015

Five objectives were accomplished: reduce the prevalence of smoking (objective 14) and reduce surgical infection rates in knee and hip replacement, colorectal surgery and mechanical ventilation-associated pneumonia (objectives 24 to 27). Seven objectives (objectives 16 to 22) evolved favourably, albeit at below the expected rhythm: increase the prevalence of getting healthy physical activity, reduce the prevalence of excess weight, increase the proportion of patients with good blood pressure control and of patients with cardiovascular risk evaluation and reduce re-admissions after 30 days in patients with diabetes, chronic obstructive pulmonary disease and heart failure. Finally, two objectives did not evolve as expected: the reduction in the prevalence of sedentary lifestyle (objective 15) and in the mean prevalence rate of overall hospital-acquired infection (objective 23).

Table 4. Status of the objectives of the Health Plan for Catalonia 2011-2015

For 2020

Number	Objective / *Indicator* / By the year 2020, it is necessary …		Starting point	Last available point	2020 Objective	Source and last available point	Assessment
1	To increase the rate of healthy life expectancy in men and women by 5% *Ratio between healthy life expectancy and life expectancy, by sex (%)*	Men	82,3	84,4	86,4	Catalan Mortality Registry (RMC) 2014, Catalan Health Survey (ESCA) 2015	++
		Women	74,1	79,9	77,8		
		Total	78,0	82,1	81,9		
2	To reduce the mortality rate due to circulatory system disease by 20% *Age-standardised mortality rate per 100,000 inhabitants due to circulatory system disease*	Men	202,4	170,2	161,9	RMC 2014	++
		Women	124,4	101,5	99,5		
		Total	158,6	131,5	126,8		
3	To reduce the mortality rate due to cancer by 10% *Age-standardised mortality rate per 100,000 inhabitants due to cancer*	Men	275,3	247,6	247,8	RMC 2014	++
		Women	125,6	118,3	113,0		
		Total	189,5	174,2	170,6		
4	To increase the five-year cancer survival rate by 15% *5-year relative cancer survival (%)*	Men	46,0	*ND*	52,9	Registre de càncer de Tarragona i Girona, 2000-2004	*ND*
		Women	56,4	*ND*	64,9		
		Total	50,2	*ND*	57,7		
5	To reduce the mortality rate due to respiratory disease by 10% *Age-standardised mortality rate per 100,000 inhabitants due to respiratory system disease*	Men	87,6	77,3	78,8	RMC 2014	++
		Women	31,2	29,3	28,1		
		Total	53,3	48,5	48,0		
6	To reduce the mortality rate due to mental illness by 10% *Age-standardised mortality rate per 100,000 inhabitants due to mental illness*	Men	24,7	26,3	22,2	RMC 2014	--
		Women	24,0	24,4	21,6		
		Total	24,6	25,5	22,1		
7	To reduce the mortality rate due to ischaemic heart disease by 15% *Age-standardised mortality rate per 100,000 inhabitants due to ischaemic heart disease*	Men	71,3	58,6	60,6	RMC 2014	++
		Women	26,8	20,9	22,8		
		Total	45,8	37,1	38,9		
8	To reduce the mortality rate due to stroke by 15% *Age-standardised mortality rate per 100,000 inhabitants due to cerebrovascular disease*	Men	41,6	34,8	35,3	RMC 2014	++
		Women	30,6	25,0	26,0		
		Total	35,4	29,2	30,1		
9	To reduce the mortality rate due to breast cancer in women by 10% *Age-standardised mortality rate per 100,000 inhabitants due to breast cancer in women*	Women	21,4	17,6	19,2	RMC 2014	++
10	To reduce the mortality rate due to colorectal cancer by 5% *Age-standardised mortality rate per 100,000 inhabitants due to colorectal cancer*	Men	36,5	33,8	34,7	RMC 2014	++
		Women	17,1	15,8	16,2		
		Total	25,3	23,5	24,1		
11	To bring the mortality rate due to suicide below the 2010 level *Age-standardised mortality rate per 100,000 inhabitants due to suicide or self-harm*	Men	8,5	9,6	< 8,5	RMC 2014	--
		Women	2,4	3,2	< 2,4		
		Total	5,3	6,2	< 5,3		
12	To reduce the incidence of femoral neck fracture in those 65 years of age and older by 10% *Age-standardised hospital admission rate per 10,000 inhabitants for femoral neck fracture in those 65 years of age and older*	Men	48,7	41,5	43,9	CMBDHA 2015	±
		Women	83,2	91,5	74,9		
		Total	70,5	70,2	63,4		
13	To reduce amputations in those 45 to 74 years of age with diabetes by 10% *Rate of amputations per 10,000 inhabitants in those 45 to 74 years of age with diabetes*	Men	39,6	41,9	35,6	CMBDHA 2015	--
		Women	10,8	9,8	9,7		
		Total	27,4	28,3	24,7		

1 ++ Favorable evolution, equal or higher than expected

± Favorable evolution, lower than expected

-- Unfavorable evolution

ND Not available during the period

For 2015

Núm.	Objective / *Indicator* / By the year 2015, it is necessary ...		Starting point	Last available point	2015 Objective	Source and last available point	Assessment
14	To reduce the prevalence of tobacco use below 28% *Prevalence of tobacco use (daily or occasional) in those 15 years of age and older (%)*	Men	35,8	31,0	*NP*	ESCA 2015	++
		Women	23,4	20,6	*NP*		
		Total	29,5	25,7	<28,0		
15	To bring the prevalence of sedentarism below the 2010 levels *Prevalence of sedentarism in those 18 to 74 years of age (%)*	Men	15,4	19,5	<15,5	ESCA 2015	--
		Women	18,3	22,3	<18,7		
		Total	16,8	20,9	<17,1		
16	To increase the prevalence of healthy physical activity in those 15 to 69 years by 10% *Prevalence of healhy physical activity (moderate and high level) in those 15 to 69 years of age (%)*	Men	74,1	76,6	81,5	ESCA 2015	±
		Women	69,0	71,7	75,9		
		Total	71,6	74,2	78,8		
17	To reduce the prevalence of excess weight (overweight and obesity) below the 2010 levels *Prevalence of reported excess weight (overweight and obesity) in those 18 to 74 years of age (%)*	Men	57,4	55,4	<55,6	ESCA 2015	±
		Women	41,5	43,3	<37,3		
		Total	49,5	49,3	<46,5		
18	To increase by 15% the proportion of hypertensive patients treated with APS with PA values <140/90 mmHg *Percentage of hypertensive patients attended to primary care with PA values <140/90 mmHg (%)*	Total	63,3	70,7	72,8	SISAP-ICS quart trimestre 2015	±
19	To increase by 15% the proportion of patients 35-74 years attended to APS with cholesterolemia> 200 mg / dl with cardiovascular risk assessment *Percentage of patients aged 35-74 attending primary care with cholesterolemia> 200 mg / dl with cardiovascular risk assessment (%)*	Total	84,0	90,2	96,6	SISAP-ICS primer trimestre 2015	±
20	To reduce by 15% the proportion of 30-day re-entry in patients with diabetes *Percentage of patients with diabetes with 30-day re-entry (%)*	Total	5,5	4,9	4,7	CMBDHA 2015 (MSIQ 2016)	±
21	To reduce by 15% the proportion of 30-day re-entry in patients with chronic obstructive pulmonary disease (COPD) Percentage of patients with COPD with 30-day re-entry (%)	Total	17,1	16,0	14,5	CMBDHA 2015 (MSIQ 2016)	±
22	To reduce the proportion of 30-day re-entry in patients with congestive heart failure (15%). *Percentage of patients with ICC with 30-day re-entry (%)*	Total	15,5	13,9	13,2	CMBDHA 2015 (MSIQ 2016)	±
23	To keep the average rate of prevalence of global nosocomial infection below 7% *Prevalence of global nosocomial infection (%)*	Total	6,6	7,1	<7,0	VINCat 2015	--
24	To reduce by 3.5% the rate of surgical infection in the knee prosthesis *Global incidence rate of surgical localization infection in scheduled prosthetic knee surgery (%)*	Total	3,0	2,5	<3,5	VINCat 2015	++
25	To reduce the rate of surgical infection in the hip prosthesis below 3% *Global incidence rate of surgical localization infection in scheduled prosthetic hip surgery (%)*	Total	2,8	2,4	<3,0	VINCat 2015	++
26	To reduce the rate of surgical infection in colorectal surgery below 21% *Global incidence rate of surgical localization infection in scheduled colorectal surgery (%)*	Total	20,6	16,7	<21,0	VINCat 2015	++
27	To keep episodes of mechanical ventilation-associated pneumonia per 1,000 days of ventilation below 12 Episodes of mechanical ventilation-associated pneumonia per 1,000 days of ventilation	Total	5,6	4,4	<12	VINCat 2015	++

1 ++ Favorable evolution, equal or higher than expected

± Favorable evolution, lower than expected

-- Unfavorable evolution

NP Not pertinent

3.2 Operational evaluation

The Health Plan for Catalonia 2011-2015 defined nine lines of actions embodied in 32 operational projects that were to be developed in the period in question. One operational objective to be accomplished at the end of each one of these projects was defined, and the related yearly activities were established. The evaluation of the degree of accomplishment of these activities and of the objective addressed in each project provide the foundations for the operational evaluation of the Plan. A total number of between 400 and 600 activities per year were defined and evaluated as part of this Plan. The operational evaluation results were published every year in the Health Report,[36] at the Health Plan congresses[37] and on the Health Plan website.[38]

More than 70% of the projects achieved the objective defined at the beginning of the period.

The degree of accomplishment of the activities conducted on a yearly basis for each line stands at around 80%. It should be remembered that these results pertain to annual data and are, therefore, not directly accumulative.

Figure 13. Accomplishment of the operational objectives of the Health Plan for Catalonia 2011-2015

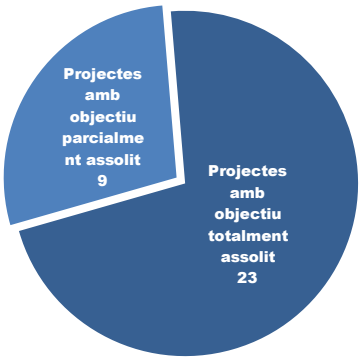


Table 5. Percentage of accomplishment of the annual activities envisaged in the nine lines of action of the Health Plan for Catalonia 2011-2015

Line of action of the Health Plan for Catalonia 2011-2015	2012 (%)	2013 (%)	2014 (%)	2015 (%)
Line 1. Health objectives and programmes	78	75	94	84
Line 2. System oriented towards chronic patients	89	75	82	83
Line 3. More decisive integrated system	66	70	78	84
Line 4. A quality and fair system in highly-specialised medical conditions	88	81	91	94
Line 5. More patient and family-centred	75	70	86	86
Line 6. Health outcomes-oriented procurement model	87	88	90	92
Line 7. Incorporation of professional expertise	50	69	66	71
Line 8. Improved governance and participation	81	71	86	80
Line 9. Shared information, transparency and evaluation	63	84	81	77
Global	**76**	**76**	**84**	**83**

Source: Directorate-General for Health Planning. Catalan Ministry of Health.

Book 3 Operational evaluation of the Health Plan[39] is a compilation of the results of the projects of each line and includes a qualitative evaluation of the degree of accomplishment.

4. Preparation process

The annual Health Plan congresses provided the main scenario for discussing the changes that should be addressed by the Health Plan.

The fight against health inequities, health research, citizens' participation and intersectoral work are proposed as target areas.

4

Preparation process

Work on the Health Plan for 2016-2020 began in November 2014 in the course of the 4th annual Health Plan meeting in Sitges. The meeting was attended by 400 people from different areas divided into nine working groups. These groups took stock of the Health Plan for 2011-2015 and debated upon the changes that should be addressed by the new Plan. The members of these working groups came from the healthcare Administration, healthcare providers, scientific societies and professional associations, industry, patient associations, other ministries of the Government of Catalonia, universities and the local area.

The working groups positively evaluated the Health Plan for 2000-2015, particularly the fact that it was a health and services plan that links objectives to everyday professional activity. They also defined the priority matters that would be included in the future (see book 1 of the Health Plan). Parallel to these activities, the experiences of the 3000-plus posters presented at the annual congresses between 2012 and 2015 were analysed (see books 2 and 4 of the Health Plan).

An initial version of strategic lines and projects was presented at a plenary meeting held in July 2015 in Sant Cugat del Vallès, attended by 600 people. This was followed by a period for making comments and suggesting changes to the proposals via a specific website. The associations represented on the Patient Advisory Board of Catalonia were also asked for their opinion. A draft document was submitted at the 5th Health Plan Congress for the Health Plan for 2016-2020.

When a new legislative period began in January 2016, the proposal was reviewed, taking the new priorities of the current Governance Plan into account. The following areas were reinforced: the fight against health inequalities; the new research plan, the medicinal product policy, citizens' participation or interministerial and intersectoral work, to name but some.

Health regions' health plans, which adapt the projects to each territory's specificities, were also produced. As provided for by Decree 201/2015 of September 15, the organs of community participation in the public health system of Catalonia, amended by the LOSC, the Health Plan was validated by the territorial participation boards and the Ministry of Health. It was ultimately submitted for approval by the Executive Council of the Government of Catalonia and was referred to the Health Commission of the Parliament of Catalonia.

5. The health objectives for 2020

The health objectives are used as a reference for and guide the actions implemented by the Plan.

Twenty-eight objectives have been proposed for the coming years, fifteen related to the reduction of mortality and morbidity, twelve to the reduction of risk factors and 32 to quality of service and safety.

Several objectives will be addressed in order to reduce social inequalities in health.

The health objectives for 2020

5

The ultimate aim of the Health Plan for Catalonia is to improve citizens' health and quality of life. To this end, a set of general health objectives have been defined and are related to the main challenges facing the population of Catalonia in terms of health status, morbidity and mortality, risk factors, health inequalities, healthcare quality and patient safety. These objectives are also based on the recommendations of international organisations such as the World Health Organization Regional Office for Europe and those of the experts of the Ministry of Health in the different areas. Objectives are defined to be used as a reference for and to guide the Plan's lines of intervention.

The first thirteen objectives are related to the reduction of mortality and morbidity. These milestones were defined in 2011 for 2020 and are therefore afforded continuity in the Health Plan for Catalonia 2016-2020. In some cases, sub-objectives have been established to complement or increase the level of demand of the initial ones, which were on the verge of accomplishment.

The other twelve objectives are related to reducing the risk factors with the greatest impact on health. With regard to the objectives that pursue the reduction of risk behaviours, it should be pointed out that sub-objectives have been included in some of them with a view to measuring the degree of progress made in reducing health inequalities. This has been implemented for indicators that have a clear socio-economic determinant and for which suitable data are available for measure purposes.

Finally, there are three objectives pertaining to quality of services and patient safety.

All the objectives have a progress indicator that is measured, assessed and published every year to monitor the impact of the Plan's actions on health and to report to the citizens for the sake of accountability.

Table 6. Objectives related to health and the reduction in inequality of the Health Plan for Catalonia 2016-2020 for the 2020 timeframe

No.	Objective/sub-objective	Indicator	Source	Activity period
1	To increase healthy life expectancy in men and in women by 5%	Ratio of healthy life expectancy and life expectancy by gender (%)	Mortality Register of Catalonia, Health Survey of Catalonia	2011-2020
1.1	To maintain the positive life expectancy and healthy life expectancy trend	Healthy life expectancy at birth, by gender. Life expectancy at birth	Mortality Register of Catalonia, Health Survey of Catalonia	2016-2020
1.2	To reduce social inequalities in good self-perceived health	Proportion of good self-perceived health by a selection of socio-economic variables	Public Health Agency of Catalonia	2016-2020
2	To reduce the circulatory system disease mortality rate by 20%	Age-standardised circulatory system disease mortality rate per 100,000 inh. in	Federation of Municipalities of Catalonia	2011-2020
3	To reduce the cancer mortality rate by 10%	Age-standardised cancer mortality rate per 100,000 inh.	Federation of Municipalities of Catalonia	2011-2020
4	To increase the cancer survival rate after five years by 15%	Relative survival from cancer after 5 years (%)	Cancer Register of Girona and Tarragona	2011-2020
5	To reduce the respiratory disease mortality rate by 10%	Age-standardised from respiratory disease mortality rate per 100,000 inh.	Mortality Register of Catalonia	2011-2020
5.1	To delay the median age of death by respiratory diseases by one year	Median age of death from respiratory diseases (all ages)	Mortality Register of Catalonia	2016-2020
6	To reduce the mental disease mortality rate by 10%	Age-standardised mental disease mortality rate per 100,000 inh.	Mortality Register of Catalonia	2011-2020
7	To reduce the ischaemic heart disease mortality rate by 15%	Age-standardised ischaemic heart disease mortality rate per 100,000 inh.	Mortality Register of Catalonia	2011-2020
7.1	To reduce the ischaemic heart disease mortality rate by a further 10%	Age-standardised ischaemic heart disease mortality rate per 100,000 inh.	Mortality Register of Catalonia	2016-2020
8	To reduce the stroke mortality rate by 15%	Age-standardised cerebrovascular disease mortality rate per 100,000 inh.	Mortality Register of Catalonia	2011-2020
9	To reduce the breast cancer mortality rate in women by 10%	Age-standardised malignant breast tumour in women mortality rate per 100,000 inh.	Mortality Register of Catalonia	2011-2020
10	To reduce the colorectal cancer mortality rate by 5%	Age-standardised malignant colorectal tumour mortality rate per 100,000 inh.	Mortality Register of Catalonia	2011-2020
11	To reduce the suicide mortality rate below that of 2010	Age-standardised suicide and self-injury mortality rate per 100,000 inh.	Mortality Register of Catalonia	2011-2020
12	To reduce the incidence of neck of femoral neck fracture in the population aged 65 years and above by 10%	Age-adjusted hospital admission rate per 10,000 inh. for neck of femur fracture in the population aged 65 years and above	Record of the minimum basic data set–hospital discharges (CMBD-AH)	2011-2020

13	To reduce amputations in the population aged between 45 and 74 years with diabetes by 10%	Rate of amputations per 10,000 inh. in the population aged between 45 and 74 years with diabetes	Record of the minimum basic data set–hospital discharges (CMBD-AH)	2011-2020
13.1	To reduce major amputations in the population aged between 45 and 74 years with diabetes by 10%	Rate of major amputations per 10,000 inh. in the population aged between 45 and 74 years with diabetes	Record of the minimum basic data set–hospital discharges (CMBD-AH)	2016-2020
14	To reduce the prevalence of smoking to below 24%	Proportion of smoking (daily and occasional) in the population aged 15 years and above (%)	Health Survey of Catalonia	2016-2020
14.1	To monitor the prevalence of smoking from the perspective of social inequalities in health	Proportion of smoking (daily and occasional) in the population aged 15 years and above by social class, level of education and employment situation (%)	Health Survey of Catalonia	2016-2020
15	To increase the prevalence of healthy physical activity in the population aged 15 to 69 years to above the levels of 2016	Proportion of healthy physical activity (moderate and high of the IPAQ) the population aged 15 to 69 years (%)	Health Survey of Catalonia	2016-2020
15.1	To reduce social inequalities in the prevalence of healthy physical activity in the population aged 15 to 69 years	Proportion of healthy physical activity (moderate and high of the IPAQ) the population aged 15 to 69 years by a selection of sociodemographic variables	Health Survey of Catalonia	2016-2020
16	To bring the prevalence of excess weight in those 18 to 74 years of age below 2015 levels	Proportion of reported excess weight (overweight and obesity) in those 18 to 74 years of age (%)	Health Survey of Catalonia	2016-2020
16.1	To monitor the prevalence of excess weight in the population aged between 18 and 74 years from the perspective of social inequalities in health	Proportion of reported excess weight (overweight and obesity) in those 18 to 74 years of age, by social class and level of education (%)	Health Survey of Catalonia	2016-2020
17	To reduce the prevalence of excess weight in those 6 to 12 years of age by 5%	Proportion of reported excess weight (overweight and obesity) in those 6 to 12 years of age (%)	Health Survey of Catalonia	2016-2020
17.1	To reduce social inequalities in the prevalence of excess weight in those 6 to 12 years of age	Proportion of reported excess weight (overweight and obesity) in those 6 to 12 years of age (%), by a selection of socio-economic variables	Health Survey of Catalonia	2016-2020
18	To increase the prevalence of adults who follow the Mediterranean diet recommendations by 5%	Proportion of people aged 15 years and above who follow the Mediterranean diet recommendations (%)	Health Survey of Catalonia	2016-2020
18.1	To monitor the prevalence of adults who follow the Mediterranean diet recommendations from the perspective of social inequalities in health	Proportion of people aged 15 years and above who follow the Mediterranean diet recommendations (%), by social class and level of education	Health Survey of Catalonia	2016-2020
18.2	To reduce social inequalities in the prevalence of frequent intake of high-calorie food by the population aged 3 to 14 years old	Proportion of frequent intake of high-calorie food by the population aged 3 to 14 years old (%), by a selection of sociodemographic variables	Health Survey of Catalonia	2016-2020
19	To reduce the rate of pregnancies in women aged 15 to 19 years to below the level of 2013	Rate of pregnancies in women aged 15 to 19 years per 1000 women	Population Register, Mortality Register of Catalonia, Register of induced abortions	2016-2020
20	To maintain the proportion of children aged 5 who are properly vaccinated above 90%	Proportion of children aged 5 who are properly vaccinated according to the vaccination schedule (%)	Primary care services information system	2016-2020
21	To reduce the incidence of tuberculosis by 20%	Rate of incidence of tuberculosis per 100,000 inh.	Individualised notifiable disease register	2016-2020

22	To reduce the incidence of HIV by 5%	Rate of incidence of HIV per 100.000 inh.	Integrated epidemiological surveillance system on STD / HIV / AIDS in Catalonia	2016-2020
23	To reduce the incidence of gonorrhoea by 10%	Rate of incidence of gonorrhoea per 100,000 inh.	Integrated epidemiological surveillance system on STD / HIV / AIDS in Catalonia	2016-2020
24	To reduce the prevalence of the intensive episodic intake of alcohol in students aged between 14 and 18 years by 5%	Proportion of intensive episodic intake of alcohol in students aged between 14 and 18 years (%)	State Survey on the Use of Drugs in Secondary Education (ESTUDES)	2016-2020
25	To increase the prevalence of hypertensive patients attended to in primary health care with good blood pressure control by 7%	Proportion of hypertensive patients attended to in primary health care with good blood pressure control (%)	Primary care services information system	2016-2020
26	To keep the prevalence of patients with healthcare-related infection below 7%	Proportion of patients with healthcare-related infection (%)	VINCat, ENVIN-HELICS register	2016-2020
27	To keep the episodes of pneumonia associated with mechanical ventilation per 1000 days of ventilation below 6	Episodes of pneumonia associated with mechanical ventilation per 1000 days of ventilation	VINCat ENVIN-HELICS register	2016-2020
28	To keep the rate of falls in hospitalised patients below 2 per 1000 stays	Rate of falls in hospitalised patients per 1000 stays	Bioethics and Quality Promotion Service	2016-2020

6. Pillars, strategic lines and projects

The Plan's actions are organised into four axes that address four conceptual areas of intervention:

- Pillar 1. People's commitment and participation.
- Pillar 2. Quality care.
- Pillar 3. Good governance.
- Pillar 4. Health in All Policies.

The aforementioned pillars contain the strategic lines and the projects.

Health Plan
for Catalonia 2016-2020

Generalitat de Catalunya
Departament de Salut

COMMITMENT AND PARTICIPATION

1 People, their health and participation in the health system

2 Professional involvement

QUALITY OF CARE

3 Public Health

4 Accessibility and resolution

5 Pharmaceutical policy

6 Integrated Care and Chronicity

7 Research and Innovation

GOOD GOVERNANCE

8 Excellence and safety

9 Evaluation & transparency

10 Digital health

11 Integration in territories

HEALTH IN ALL POLICIES

12 Interdepartamental and intersectorial policies

AREAS OF PRIORITY AND SPECIFIC PROJECTS

Vulnerable children and teenagers | Elderly and disabled people | Mental Health | Rare diseases | Communicable diseases | Locomotor diseases | Respirator y diseases | Vascular system | Cancer

Priority health areas and unique projects

The Health Plan for the 2016-2020 period proposes certain priority areas deserving of particular attention because they are causes of mortality, morbidity, disability, addiction and, in any event, pain and suffering. The priorities selected are: **cancer, circulatory system diseases, —both cardiovascular and cerebrovascular—, respiratory diseases, mental health and addictions, disability, musculoskeletal system diseases, communicable diseases, vulnerability in childhood and adolescence and rare diseases**.

In the ensemble of the Health Plan's proposals, these areas are generally embodied in different projects targeting the prevention, early detection and suitable treatment of these conditions, as well as to recover people, rehabilitate them and help them to get back into everyday family, professional and social life as soon as possible.

A **unique project** (**UP**) has been selected in each priority area, related in many cases to activities that fall to the responsibility of the Ministry of Health's master plans or programmes. The outstanding projects in each priority area were chosen based on the importance of the subject matter for healthcare, its potential impact on the Plan's general health objectives, the operational challenge involved or the novelty it entails for the area of action.

Priority area	Unique projects
Monitoring of the Health Plan	Monitoring of health objectives, quality of life and operativity of the projects
Child and adolescent care	Child and mother care and care for adolescents in situations of vulnerability
The elderly and disability	Plan for the Prevention of Disability in Elderly Frail People
Mental health	Suicide prevention (Code Suicide Risk)
Rare diseases	Deployment of the care model for rare diseases
Communicable diseases	Early detection of HIV, syphilis, gonorrhoea, chlamydia and tuberculosis
Musculoskeletal system diseases	Secondary prevention of osteoporosis fractures: APROP project
Respiratory diseases	Respiratory precision medicine
Cerebrovascular diseases	Redefinition of emergency care for stroke patients
Cardiovascular diseases	Comprehensive Action Programme in Ischaemic Heart Disease
Cancer	Population screening for colorectal cancer

UP1. Monitoring of objectives related to health, quality of life and operativity of the projects

Since the World Health Organisation's (WHO) 'Health21.The health for all policy framework for the WHO European Region' strategy was embraced by the Ministry of Health in 1991, planning by health objectives has been consolidated with a defined time-frame, and these objectives are determined by the intended health gains. Since then, the Health Plan has incorporated objectives defined with these criteria, it specifies evaluation criteria and determines calculation procedures. This facilitates the monitoring and assessment of the degree of accomplishment.

Moreover, a set of indicators related to the Health Plan's projects are defined for the purpose of monitoring and assessing development.

Objectives for 2020

- Monitor the objectives of the Health Plan for Catalonia 2016-2020 on an annual basis.

Most outstanding milestone for 2017

- The preparation of the Health Report for Catalonia 2016, the Monitoring Report of the Objectives of the Health Plan for 2016 and the Operational Monitoring Report of the Health Plan for 2016 projects.

Activities

- Define the objectives and indicators needed to monitor the Health Plan's health and operational objectives.
- Conduct the continuous Health Survey of Catalonia, analyse the information available in the mortality registers, the different minimum basic data sets (CMBD) and consult other database sources that are suited to the objectives, such as the units in charge of the projects.
- Perform the annual follow-up of the evolution of indicators and assess the status of the Health Plan's objectives and publish the results.
- Perform the operational monitoring of the Health Plan's projects and publish the results.

UP2. Health for children and adolescents in situations of vulnerability

Catalonia has good comprehensive child and adolescent health indicators, although there are specific health problems at this age that have increased in recent years or are concentrated in people in a situation of vulnerability. These situations require a specific and priority approach. Vulnerability may be related to biological, psychological, economic and social conditions that impact health. Childhood and adolescence are vital stages in a person's development, and the way that health problems that occur are detected, prevented and treated is decisive for future success in adult life in the personal, family, social and occupational domains.

In recent years, the demand for care for mental health problems in these life stages has increased, and a coordinated interministerial action is called for, particularly between the healthcare, school and social sectors. The best place to begin is with mental health promotion, prevention, early detection and specialised care from a bio-psychosocial standpoint and to provide a suitable response to the specific requirements of the most vulnerable population.

Many of the serious mental illness that affect people begin at an early age. Moreover, adolescence is a period of experimentation in which risk consumption and behaviours begin. Preventive and promotion actions for health in the community and school setting, focusing on emotional well-being and the promotion of social networks are fundamental.

Social inequalities and numerous health determinants present important differences according to socio-economic level, and the problem is particularly acute in vulnerable groups; for example, regarding risk consumption of alcohol or other substances, unwanted pregnancies or sexually-transmitted infections and the prevalence of mental and behavioural disorders. It is crucial to develop selective interventions in children and adults who are not accessible in the usual school setting —, for example with a high degree of absenteeism from school — adolescents attended to by social welfare services (Directorate-General for Children and Adolescent Care, DGAIA) or juvenile justice, among others, particularly in institutionalised groups.

Objective for 2020

- To define and deploy health promotion, prevention and care models for the most prevalent health issues in children and young people in a situation of vulnerability, with an intersectoral and interministerial approach, paying particular attention to mental and emotional health.

Work pillars for 2020

- To promote health and prevention in the infants and young children of parents with serious mental disorders and/or addictions or who are victims of abuse or violence.

- To develop the actions provided for in the Integrated Care Plan for People with Mental Disorders and Addictions related to children and young adults.

- To promote emotional and sexual health in adolescents in a situation of vulnerability.
- To promote health in children and young people living below the poverty line.
- To implement the joint Action Plan between the Ministries of Education and Health targeting minors with special educational needs caused by mental disorders.

Milestone for 2017

- To prepare a health promotion and prevention model in infants and young children of parents with serious mental disorders and/or addictions or who are victims of abuse or violence.

Activities

- Review and update preventive protocols for the detection of mental health problems in childhood and adolescents: 'Programa del nen sa' ('Healthy Child Programme').
- Initiate joint training actions between DGAIA and health professionals and to make training and awareness-raising proposals for the professionals involved.
- Draw up the specialised resource map for care for children and adolescents in education, mental health and social welfare.
- Establish a joint detection and intervention strategy in children of parents with serious mental disorders and/or addictions, victims of abuse or violence.
- Define and agree to models and implementation strategies based on a territorial vision.
- Report these actions to stakeholders and citizens.

UP3. Plan for the prevention of disability in elderly frail people

The ageing population and epidemiological and clinical knowledge about the progression of disability and the possibilities of preventing it or delaying its onset have triggered different proposals to apply this expertise in clinical practice.

The *Estrategia de promoción de la salud y prevención en el SNS*[40] ('Spanish NHS health promotion and prevention strategy') has promoted a consensus-based framework regarding the prevention of frailty and falls in the elderly.

The general objective of this strategy is to identify the subgroup of people at risk of disability in order to be able to establish a preventive intervention that will make it possible to delay it or avert functional impairment.

The main preventive intervention of proven efficacy in the management of situations of frailty is structured physical exercise adapted to each need. Other interventions are a balanced diet and the treatment of underlying or concomitant health problems. For this intervention, besides the health system, the participation of different community agents will be necessary.

Objective for 2020

- Have the care-to-frailty model implemented in the different territories.

Milestones for 2017

- Definition and consensus, in collaboration with professionals, of the care-to-frailty model that contains: a) the definition of good screening practices; b) population-based care for frailty, and c) the prevention of disability.
- Beginning of training and dissemination to professionals, as well as detection experiences by primary care.

Activities

- Do the groundwork. Compile and run bibliographic searches.
- Conduct in-depth interviews with key actors from primary care, geriatrics and community services.
- Organise an expert meeting: workshop and consensus on the document.
- Prepare the proposals.
- Secure a professional consensus.
- Prepare and draft the final document.
- Define the indicators based on the description of the model in order to monitor implementation.

UP4. Suicide prevention (Code Suicide Risk)

Although the suicide mortality figures in Catalonia are among Europe's lowest, suicide is one of the five leading causes of premature death in our country. The age pattern followed by mortality by suicide in Catalonia matches the description of the WHO. The highest number of deaths occur in people aged 45 to 55 years, although the high rates in people above the age of 74 also give cause for concern. Although the figures are quantitatively lower in absolute terms, suicide is the leading cause of mortality among young people in age groups between 25 and 44 years in both genders. Moreover, it is the third cause of avoidable death in our setting and has surpassed the mortality rate caused by traffic accidents for more than five years.

The WHO advertises suicide as one of the main causes of mortality that can be avoided by health policies. In countries in our setting, it has been demonstrated that when policies are specific for a target population, they are effective, both in reducing mortality and in repeat attempts.

The Code Suicide Risk establishes an action protocol, a case register and a communication system between apparatuses in order to detect and guarantee the healthcare continuum to people at risk of suicide and reduce both mortality and attempted suicides.

Objectives for 2020

- To consolidate deployment of the Code Suicide Risk throughout Catalonia.
- To get 80% of the cases that enter the programme to have an effective post-discharge follow-up and that they are evaluated in the corresponding device.

Milestone for 2017

- The extension of the implementation of the Code Suicide Risk throughout the territory.

Activities

- Implement a registry system for the evaluation of results.
- Conduct activities to improve the quality of the registry and optimise its use.
- Conduct territorial coordination actions.
- Harmonise the clinical criteria for case evaluation.
- Monitor repeat attempts.

UP5. Deployment of the care model for rare diseases

A *rare disease* (RD) is regarded as any disease whose prevalence is less than 5 cases per 10,000 inhabitants. RD account for a very broad group of diseases (more than 7,000 have been described), and in Catalonia a substantial number of people are affected (between 350,000 and 400,000).

80% of RD are genetic in origin and normally surface in paediatric age. They may have major clinical variability, and treatment requires expertise. They also tend to generate a major impact on the quality of life of people that suffer from them and their families – disability and addiction – and for this reason they required integrated, coordinated and effective interventions, both from the healthcare and interministerial domain (Employment, Social Affairs and Families, Education; Enterprise and Knowledge; Health).

Taking their characteristics into account, the healthcare model for RD defined by CatSalut and approved by the Rare Disease Advisory Commission is based on three lines:

a) improve healthcare, detection and diagnostic and treatment systems, guaranteeing expertise by establishing clinical expertise units (CEU):
b) promote multidisciplinary care integrated with other sectors, fostering networking and coordinated between the CEU and the network of health services close to home, ensuring that they fit into an integrated and single line of action of the different ministries of the Government of Catalonia in the area of disability and dependence, and
c) improve the information and accompaniment of people with these diseases and their families, fostering their participation in improving health and health care.

Objective for 2020

- To deploy the CatSalut care model for rare diseases and implement the clear model in the designated CEU.

Milestones for 2017

- To prioritise the order of designation of the RD or themed groups and the designation of the CEUs envisaged and monitor their participation in European networks.

Activities

- To progress in the CEU designation strategy initiated in 2015 and regulated by Instruction 12/2014 of the CatSalut and the Resolution on the designation procedure.

- Deploy the networking model in both CEUs designated for a specific RD or theme group and between CEUs and the community level (definition of health care protocols-pathways, establishment of shared follow-up agreements, etc.).

- Implement the MD register in the context of the CEUs.

- Work on the disability aspect from the interministerial area.

- Define the evaluation model of the designated CEUs.
- Continue to work on the Highly-Complex Treatments Programme.

UP6. Early detection of HIV, syphilis, gonorrhoea, chlamydia and tuberculosis

Despite the substantial improvements made in the prevention of the human immune deficiency virus (HIV), the acquired immunodeficiency syndrome (AIDS) and other sexually transmitted diseases (STD) and tuberculosis (TBC) in Catalonia, some populations continue to be disproportionately affected by these conditions. In recent years, integration experiences have been undertaken in services that care for patients with HIV and STD, hepatitis C and TBC, since: i) these infections share transmission mechanisms; ii) they affect similar populations, and iii) they may form synergistic epidemics.

An estimated 35,000 people are infected by HIV in Catalonia although 25% of them are unaware of it. In 2014, the estimated incidence was 10.2 cases per 100,000 inhabitants. In the last ten years, the number of new cases diagnosed has remained stable at 800 new cases per year.

In the last ten years, there has been a substantial increase in the declaration of all sexually transmitted infections, which reflects an improvement in the territory's epidemiological surveillance systems, as well as an increase in the real incidence of these infections. The global rate of syphilis increased by 373% in the 2005-2014 period (from 3.7 to 17.7 cases per 100,000 inhabitants), particularly in men, and more specifically in men who have sex with men. The global rate of gonorrhoea increased by 400% (from 4.2 to 21.0 cases per 100,000 inhabitants), which is a cause for concern in view of the possible appearance of microbial resistances. In 2014, 1,809 cases of infection by *Chlamydia trachomatis* were reported to the Microbiological Reporting System of Catalonia, constituting a global rate of 25.4 cases per 100,000 inhabitants. Interpreting the epidemiological situation of this infection is difficult due to the fact that the infection is symptomatic, and the diagnosis therefore depends on screening policies and diagnostic strategies.

Tuberculosis continues to be a public health problem in Catalonia. Despite the falling trend observed in the 2000-2014 period, its incidence continues to be higher than that of other European Union countries. In 2014, 1155 cases were detected, which heralds a rate of 15.1 cases per 100,000 inhabitants, 1.9 down on the figure for 2013. In this same year, more than 50% of cases of pulmonary tuberculosis were diagnosed 60 days or later after the onset of symptoms.

The most effective way of controlling these infections is to concentrate efforts on discovering and treating the people affected properly; if the diagnosis and treatment are performed early, the outcomes of these efforts are multiplied.

Objectives for 2020

- To reduce the delay in the diagnosis of HIV infection, syphilis, gonorrhoea and chlamydia.
- To reduce the delay in the diagnosis of pulmonary tuberculosis.

Activities

- Produce the protocol to study the contacts of people infected by STDs, and draft recommendations for the performance of studies on the contacts of people with tuberculosis.
- Implement screening programmes for infection by HIV, gonorrhoea, syphilis and chlamydia in vulnerable populations.
- Promote the performance of the HIV detection test in people exposed to risk behaviours.
- Improve and reinforce the performance of studies of contacts in cases of HIV infection, other sexually transmitted diseases and pulmonary tuberculosis.
- Create awareness among health professionals and the more vulnerable population groups as to the relevance and the benefits, individual and collective, of an early diagnosis of these infections.
- Implement the Plan for the Prevention, Care and Control of STDs throughout the territory.
- Provide support to projects for the prevention of HIV and STDs developed from the third sector.

UP7. Secondary prevention of osteoporosis fractures: APROP Programme

Catalonia is one of the Spanish State autonomous communities with the highest prevalence of hip fractures. Having had an osteoporotic fracture multiplies the subsequent risk of having another one by between two- and four-fold depending on the location of the fracture. The pharmacological treatment of osteoporosis is effective in preventing new fractures, although effectiveness is limited by poor compliance. Unfortunately, the detection and treatment of osteoporosis in patients with an emerging fracture is below what would be desirable, since 50% of the cases are studied, and the proportion of people who receive treatment after a fracture is below 35%. In recent years, different experiences have been published that demonstrate the effectiveness and efficiency of implementing detection and management programmes for patients with an osteoporotic fracture.

The implementation of the APROP Programme in a pilot phase is proposed. This Programme is intended to identify people who have had a major osteoporotic fracture and perform an educational and healthcare intervention in primary care in order to improve the degree of compliance with the proposed pharmacological and non-pharmacological measures.

Objective for 2020

- To implement a community intervention programme in the pilot territories to reduce the incidence of new osteoporotic fractures in patients who have already had one (secondary prevention).

Milestone for 2017

- Implementation of the APROP programme in the pilot territories and begin to include patients with a major osteoporotic fracture in it.

Activities

- Design the intervention to be implemented: design the communication strategy between hospital care and primary care that will make it possible to identify patients and design the intervention that is to be implemented from primary care.
- Define the territories that will be part of the pilot phase.
- Implement the programme. The scheduled duration is three years (2016-2018): the first year is for patient recruitment and the other two for follow-up.
- Evaluate the preliminary results of the experience. The main indicators will be the rate of new fractures after 12 and 24 months and the degree of compliance with pharmacological measures after 12 months.

UP8. Respiratory precision medicine

Precision medicine is an innovative way of addressing disease diagnosis and treatment, taking individual differences related to genetics, environment and lifestyle into account. People with a medical condition must be given the best treatment available according to scientific evidence to guarantee that their clinical condition could not benefit more from any other diagnostic or therapeutic approach other than the one being used.

In this setting, the concept of precision medicine implies that efforts made must target the more serious or complex groups of patients who present certain characteristics and have specific treatments. Precision medicine switches the focus from population risk (average risk for a given population) to individual risk, to a person or a group of people with the same circumstances and who can benefit from treatment.

Respiratory diseases are a good example for applying the concepts of precision medicine. The project consists of defining a respiratory precision medicine model for patients with respiratory diseases that could be extrapolated to other healthcare settings.

Objective for 2020

- To implement, throughout Catalonia, a respiratory precision medicine model for airway diseases (which include chronic obstructive pulmonary disease and asthma), sleep disorders and the diagnosis of cancer of the respiratory system.

Milestone for 2017

- The working groups must have analysed the situation and defined proposals for improvement.

Activities

- Create a pilot group or promoter to define the patient-centred care model.
- Identify groups of patients with common needs that could benefit from specific interventions.
- Create specific working groups for the three major areas of action of respiratory precision medicine; the airways, sleep disorders and the diagnosis of cancer.

UP9. The redefinition of emergency care for stroke patients

Strokes are the second cause of death in Catalonia (3,899 deaths in 2013, which accounts for 6.5% of all mortality) and the first cause of permanent disability.

In Catalonia, urgent care for acute stroke patients is based on a universal stroke code system. It is an emergency code for the rapid identification of patients with acute stroke and transfer to the nearest hospital that can provide an expert clinical assessment. The Code Stroke Hospital Network is comprised of 14 reference hospitals and 12 county hospitals with remote-stroke systems, all of them capable of delivering intravenous thrombolytic treatment. In this model, the Medical Emergency System (SEM) plays a pivotal role.

Recent studies have proven the effectiveness and safety of endovascular treatment (EVT) for ischemic stroke due to large-vessel occlusion. However, this treatment can only be delivered in hospitals with highly advanced technology and professionals who can evaluate the suitability of treatment and provide such treatment when necessary. This project is the redefinition of the current Code Ictus system in order to adapt the network and existing healthcare circuits to the new treatment recommendations and make them more accessible, concentrating them in a small number of sites in order to achieve suitable clinical outcomes.

Objectives for 2020

- To deploy the new emergency care model for patients with stroke throughout Catalonia in order to guarantee endovascular treatment to any patient that requires it.
- To make sure that 85% of the patients who need endovascular treatment get it within a suitable timeframe.

Milestones for 2017

- Definition of the requirements to be met by tertiary stroke hospitals in order to provide EVT and to accredit them.
- Definition of the territorial circuits for the referral of patients who need EVT on account of their characteristics.
- Deployment of the Code Stroke Registry of Catalonia.

Activities

- ➢ Define the requirements to be met by tertiary/hospitals to be able to provide EVT.
- ➢ Accredit tertiary stroke hospitals to be able to perform EVT.
- ➢ Define the new territorial circuits for the referral of patients that require EVT.

- Establish a clinical registry of patients with acute stroke who generate and activate the Code Stroke to be able to evaluate how the new model operates and referrals to tertiary stroke hospitals to evaluate their suitability for EVT.

- Establish new specialised care objectives:
  - Port-a-cath insertion time, definitive cath time. Applicable to the agreements of tertiary stroke hospitals that administer EVT.
  - DIDO time (*door-in to door-out time*). Applicable to reference hospitals when they evaluate cases that are potentially candidates for EVT and who require a secondary transfer to a tertiary stroke hospital.

UP10. Integrated action programme in ischaemic heart disease

From the epidemiological standpoint, ischaemic heart disease (IHD) is a prevalent health problem in Catalonia with a high burden of morbidity and mortality (it was the leading cause of mortality in Catalonia in 2013, with 4,499 deaths, accounting for 7.5% of all deaths).

In the 2008-2015 planning period, the circulatory system disease master Plan prioritised the organisation of emergency care in cases of acute AT-segment elevation myocardial infarction (STEMI) in view of its high rate of fatal outcomes. Once emergency care for STEMI had been reorganised and taking both the good result obtains and with regard to the percentage of patients that have received reperfusion treatment within a suitable term and in terms of the reduction of mortality into account, the Plan seeks to extend the approach to ischaemic heart diseases in general. To this end, it will be necessary to define the objectives and activities to provide integrated care for this health problem, including the promotion of healthy lifestyles, primary and secondary prevention, the improvement of care in the acute phase (for STEMI and other infarctions) and for chronicity. Moreover, consideration must be afforded to the harmonisation of diagnostic and treatment processes and accessibility, as well as the inclusion of cardiac rehabilitation within the public health service portfolio.

Objectives for 2020

- To make sure that at least 75% of patients with acute AT-segment elevation myocardial infarction (STEMI) receive the reperfusion treatment by means of primary angioplasty with an EGC-balloon time of less than 120 minutes.
- To make sure that all specialised and primary care services have access to a cardiac rehabilitation programme for patients who have had a heart attack in accordance with the criteria produced by the master Plan.

Milestones for 2017

- Continuation of the monitoring of the Code Stroke (Code AMI) operation in Catalonia.
- Preparation of the cardiac rehabilitation model for patients that have had a heart attack.

Activities

- ➢ Prepare the integrated action programme in IHD and define the activities to be developed in the 2016-2020 period.
- ➢ Create specific working groups to address the activities prioritised in the programme.
- ➢ Define common criteria for the cardiac rehabilitation of patients who have had a heart attack.
- ➢ Propose that cardiac rehabilitation be included in the service portfolio.
- ➢ Conduct a study to gauge the population's perception of cardiovascular health condition.

UP11. Population screening for colorectal cancer

Colorectal cancer is the most frequent type of cancer in men and women in Catalonia (approximately 5,500 cases a year according to data from 2007) and is the second neoplasm with the highest mortality (approximately 2,100 deaths according to data from 2007). The faecal occult blood test is an early detection test of proven efficacy and is included in the service portfolio.

This screening is offered as a population programme and is organised to achieve the maximum degree of coverage and participation, with greater equality and quality. The programme targets men and women aged 50 to 69 years. It consists of the performance of the faecal occult blood test. If the test is positive, the person is invited to have the same test done again two years later. If the test is positive, a colonoscopy is recommended to identify the reason for the haemorrhage.

People are invited to participate in the programme by means of a letter that is managed by the territorial screening offices. The letter tells them where they can pick up the container for the stool sample and where they should return it to, normally a chemist's or primary care centre, depending on the territory.

The territorial screening offices are responsible for managing and monitoring the programme in their own territory. The Screening Office of Catalonia is responsible for coordinating and evaluating the programme throughout Catalonia.

Objectives for 2020

- To implant colorectal cancer screening in the target population (men and women aged 50 to 69 years) all over Catalonia.
- To achieve a 65% participation rate in the programme.

Milestones for 2017

- To extend the programme to achieve a coverage of 65% of the target population.
- To migrate to the new early detection programme's computing application.

Activities

- ➢ Extend the programme to achieve a coverage rate of 65% of the target population by the end of 2016 and 100% by the end of 2017.
- ➢ Migrate to the new early detection programme's computing application.
- ➢ Publish the colorectal cancer screening episode report in the Shared Clinical Record of Catalonia.
- ➢ Evaluate the results and the quality of the programme on an annual basis.

Line 1. People, their health and the health system

Promoting participation in the design and development of public health policies is an indicator of democratic quality, it is a mechanism that improves the transparency of the public health system and is a way of gauging and introducing community opinion into health decision-making and governance.

Moreover, adapting services to the needs of people, and their involvement in taking care of their wellness and health is a challenge that countries have faced for many years. This has prompted a change in the orientation of the care model, which places the person at the core of the social and health system by promoting the respect for dignity and autonomy as fundamental ethical cornerstones.

The projects in this line define strategies to encourage a commitment between the citizens and the system to drive forward in improving governance and the deployment of a person-centred health system.

Project 1.1. Implementation of the new Charter of rights and obligations of Catalonia

The Charter of health and health-related rights and obligations was updated with a new paradigm of social contract in which people will be called upon to play an increasingly more active role in their health to make them drivers of change through their empowerment and capacity to participate in the design of the health care model. This update was conducted in 2015 and involved all the social agents. The document ultimately contains almost one hundred rights and obligations structured into ten major areas.[41]

Citizens and professionals must be made aware of and guarantee fulfilment of the principles underpinning the Charter of rights and obligations. This project must permeate the entire Health Plan for Catalonia 2016-2020, and its actions must take this new programmatic and ethical framework into account.

Objective for 2020

- To help the principles of the new Charter of rights and obligations of Catalonia to become reference points in the relationships established between the citizens and the health system and to make them known to citizens and professionals alike.

Work pillars for 2020

- To promote informative and communication actions for professionals and citizens that propitiate a decision-making environment focused on people's needs.
- Foster the training of professionals and citizens in the aspects provided for in the Charter.
- Evaluate the outcomes of actions to make them tangible.

Most outstanding milestones for June 2017

- The execution of a set of training activities in healthcare networks and evaluation of the results obtained.

Initial activities

- Design communication strategies to publicise the Charter of rights and obligations.
- Engage in actions oriented towards promoting the ethical aspects related to healthcare, both from the standpoint of healthcare ethics related to patients and the ethical behaviour of patients towards the healthcare system.
- Prepare and approve a schedule of actions for the ensemble of healthcare and organisational processes governed by the proposals of the Charter of rights and obligations.
- Define the indicators to evaluate the degree of implementation of the Charter.

Project 1.2. The participation of people in public health policies

Article 43 of the Statute of Autonomy stipulates that citizens' participation and representation must be an objective of the public powers in their political public policies. The Charter of citizens' rights and obligations in health and health care acknowledges people's right to participate as active agents in the health system through the institutions, community representation entities and social organisations.

In order to respond to this, it is essential to foster and promote systems to empower citizens' participation in the government of health and to provide them with instruments to make their intervention in the design, implementation and evaluation of health policies feasible. Commitment, involvement and interrelationship between citizens, patients, patients' associations, health professionals, organisations, institutions and the Health Administration and other stakeholders are essential if this is to come to pass.

Objectives for 2020

- To develop strategies to guarantee people's participation in the management and care levels of the health system and provide feedback in accordance with the principles of transparency.

Work pillars for 2020

- Re-plan and reinforce community participation in the public health system to be closer to citizens' real needs by means of:
    - Community participation boards on a territorial basis with relevance in the local world.
    - Promote alliances with stakeholders in the health system.
    - Institutional engagement with other participation boards.

- Consolidate patient participation in the design of public health policies via the entities that they represent within the framework of the Patient Advisory Board of Catalonia.

- Define and agree to the strategic lines for the 2017-2020 period.

- Increase representation in the different health regions.

- Set up new alliances with key stakeholders in the health sector and from other areas to define new relationship frameworks and new synergies.

- Exchange success stories and good practices among patients' associations within a framework of debate and benchmarking.

- Bolster the voice of professionals involved in producing, implementing and evaluating health policies (in coordination with the strategic line 2, 'The Involvement of professionals' of the Health Plan for Catalonia 2016-2020).

- Evaluate, with the help of indicators, the effectiveness of participation of people in public health policies and obtain feedback from the results in accordance with the principles of transparency.

Most outstanding milestones for June 2017

- Constitution and deployment of community participation organs in the public health system of Catalonia that reinforce the interaction between the local setting and the health Administration and citizens.
- Definition and consensus about the strategic lines of the Patient Advisory Board of Catalonia for the 2017-2020 period.

Initial activities

- Regarding community participation in the public health system:
  - Constitute, deploy and produce the internal structure of the community participation and territorial-based organs.
  - Map citizens' participation initiatives related to the health system, the identification of different types of participation and the demands for and promotion of interrelation mechanisms with the stakeholders.

- Regarding the Patient Advisory Board of Catalonia:
  - Deploy the annual action plan and produce the roadmap for the 2017-2020 period.
  - Implement an institutional and communication relations campaign to increase its visibility in the community and to increase the number of member organisations, particularly reinforcing the representation of the medical conditions prioritised in the Health Plan for Catalonia 2016-2020.
  - Analyse the results of the 'Patients and ICT' survey in health care in order to ascertain needs, use and expectations in this area and establish priorities.
  - Define consensus-based circuits in the Ministry of Health in order to cater to the needs of patients, their relatives and patients' associations. Conduct actions in order to disseminate research into healthcare conducted by biomedical research centres, health research institutes and university centres of Catalonia among the general public. Active participation in the definition and implementation of the projects and initiatives of the Ministry of Health.

- Regarding health professionals:
  - Analyse their participation in the design and implementation of public health policies (in coordination with the strategic line 2 projects, 'Involvement of professionals' of the Health Plan for Catalonia 2016-2020).

Project 1.3. Development of strategies to implement a person-centred care model

According to the trend of an ageing population and chronic diseases, as well as the WHO's[42] recommendations, the health and welfare system must deploy cross-cutting, interministerial and integrated actions targeting disease prevention, health promotion and community- and population-based person-centred care.

According to the Interministerial Social and Health Care and Interaction Plan (PIAISS), person-centred care (PCC) is defined as, 'Care that places the person at the core of the system with a view to improving their health, quality of life and welfare, respecting their dignity and rights, as well as their needs, preferences, values and experiences, and counting on their active participation as a peer in the healthcare planning, development and evaluation process'.[43]

As a point of departure for transitioning towards this change of model, in 2015, the document ***L'atenció centrada en la persona en el model d'atenció integrada social i sanitària de Catalunya*** (PIAISS, 2016)[44] was produced, with extensive participation by professionals from the social and health sector and citizens, which defines the actions that need to be addressed from the standpoint of the person as an individual, the community, organisations and information and communication, and about which more detailed information is provided in the aforementioned document. Both this proposal and other documents about health policies strive increasingly more to leave the paternalistic model behind and encourage the voice of the citizen.

Objectives for 2020

- To design strategies targeting the implementation of the person-centred integrated care model and evaluate the process.

Work pillars for 2020

- Analyse the current extent of implementation of the person-centred care model in hospitals and providers in Catalonia.
- Work jointly with providers to implement the model in their hospitals.
- Produce recommendations to render the model operational.
- Evaluate the implementation of the PCC model in the different areas defined.

Most outstanding milestones for June 2017

- The implementation of at least two projects that fulfil the PCC criteria agreed to in a checklist in each healthcare management area (HMA) and evaluation of the degree of implementation according to the domains identified.
- Evaluation of the PCC model projects implemented according to the indicators proposed in the evaluation framework and the different domains identified.

Initial activities

- Produce a map on the extent of the development of the PCC strategies of the different providers of Catalonia and identify leaderships.
- Design, together with all the other actors from the Ministry of Health and the Ministry of Employment, Social Affairs and Families, the checklist to be considered when making the assessment of what, how and when providers may be regarded as implementing a PCC model, taking the actions identified in the work pillars into account.
- Produce a guideline for the design and implementation of the PCC model.
- Design and establish indicators for evaluating its degree of implementation according to the domains identified in the evaluation of Person-centred care in the integrated social and health care model of Catalonia document while also taking the criteria proposed for producing it into account.

Project 1.4. Self-responsibility, self-care and the promotion of people's autonomy

Technological development, chronicity and a more participative attitude by citizens in their social environment all determine the need for them to enjoy greater prominence in their care through self-responsibility and self-care. This enables them to achieve greater autonomy and a greater degree of fulfilment, while also facilitating shared decision-making.

In this process of change of paradigm, health professionals must contribute more openly to a more shared relationship with the person they attend to through their communication skills and their expertise. The purpose of this project is to establish a relationship based on mutual trust that facilitates the formation and education of the person being attended to so that they realise their responsibility in the care process and the need to embrace responsible health-related behaviours.

Objective for 2020

- To continue to develop strategies and programmes for the promotion of self-responsibility and self-care and to promote shared decision-making in aspects related to people's health and quality of life.

Work pillars for 2020

- Design, with citizens' participation, strategies and programmes targeting self-responsibility, the encouragement of self-care and shared decision-making.
- Develop strategies targeted towards improving the degree of health literacy of the person attended to and the citizens in general throughout their lives.
- Develop, through information and training actions, the change from a paternalistic model to one in which all the parts involved in the process should be allowed to contribute.
- Promote, through information and training, citizens' self-responsibility in healthcare-related patient safety.

Most outstanding milestones for June 2017

- Have 7,000 patients participating in the Pacient Expert Catalunya® Programme and the start-up of the pilot test of the new disease groups.
- Deployment of the different lines envisaged in the Cuidador Expert Catalunya® Programme (dementia, complex chronic patients, severe mental disorders, brain damage and parents of children with chronic diseases).
- Presentation of the results of the 'Activa't per la salut mental' ('Switch on to mental health') project.

Initial activities

- Implement and follow up the groups of the new chronic diseases (obesity, depression, breast cancer survivors) into the Pacient Expert Catalunya® Programme.
- Produce the guidelines and the educational material of the Pacient Expert Catalunya® Programme for inflammatory bowel diseases and chronic migraine.
- Implement and follow up the pilot tests of the Cuidador Expert Catalunya® Programme.
- Design literacy strategies based on the ESCA 2014 results report.
- Disseminate the healthcare-related patient safety concept among the different stakeholders: citizens, patients and relatives, patient associations.
- Implement training actions targeting stakeholders through professionals, the reference healthcare centres and the use of digital technologies.
- Design information and training strategies for the implementation of a new health education model that are related to the use of the system's healthcare resources and community assets such as, and by way of example, informed consent, advance decision form and advance decision plan.
- Spearhead the projects implemented by the Patient Advisory Board of Catalonia, such as the 'Decisions compartides' ('Shared Decisions') project that connect scientific evidence to patients' preferences and values.
- Bolster the 'Activa't per la salut mental' Programme in Catalonia through the implementation of the twelve pilot experiences implemented in 2015 and evaluate outcomes.

Project 1.5. Use of technologies in the new integral and integrated relational care model

The use of information and communication technologies (ICT) by people must be governed by a more efficient use of services, promotion of self-care and participation and involvement in the needs-based integrated care process. ICT must permit more individualised care, more centred on people's needs, while also promoting their joint responsibility and autonomy in taking decisions that affect their health.

For the strategic development of this non-attendance and ICT-based change of care model to take place, the people who regularly use the services must be actively involved, as well as citizens overall, in order to make sure that it is designed taking the different user profiles and their degrees of knowledge and use of these technologies into account.

ICT must enable citizens to manage their demands for interaction and to cover their needs. For this to be so, these tools must:

- Be reliable and secure in the network setting.
- Be user-friendly and accessible.
- Have the capacity to cater to citizens' specific demands and needs.
- Have the guarantee that contents are endorsed by the Administration.

Objective for 2020

- To design general-use ICT that interactively permit and encourage self-care, participation and joint responsibility of citizens in the prevention of diseases and to take care of their own health.

Work pillars for 2020

- Facilitate people's skills by designing and applying programmes targeting the improvement of the use of ICT consistent with their needs.
- Involve people, the citizens, in the design of strategies that encourage the use of ICT with a view to promoting lifelong self-care habits and healthy lifestyles.
- Use ICT to define a new framework of relationship that takes non-attendance-based areas of actions into account as elements added to the service portfolio of different healthcare lines.
- Develop strategies that facilitate the development of non-attendance-based care.
- Develop ICT-based strategies targeting the improvement of the degree of health literacy of the person attended to and citizens in general throughout the life-cycle stages.
- Promote a communication plan during the term of the Health Plan for Catalonia 2016-2010 that regards the Cat@Salut La Meva Salut personal area as a core tool for interaction between citizens and health services.

Most outstanding milestones for June 2017

- Deployment of the virtual office by means of the Cat@Salut La Meva Salut platform.
- Delivery of personalised information about the citizen's status regarding waiting lists.

Initial activities

- Deploy Cat@Salut La Meva Salut. Continue its deployment and extend its content. Define healthcare content participation and management. Have accomplished a given percentage of user population (4% of the population attended to by primary care teams in 2016).
- Gauge the level of satisfaction of Cat@Salut La Meva Salut users.
- Implement a new Canal Salut design, adapt existing contents and create new ones.
- Create new virtual office and telemedicine spaces to afford continuity to the deployment and extension of contents in the field of remote care and telemedicine.
- Design new strategies and contents for citizens by means of the 061 CatSalut Respon.
- Design the project for the Pacient Expert Catalunya® Programme in 2.0 format.

Line 2. Involvement of professionals

The Health Plan for Catalonia 2016-2020 defines the lines of action for healthcare system professionals. For this reason, enjoying their alliance and participation is a strategic issue. Professionals must acquire, maintain and approve the competencies required to perform the activities defined in the aforementioned lines. These competencies must be consistent with the quality standards the actual Health Plan will demand of them, which means that thought must be given to the strategies that need to be implemented to promote ongoing quality improvement by increasing professionals' qualifications.

The Directorate-General for Career Planning and Healthcare Regulation, and more specifically the Subdirectorate-General for Career Planning and Development, deploy policies that promote professional advancement and, in this regard, these policies must converge in this line of the Health Plan. This is embodied in the first two projects of this line. The first project is related to the creation of a system that enables professionals to prepare and implement an individual development plan that is adapted to the Health Plan's lines and can be used to assess the degree of growth accomplished in each case and stimulate continuous progress throughout their professional career. The second project is related to the promotion of participation by professionals in all matters related to the protection of their independence of action, an independence guaranteed by a corps of expertise and competencies that guarantee proper care for citizens.

Finally, the third project in this line, promoted by the Secretariat for Health Care and Participation, refers to the leadership exercised by professionals in health organisations. The new health and professionalism models, profoundly interrelated, make the professional a driver of change inside institutions, and render the emergence of leadership figures at different levels indispensable for progress processes to become consolidated.

Project 2.1. Preparation and implementation of a continuing career development Plan

Professionals must be capable of implementing and carrying out the actions required to maintain and improve their competencies. This is an ethical obligation incumbent on them which the health system must facilitate. Career training is traditionally the pillar on which these actions are conducted, although the paradigm of career development cannot be perfected with the educational activities derived from it alone. All the things that are part of professional practice, teaching and research and can be used to improve competency, and therefore quality of work, must also be part of the ensemble of actions known as *career development*.

This project sets out to produce a Career Development Plan in Catalonia (CDPC) that will guide this process jointly with the bodies and the entities that represent professionals.

Objective for 2020

- To have implemented a career development recognition system that makes it possible to develop the level of competencies achieved and helps professionals to improve the quality of their work on a continuous basis.

Work pillars for 2020

- Define professional areas of action based on professions and health professionals.
- Agree to the contents and types of actions that must be considered to appraise career development.
- Propose instruments for measuring or rating the aforementioned consensus-based actions and establish procedures for using them.
- Agree to mechanisms of recognition of the actions rated and the possible levels accomplished.
- Implement a pilot experience for implementation of the CDPC.
- Modify and correct the CDPC in any aspects identified by the pilot experience.
- Deploy the implementation of the CDPC throughout the system.

Most outstanding milestone for June 2017

- The drafting of a document specifying all the aspects of the CDPC: professionals targeted, competency-related contents to be appraised, measuring instruments and procedures, definition of the levels to be accomplished and implementation strategy.

Initial activities

➢ To create work groups whose mission is to produce an opinion survey about the aspects to be addressed and which are mentioned above.

- Launch a Delphi-type study with the survey in question with a view to prioritising the points to be addressed in the CDPC.
- Produce a technical draft of the CDPC according to results of the survey and the order of priorities established.
- Have the CCDP ratified by the Subdirectorate-General for Career Planning and Development's organs of participation, such as the Health Professions Council of Catalonia, the Catalan Council for Career Training in Health Professions, the Medical Profession Council of Catalonia, the Nursing Profession Council of Catalonia.

Project 2.2. Promotion of the organs of participation of the Ministry of Health in career planning and development

The health system needs its professionals to pool their contributions, since it is they who bring about the changes that help organisations and the provision of health care services to drive forward. In this regard, listening to professionals or their representatives in specialised and career training, the periodic review of competencies and all the aspects that bring an influence to bear on professional clinical practice becomes a key aspect in guiding health policies related to career planning.

Therefore, a concerted effort is called to update the parties involved in the Ministry of Health in career planning and development, the plan for recognition of career development, which are regarded as a priority objective, as is regulating certain areas of action affecting nursing professionals, such as the indication, use and authorisation to dispense medicinal products and medical devices.

Objectives for 2020

- To maintain permanent and fluent contact with health professionals' representatives for the latter to advise the Ministry of Health in all aspects that impact career planning and development with the ultimate aim of improving healthcare practice through the levels of competence, accreditation and periodic re-accreditation of professionals.

Work pillars for 2020

- Provide stability to the organs of professional participation in the Ministry of Health via regular meetings that guarantee liaison with and the participation of health professionals in policies related to career planning and development.
- Promote other mechanisms of participation for professionals that enable them to impact career planning and development policies.
- Create a watchdog network of health professionals reporting to, advising and assessing the Ministry of Health in the aspects of their competence.

Most outstanding milestones for June 2017

- Re-founding of the Medical Profession Council of Catalonia (CPMC) and an agreement with the Health Professions Council of Catalonia (CPSC), the Board of the Nursing Profession of Catalonia (CPIC) and the Catalan Council for Career Training in Health Professions (CCFCPS) on the configuration and implementation of the Career Development Plan in Catalonia (CDPC).
- Production of the provisions regulating the indication, use and authorisation for the dispensing of medicinal products and medical devices by nursing professionals with the participation of the parties involved.

Initial activities

➢ Design participation-based strategies.

- Update the representatives of the CPMC and the CPIC and bring together, at least once, all the aforementioned participation bodies to listen to their proposals for the objectives related to this line.
- Present continuous career development to the CPSC, CPMC, CPIC and CCFCPS for examination.
- Involve the CPIC in the deployment of regulations governing the indication, use and authorisation for dispensing of medicinal products and medical devices by nursing professionals.

Project 2.3. Organisational development and leadership of professionals

The transformation of the health system requires the identification and promotion of the professional leaders who commit to this change. The nature of healthcare work calls for the values of solidarity, altruism and social commitment that generate a potential for professional leadership in healthcare and organisational terms. The emergence and development of initiatives and professional involvement is basically conditioned by the ecosystem of healthcare organisations in which people work. Creating a favourable environment in health organisations is an essential step for such leaderships to emerge and to improve the situation of these professionals.

Objective for 2020

- To promote tools that facilitate the participation and leadership of and by professionals in the way organisations operate and in the health system.

Work pillars for 2020

- Prepare a framework document defining the role of professionals in the transformation of the health system and formulate recommendations for the development of forms of organisation that nurture the progression of professional leaderships.

- Create mechanisms that promote convergence between professional values and those of the organisations.

- Identify indicators to evaluate participation by professionals in the health system.

- Define and implement training strategies to foster emerging leaders.

- Design a model for benchmarking and monitoring organisational innovation and professional leadership.

Most outstanding milestone for June 2017

- Preparation of a framework document that defines the areas of action and operational recommendations to promote the participation of and the leadership by professionals in the framework of a new organisational development model.

Initial activities

➢ Create work groups in which the system's different agents participate in order to produce the framework document.

Line 3. Public health

The WHO's 2020 Strategy proposes bolstering public health services and powers to become one of the cornerstones to contend with the new health challenges for the population, particularly those hit hardest by the economic recession. According to the WHO, acting on inequalities, globalisation, migration and urbanisation, environmental degradation and climate change is of the essence. All these factors — including, to name but some, demographic changes and the progressive population ageing — have an influence on the health of the European population and generate changes in the epidemiological pattern of diseases and risk factors, with an increase in the prevalence of non-communicable chronic diseases, as well as of emerging diseases, certain communicable diseases and health emergencies.

Moreover, known risk factors, such as smoking and drinking, a sedentary lifestyle, unhealthy eating habits and the associated obesity, lie at the heart of most chronic health problems and present a very uneven distribution in the population regarding social determinants.

To act upon this changing reality, and if public health is defined as the science and the art of preventing disease, prolonging life and promoting health by means of a concerted effort by society, a simultaneous focus on the structural determinants and on individual actions is called for.

It is essential to guarantee a basic and core set of high-quality, effective and efficient public health services in population, communities and individuals and reinforce the capacities and competencies of the public health system in order to provide these services, integrating actions and promotion, protection and surveillance and guaranteeing deployment throughout Catalonia synergistically with the local Administration and the healthcare system.

Project 3.1. Health protection: innovation in risk management adapted to the new emerging challenges and risks

The influence of the environment on health is well known. Certain environmental determinants of people are responsible for a large percentage of the population's mortality and morbidity burden. These developments include water and air quality and exposure to chemical products. The new scientific and technological knowledge reveals emerging risks, such as endocrine disruptors, persistent and bioaccumulative substances, that may be found in different compartments of the environment or are part of different items. They must be evaluated and the best method of management for protecting the population's health found.

Via Regulation 1907/2006, pertaining to the evaluation, authorisation and restriction of chemicals, and Regulation 1272/2008, on the classification, labelling and packaging of substances and mixtures, the European Union regulates chemical substances and mixtures in its territory to guarantee a high level of protection of human health and of the environment.

The health protection implemented by the Ministry of Health in conjunction with other administrations develops specific programmes or procedures intended to minimise, prevent and control the impact of exposure to the aforementioned determinants.

On the one hand, the United Nations' Sustainable Development Goals 2015-2030 have established, globally and in an interconnected fashion, a series of key items: economic growth, social inclusion and the protection of the environment. This framework includes the fight against food wastage.

Objective for 2020

- To promote risk management based on the prevention of exposure of people to any hazard present in the environment or in the area of human activity.

Work pillars for 2020

- Update the Programme for Health Surveillance and Control of Drinking Water in Catalonia, refocusing it according to water safety plans.
- Create an interministerial unit for the promotion and monitoring of the REACH (registration, evaluation, authorisation and restriction of chemicals) and CLP (classification, labelling and packaging of substances and mixtures) regulations.
- Reduce the incidence of climate change in drinking water.
- Reduce food waste, promote the safe use of food and regulate food donation.

Most outstanding milestones for June 2017

- Availability of a proposal of the Programme for Health Surveillance and Control of drinking water in Catalonia and for updating self-control criteria.
- Definition of an interministerial unit for the promotion and monitoring of the REACH and CLP regulations in Catalonia.
- Preparation of a draft regulation governing the donation and use of surplus food.

Initial activities

- Prepare a draft proposal of the Programme for health surveillance and control of drinking water in Catalonia and create an internal work group with technical personnel from the central and territorial services.
- Joint implementation, by the ministries involved, of the European REF-4 enforcement project on restrictions of certain articles and hazardous substances.
- Produce a draft regulation governing the donation and use of surplus food.
- Conduct training and awareness-raising among health agents about reducing food waste.

Project 3.2. Systematisation of actions for health promotion and the reduction of inequalities

Health promotion is the process of training people and communities to increase control over health and to improve it. In addition to the classic approach to individual behaviour, it also embraces a broad range of social and environmental activities. On the one hand, the aim is to acknowledge the fact that people and the communities to which they belong are the owners of their own health and that their capacity to manage it must be stimulated; on the other hand, work is required in these areas to make healthy options the easiest and the most accessible ones for the entire population according to their characteristics.

More than 21,000 of all deaths in Catalonia every year are related to lifestyle and smoking. One in every two adults and one in every three children are overweight, and one in every four adults smokes.

Health promotion and disease prevention actions are conducted on an inter-sectoral basis and call for the joint work of the different government ministries in close collaboration with local Administrations. The deployment of such actions requires joint action by public health services, together with healthcare system services, mainly primary care, town and city councils and other community stakeholders.

Catalonia has a long-standing tradition in effective and efficient health promotion actions. The challenge is to implement them systematically to ensure that they reach the entire population according to its needs.

Objective for 2020

- To improve people's health by means of the systematic application of health promotion and disease prevention interventions in all life stages and in the healthcare, school, occupational and community settings, increasing coverage and reducing socioeconomic inequalities in all these factors.

Work pillars for 2020

- Develop a national health promotion and education plan.
- Promote health in maternal age and in childhood and adolescence, paying particular attention to schools.
- Promote healthy lifestyles through physical activity and diet, monitoring associated surplus weight.
- Prevent and control the main risks to health, reducing the prevalence of smoking and sedentary lifestyles.
- Guarantee suitable vaccination coverage throughout the territory and in all population subgroups.

- Promote active and healthy ageing.
- Prevent obesity in children, reducing this social trend through specific actions.
- Prioritise actions that help to reduce health inequalities of people in a situation of vulnerability, such as migrants.

Most outstanding milestones for June 2017

- Availability of the update of the *Protocol de seguiment i control de l'embaràs a Catalunya* ('Protocol for the monitoring of pregnancy in Catalonia').[45]
- Preparation of the National Health Promotion and Education Plan, with particular emphasis on school.
- Deployment of the new paediatric vaccination calendar.
- Preparation of the model for the prevention and cure of paediatric obesity.

Initial activities

- ➢ Develop the National Health Promotion and Education Plan.
- ➢ Deploy actions for the promotion of healthy life through physical exercise and healthy eating in the educational, community, occupational and health-care settings: Physical activity, Sports and Health Plan (PAFES), Mediterranean Diet Promotion Programme (Amed), School Meals Review Programme (PReME), etc.
- ➢ Reinforce smoke-free networks of primary care, hospitals, childhood and mental health.
- ➢ Engage in actions for the preparation and monitoring of the implementation of the new vaccination schedule. Consolidate the vaccination quality model and accessibility to territorial vaccination data.
- ➢ Engage in actions in the community and residential setting in order to promote active and healthy ageing: training of teams in nursing homes in a representative area.
- ➢ Prepare the model for the prevention and cure of paediatric obesity.
- ➢ Conduct actions, in the framework of the PINSAP, for immigrants and people in a situation of vulnerability in order to reduce inequalities.

Project 3.3. Alcohol and drugs: reinforcement of primary care

According to the EDADES 2013 consumption survey, 65% of the Catalan population aged between 15 and 65 years has consumed alcohol, and 3% has consumed controlled substances in the last 30 days. 5% report high-risk alcohol consumption, 15.6% excessive alcohol consumption and 10% admit to having been drunk in the last 30 days. And 10.2% of respondents report daily consumption of alcohol.

The early identification of risk situations and brief intervention in primary care is one of the most beneficial policies in the approach to problems related to the consumption of alcohol and other drugs. The implementation of the 'Beveu menys' ('Drink less') programme has accomplished major progress in alcohol consumption rates. Nevertheless, there is still a great deal to be done in the area of drugs, which is why 25 CAP is conducting a pilot study based on the WHO's Alcohol, Smoking and Substance Involvement Screening Test (ASSIST).

Regarding injection drug use, and while prevalence is very low, the burden of morbidity and mortality associated with route of administration must be taken into account. The syringe exchange programmes (PIX) are one of the most effective strategies for reducing the risks associated with drug use, which has prompted certain international agencies such as WHO and UNADIS to prioritise these programmes.[46,47] In order to guarantee good coverage of the PIX, exchange points must have diverse locations, i.e. not just in specific departments that provide care to drug addiction but also in general health areas such as primary health centres, in order to make it easier to bring this problem closer to the standard network of social and health care resources available to the high-risk population at risk of social exclusion. The PIX is currently implemented in 12% of Catalonia's primary health centres.

Objectives for 2020

- To achieve an 80% coverage rate through the 'Beveu menys' Programme (existence of a reference point and a trained team).
- To achieve a 20% coverage rate through the ASSIST Programme (existence of a reference point and a trained team).
- Achieve a 40% coverage rate through the PIX in primary health centres identified as areas with a high prevalence of injectable drug use (existence of a reference point and a trained team).

Work pillars for 2020

- Adapt tools in the office (medical records, guidelines for professionals, etc.).
- Harmonise and align the 'Beveu menys', ASSIST and PIX programmes.
- Promote the PIX, particularly in primary health centres located in areas with a high prevalence of injectable drug use (open-use areas).

- Engage in integrated training in early intervention and brief intervention (IPID) in drugs and in the PIX.
- Coordinate with providers.
- Promote alignment with the COMSalut programme.
- Coordinate with the specialised apparatuses and centres for the care and monitoring of drug addiction (CASD) and damage reduction (RD) and the healthcare continuum.

Most outstanding milestone for June 2017

- Include a tool for the registration of drug consumption (use and UPDV) in the preventive activities programme of the primary care medical record of Catalonia.

Initial activities

- Prepare the Work Plan for 2016-2020.
- Produce the pilot study with the 'ASSIST' Programme.
- Identify primary care centres located in areas with a high prevalence of injection drug use (open-use areas).
- Deploy training in IPIB in drugs and in the PIX.

Project 3.4. Promotion of health in the workplace: implementation of the 'health-promoting companies' project

In the area of occupational health and safety, the cornerstones of the WHO's European strategies are the improvement of working conditions to promote worker health, safety and well-being, as well as company sustainability. The Declaration of Luxembourg of the members of the European Network for Workplace Health Promotion (ENWHP) issued the following consensus-based definition of *workplace health promotion*:

'Workplace health promotion (WHP) is the combined efforts of employers, employees and society to improve the health and well-being of people at work'.

This can be achieved by improving the organisation of work and the working environment, by promoting active participation by everyone involved and encouraging personal development.

The government and public administrations are responsible for promoting policies that contribute to improving the population's health and working and employment conditions, as well as to improve the country's economy by means of more productive, competitive and sustainable companies.

In this regard, the 'health promoting companies' (HPC) project is firmly committed to helping improve the working population's health by promoting activities that enable companies to take measures to create healthy environments that guarantee the protection of health and the promotion of healthy habits.

The objective of this project is to promote health in the workplace in Catalan companies in general and, more particularly, in companies related to the Catalan Administration.

Objectives for 2020

- To improve the health indicators of the Catalan working population that will lead to an increase in years of good health and physiological ageing with the best possible quality.
- To implement the HPC project in 8 companies and among 5000 workers.

Work pillars for 2020

- Create awareness in companies to make them HPC of the working population in order to generate and disseminate health in the community.

- Design the population's specific health needs map in determined business areas to permit the design of more detailed HPC programmes. Promote coordination between the health system of the territorial PHC and other health assets.

- Promote and support by the ASPCAT to HPC so that they can implement, in the work setting:

  - The toolbox: the healthy company management system.
  - The accreditation and acknowledgement of good practices in companies.
  - Benchmarking workshops.

- Perform a pilot test in a group of selected companies. Implement an HPC programme and assess its health and economic impact.

- Spread the experience to each territory in the groups of selected companies.

Most outstanding milestones for June 2017

- Implementation of a pilot test of the HPC programme

Initial activities

- Conduct awareness-raising actions in companies and in occupational risk prevention services (ORPS) by offering the tools designed.

- Design the healthy company management system, toolbox and implementation strategy in companies.

- Initiate a pilot test of a programme in a group of selected companies with a specific and evaluable project.

Project 3.5. 2.0 public health monitoring

This project sets out to reinforce and guarantee the extension of electronic reportable diseases (RD) to the entire Catalan healthcare system and its adaptation to the requirements of Decree 203/2015. The project is fuelled by two objectives: firstly, consolidation of the technical support required for the implementation and proper operation of the electronic reporting circuit; and secondly, dissemination of the content of the Decree and the reporting modalities among healthcare network professionals in order to guarantee the early detection and reporting of transmissible diseases and the deployment of all the relevant actions by the epidemiological monitoring network.

Objectives for 2020

- To implement the epidemiological monitoring of RD by mainstreaming electronic reporting by health centres in Catalonia.
- To ensure that all microbiological laboratory professionals use the Microbiological Reporting System of Catalonia.

Work pillars for 2020

- Consolidate the technical support needed to implement electronic RD circuits.
- Disseminate the contents of Decree 203/2015 among healthcare network professionals.

Most outstanding milestone for June 2017

- Disseminate a plan for electronic reporting among health network providers.

Initial activities

- Describe and ascertain the initial status of the different providers and the evolution envisaged by the organisation and establish which ones will be absorbed by the primary care clinical station (PCCS) or by other programmes.
- Identify and build a process map that displays the project's different levels (strategic, operational and support) and provides an overview of it.
- Work jointly with CatSalut to prioritise the project.
- Contact the management of the different providers in order to formalise their participation in the project.
- Hold technical meetings with the functional and IT managers of the health centres to effectively execute the project in a decentralised fashion via territorial epidemiological monitoring services.

Line 4. Accessible, decisive and integrated healthcare

In the course of the Health Plan for Catalonia 2011-2015, with two specific lines of action, numerous initiatives related to the care models for the most prevalent pathologies and with the greatest interaction between primary and specialist care have already been developed; highly-specialised care and continuous and emergency care. Moving forward, and in order to continue to promote these three core areas for any health system that is committed to progress in the integration of services, resolution and excellence in clinical outcomes, the core business initiatives must be consolidated, their application in the territories monitored and the results evaluated, although new ones also need to be incorporated.

Moreover, thirty years after the enactment of the Decree reforming primary care, this key piece and gateway for the health services will also be strategically reformulated. It is a core element for the integration, coordination and monitoring of social and healthcare actions performed for people, and its strong connection to specialised care and to the other apparatuses of the network tasked with continuous and emergency care points to the need for a joint approach to ensure that all the actions undertaken within the framework of this Health Plan will be totally consistent.

Essentially, the spheres of action listed are the hard core of our health system and the projects that will be addressed in the coming four years must make it possible to rise to a key challenge with the utmost guarantee: generate the necessary changes in the way that care is provided to the population to improve access and the resolution of health services and provide excellent and quality care. The transformations that will be undertaken with this goal in mind must strive to guarantee observance of the system's guiding principles, particularly those of equal access and the person-centred approach.

Project 4.1. Care models of different conditions and service restructuring

Different initiatives were developed in the course of the Health Plan for Catalonia 2011-2015, particularly in the model of care for certain health needs and conditions, although new initiatives must also be included. Specific actions must also be developed for the more vulnerable population segments with a greater morbidity burden or a poorer quality of life. The key challenge is to translate these initiatives into actions that generate changes in the way that people are attended to, and these transformations are intended to improve access to care and resolution and to guarantee equality and high quality.

On the one hand, an integrated approach to medical conditions, particularly the most frequent ones, means providing a suitable healthcare response, coordinated between levels, decisive and efficient, so as to maximise the balance between available resources and the ensuing health outcomes and quality of life. Beyond this, the new care models must make it possible to transform the paradigm from what is essentially an attendance-based and reactive system into one that seeks to make users and citizens more responsible and proactive in looking after their health.

On the other hand, the incorporation of technological developments into the portfolio of services related to diagnosis and treatment has shifted demand. In some cases, the planning of these services means extending and decentralising them in order to avert unnecessary delays, whereas in other cases it is preferable to concentrate them to guarantee expertise and quality. The increase in the number of elderly people, comorbidity and patient complexity is tending to bring specialised services closer to primary care, and healthcare continuity is only possible with good coordination between levels and the incorporation of support services for the set of basic health areas (home care, physical therapy, care for sexual and reproductive health, chiropody, mental health, paediatrics, dentistry...).

Objectives for 2020

- To restructure the health services and deploy care models for medical conditions with a higher prevalence or a more negative impact on patient quality of life with a view to providing a decisive and coordinated response between the different healthcare levels.

Work pillars for 2020

- Continue to produce new care models for the most frequent health needs and medical conditions or for those which have a more negative impact on quality of life and monitor and evaluate care models already in place in the territory.

- Update instrumental planning elements to be able to develop activities with greater objectivity, rigour and efficiency:
- Update health service planning criteria according to healthcare levels to include changes in trends in morbidity, the use of new technologies and the development of new forms of care.

- Adapt the Idescat's population forecasts for 2026 to the healthcare territorial division, taking the three envisaged scenarios and target population groups into account. Extend it to the 2030 timeframe with population estimates.

- Update and systematise the data used for health territorial planning to balance the service portfolio with the population's health needs.

Most outstanding milestones for June 2017

- Implementation of the care model to people with central sensitisation syndromes in the territory.

- Restructuring of assisted human reproduction services with the deployment of a new model and update the protocol to include women with female partners and women without partners.

Initial activities

➢ Deploy care models:
  - Continue the deployment of models of care in dermatology (100%) and teledermatology (25%), ophthalmology (100% and extend the Decision Trees in ophthalmology to two areas of healthcare management) and mental health (100%), and introduce it into chronic kidney failure (100%).

➢ Produce new care models:
  - Care model to people with central sensitisation syndromes (fibromyalgia, chronic fatigue syndrome and multiple chemical sensitivity), with a 100% level of deployment.
  - Care model for urology with a deployment of 15%.
  - Review the model for locomotive apparatus diseases and design the knee arthrosis care protocol.
  - Care model to transgender people: integrated, respectful, not treating it like a medical condition, individualised care and consensus-based decision making.

➢ Restructure services:
  - Care for sexual and reproductive health (CSRH): review the general care model, update the service portfolio, adapt procurement and hiring and review the low-complexity birth model.
  - Low- and medium-complexity surgery units: vascular surgery and paediatric surgery.
  ➢ Assisted human reproduction: create a gamete bank, standardise waiting lists and modify the protocol to include lesbians and women without a male partner.

Project 4.2. Restructuring of highly-specialised procedures

The area of complex care continues to face an ongoing challenge: the pursuit of excellent quality and greater equality of outcomes in services that are characterised by requiring expertise and highly-specialised knowledge and the use of complex, ever-changing and expensive technology. The objective is to have highly-specialised services that deliver quality and clinical outcomes on a par with international standards. In some cases this may involve concentrating the activity in a reduced number of centres or departments, also guaranteeing accessibility by patients from all over the country by assigning specific populations and/or territories to established reference centres.

The Health Plan for Catalonia 2011-2015 already included these approaches in a specific line of action and addressed specific areas, such as complex cancer care, cardiology, neurosciences, cardiac surgery, vascular surgery, traumatology, rare medical conditions and areas of care in emergencies, such as the codes for AMI, stroke, multiple-trauma patients or sepsis, amounting to some 25 actions.

Therefore, these restructuring activities must be afforded continuity in new and highly-specialised areas and medical conditions, ensuring that the requirements and criteria established in both these and other processes subject to restructuring in previous years are fulfilled.

Objective for 2020

- To restructure the highly-specialised services to accomplish an excellent quality level and fair clinical outcomes that are comparable to international standards.

Work pillars for 2020

- Proceed with the restructuring in the different medical and surgical areas and specialities and tackle both the application of the organisational changes involved and their subsequent assessment.
- Ensure that the requirements and the criteria established in the restructuring processes undertaken in the 2011-2015 period are fulfilled, particularly with regard to the allocation of expert centres to populations and/or territories.
- Bolster the instrumental elements that have sustained the project hitherto:
    - Engage professionals and scientific societies.
    - Improve the regulatory framework in the area of the European directives and European Networks of reference centres.
    - Improve the information system in order to monitor highly-specialised activity (type, provenance and flows).

Most outstanding milestones for June 2017

- The restructuring of interventionist cardiology procedures (implantable automatic defibrillators (IAD) and transcatheter aortic valve replacement (TAVR).
- Update the endovascular treatment of ischaemic stroke.
- Re-planning of ovary surgery (complex oncological surgery).

Initial activities

- Undertake the evaluation of clinical outcomes obtained by the reference centres in tertiary processes and compare them to international standards taking population and/or territorial accessibility into account.
- Initiate the restructuring of services or areas regarded as priority and the implementation of the ensuing organisational changes:
    - Ovary surgery (complex oncological surgery)
    - Interventionist cardiology
    - Spinal surgery
    - Update the endovascular treatment of ischaemic stroke
    - Rare medical conditions (continuation)
    - Intestinal bowel disease
    - Complex bronchoscopy
    - Molecular diagnosis of cancer
    - Kidney transplant

Project 4.3. Review of the implementation of the continuous and emergency care model and its results

The Ministry of Health defined a care model for demands for immediate care (continuous, urgent and emergency care) based on a suitable classification of the need and the definition of circuits to provide the care in the most suitable apparatus, depending on the healthcare needs of the person affected and the resources available in the territory. Although the number of people going to hospital emergency rooms has stabilised in recent years, the territorial deployment of this model has been somewhat heterogeneous.

Moreover, the implementation of different codes of action in emergencies has made it possible to improve quality of care in these cases and reduce the mortality caused by such conditions.

Despite these good results, continuous and urgent care continues to be a priority area of action where there is still a great deal of room for improvement and which has a high impact on the health of the population and on their needs. For this reason, the territorial implementation of the model, as well as circuits, flows and results, must be reviewed.

Objectives for 2020

- To define and implement, throughout the territory, the emergency model of the future, which fairly and decisively straddles the entire process, i.e. from the extra-hospital to the in-hospital setting.

- To update the roles of the different immediate care apparatuses and their interrelation and harmonise emergency processes to adapt them to healthcare quality criteria and to cater to user rights.

Work pillars for 2020

- Implement the care model of the demands for immediate care throughout the territory in line with the Emergency Master Plan of Catalonia.

- Consolidate continuous and emergency care apparatuses in primary, home and telephone care (demand for care that is attended to without mobilisation of resources).

- Promote the development of alternatives to conventional hospitalisation (home hospitalisation, sub-acute units or day hospitals) and of alternative flows in emergency care for certain groups of patients, such as cancer or complex chronic patients, in order to ensure that their decompensation events are taken care of in environments centred on users and on their needs.

- Establish a maximum time that may be spent by users in our hospitals' emergency rooms and implement the actions required for this premise to be observed.

- Implement, as applicable, new emergency codes and monitor the operation of those already in place. Increase the percentage of patients with AMI, stroke or other conditions regulated by these codes that receive the best possible treatment within a suitable time frame.

- Implement networking to optimise beds for critical and semi-critical patients.

- Develop the information systems that deal with immediate care in order to generate expertise, improve transparency and promote the evaluation of outcomes.

Most outstanding milestones for June 2017

- Approval of the Emergency Master Plan of Catalonia.
- Approval of the Plan for the restructuring of continuous and emergency care of Catalonia (within the framework of the comprehensive Emergency Plan).

Initial activities

- Create the Emergency Master Plan of Catalonia and begin to draft it.
- Review the implementation of the current continuous and Emergency Care Plan and circuits and flows in all territories. Structure continued and emergency care and review the requirements that determine the territorial planning of continuous and emergency care apparatuses in primary care in accordance with the activity observed and socio-economic criteria.
- Define and establish, on a consensus basis, the maximum time that a user may be physically present in the hospital emergency department and the different strategies for implementing it.
- Analyse the alternatives to conventional hospitalisation and alternative flows in emergency care for certain patient groups.
- Begin to define criteria for home care and for care homes.
- Define the networked model for beds for critical and semi-critical patients.
- Define and initiate the implementation of the new emergency care monitoring system.

Project 4.4. New primary care and community health model

Thirty years after the primary care reform was undertaken in Catalonia, and while the overall balance is very positive in terms of healthcare quality and outcomes, this healthcare level's current structure does not make it possible to provide a response that fully caters to the current needs of the population or professionals. Demographic changes, and the impact of chronic diseases on the population's health, compounded by the aggravation of the general economic situation and people's conditions of life, call for a new orientation in the primary healthcare level of our health system.

This is why a process of analysis and reflection that will help to identify the elements of the primary care model that need to be changed must be undertaken. This new model must facilitate placing people and their social and health needs at the centre of the care process. This process of reflection must ultimately generate a strategic plan for the transformation of primary care and community health in Catalonia which, straddling areas that are not currently or formally integrated in primary care, will allow for better coordination with other healthcare levels, facilitate continuity of care, promote resolution and improve the satisfaction of citizens and professionals alike.

Objective for 2020

- To progressively implement the actions proposed by the Strategic Plan for Primary Care and Community Health throughout the territory.

Work pillars for 2020

- Increase the resolution capacity of primary care.
- Empower primary care by providing greater management independence and procurement capacity in primary care teams (PCT).
- Foster coordination between primary and specialised care with shared objectives and health services.
- Reinforce the community approach in primary care.
- Make headway in the integration of PCT with the other apparatuses that deliver outpatient care and services without hospitalisation.
- Attract more professionals to primary care and community health.

Most outstanding milestone for June 2017

- Approval of the Strategic Plan for Primary Care and Community Health.

Initial activities

➢ Draft the strategic document with basic recommendations for the strategic delivery of primary care and community health.

- Reach a consensus-based definition of the main areas to be addressed by the Strategic Plan.
- Execute the work of focus groups and prepare the guideline for the work to be done by the task force that will prepare the proposals of the Strategic Plan.
- Set up the work groups tasked with generating ideas.
- Produce the base recommendations to produce the Strategic Plan.

- Produce the Strategic Plan for primary care and community health.
- Execute the Plan's first prioritised measures.

Line 5. Pharmaceutical and medicine policy

Pharmaceutical and medicine policy must be approached from a comprehensive and integrated way in the rest of the health system and the production sectors to be able to improve health outcomes; promote the rational, safe, effective and efficient use of medicines; promote the efficient management of the pharmaceutical service by decentralising actions in the territory (health regions) and guarantee sustainability and access to pharmacological innovation.

Implementing a comprehensive and integrated policy as a line in the Health Plan must help to construct a cross-cutting view of medicines in the health system. This approach must go beyond drug expenditure, focused on medicines as an investment in health outcomes and on a collaboration model with the entire health sector, professionals, managers, pharmacies, distributors and the pharmaceutical industry to the benefit of people and their quality of life.

The purpose of pharmaceutical and medicines policy is to encompass the entire medication chain from a healthcare and health standpoint in a financially sustainable equal-access setting, always viewing medicines as an investment in health outcomes and not merely as a cost. This policy must be integrated in five pillars that yield the projects of this line of the Health Plan:

1. Access to pharmacological innovation
2. Prescribing and dispensing policies
3. Budgeting and financing of medicines
4. Use of medicines and co-responsibility
5. Evaluation of outcomes in the use of medicines

Project 5.1. Access to pharmacological innovation

The CatSalut's Programme for Pharmacotherapy Harmonisation guarantees the fair and efficient use of new medicines, quality and safety in prescribing and the optimisation of resources.

Parallel to this, a methodology must be implemented and the resources required to pre-empt and plan access to future innovation deployed.

Objective for 2020

- To guarantee access to new medicinal products in accordance with the population's needs and in a sustainable environment.

Work pillars for 2020

- Create the Catalan Medicines Agency (ACMED).
- Include cost-effectiveness criteria and patient participation in the harmonisation of medicines and in decision-making processes into pharmacotherapy.
- Define and execute a plan of access to and payment of innovation.
- Create the pharmacological innovation radar for pre-empting and planning access.
- Deploy multiple-criteria decision analysis (MCDA) policies to evaluate access to medicinal products.

Most outstanding milestone for June 2017

- Creation of the pharmacological innovation radar for pre-empting and planning access.

Initial activities

- ➢ Lay the foundations for the creation of the ACMED.
- ➢ Conduct pilot tests based on the cost-effectiveness analysis methodology in the harmonisation of medicines.
- ➢ Define a plan for access to and the payment of innovation.
- ➢ Define the pharmaceutical innovation radar project.
- ➢ Study the viability of applying MCDA to the harmonisation of medicines.

Project 5.2. Prescribing and dispensing policies

In the area of pharmaceutical services, patient safety in the use of medicinal products must be guaranteed as a priority. In order to achieve this, procedures need to be implemented and improved, as must tools for coordination between the professionals that prescribe and dispense medication. Instruments that facilitate treatment compliance, focused on the patient and adapted to their needs, must also be included.

The electronic prescription is a key element in pharmaceutical services since it facilitates the integration of the different groups of professionals and empowers pharmacists to improve pharmaceutical care and deliver greater resolution capacity to the health system, ultimately leading to better health outcomes in the population.

Objective for 2020

- To accomplish safe, efficient and quality prescribing and dispensing.

Work pillars for 2020

- Consolidate the electronic prescription (EP) as an integrating element of the health system and bring in new mobility and home-monitoring solutions, as well as support tools to safe and efficient dispensing.
- Implement the interoperability of the electronic prescription with the other autonomous regions.
- Develop policies for the optimisation and efficient selection of medicines.
- Include the outpatient-dispensed hospital medication (MHDA) and home parenteral nutrition prescription in the integrated electronic prescription (EP) system:
- Boost the prescribing and indication of medicinal products and medical devices by other professional groups, such as nurses.
- Consolidate the function of the pharmacist as a healthcare educator and in providing information about medicines and promote the portfolio of services included in the arrangement: personal dosage system (PDS) activities and in questions of medicinal products, particularly in specific populations, such as the elderly and the chronically ill.
- Promote networked and person-centred pharmaceutical attention and integrate hospital pharmaceutical services with each other and with the other primary care and community health pharmaceutical services.

Most outstanding milestone for June 2017

- Consolidation of the electronic prescription (EP) as an integrating element of the health system, bringing in new mobility and home monitoring solutions, as well as support tools to safe and efficient dispensing.

Initial activities

- Define a pilot programme for the implementation of networked pharmaceutical care (hospital pharmacy services, primary care and community pharmacy).
- Develop a pharmaceutical care Programme for complex chronic patients (PCAF).
- Include all the medication in patients' treatment plans.
- Develop the instruments necessary for nursing professionals to be able to prescribe medication.

Project 5.3. Results-based procurement and financing of medicinal products

CatSalut has implemented different measures to improve efficiency in the procurement of medicinal products and to mitigate the pressure on the system, such as payment by results in the form of shared-risk agreements (SRA) between pharmaceutical manufacturers and by setting drug prices or developing instruments to optimise the joint procurement of hospital medicinal products.

Objective for 2020

- To synergistically optimise the procurement of medicinal products and payment by results.

Work pillars for 2020

- Apply innovative models for the financing of hospital medication (process-based prices, schemes involving payment by results, etc.).
- Develop aggregated procurement experiences of hospital medicinal products in conjunction with all hospitals.
- Extend the SRA based on payment-by-results (PbR) schemes.

Most outstanding milestone for June 2017

- Extend the SRA based on PbR schemes with the PbR included in the finding to the entire territory.

Initial activities

➢ Extend current shared-risk agreements to more hospitals in Catalonia.

➢ Create the SISCAT medicinal product price and procurement coordinator.

Project 5.4. Use of medicines and co-responsibility

A population's lack of knowledge about their treatment is known to be related to possible errors of usage and to non-compliance. This line promotes actions to transmit clinical information to health professionals and to citizens, particularly chronic and/or multi-medicated patients. The implementation of training strategies in health and in medication will help patients to participate more in decision-making and be jointly responsible for the proper and safe use of medicines.

Objective for 2020

- To improve the effectiveness, rational use and safety of treatments.

Work pillars for 2020

- Promote the development of cross-cutting tools, lines of information and analytical systems in the provision of pharmaceutical services based on clinical criteria.
- Establish a model to review treatments for chronic and multi-medicated patients and implement tools to improve conciliation in treatment prescription, dispensing and compliance.
- Establish action plans to detect clinical safety problems in medicinal product questions to implement lines for monitoring the safe use of medicines and to estimate the impact on potential users in accordance with the pharmaceutical service's information systems.
- Implement an individual and integrated medication patient-specific Plan model that includes all the treatments used in the public health setting and guarantee accessibility to it.
- Promote tools for informing, training and offering health education in the use of medicines and rational use to professionals and citizens alike. Canal Medicaments i Farmàcia, CedimCat and *Butlletí d'Informació Terapèutica* (BIT), La Meva Salut, treatment refresher programmes and workshops about specific topics.
- Generate and disseminate knowledge via the GeCoFarma (Generating Knowledge about the Pharmaceutical Service) platform.

Most outstanding milestones for June 2017

- Generation and dissemination of knowledge via the GeCoFarma platform.

Initial activities

➢ Establish a structured policy for the review and conciliation of drug treatments across SISCAT.

- Develop analytical instruments for information management to improve pharmaceutical management.
- Create channels and tools that help make users more knowledgeable about drugs.

Project 5.5. Evaluation of outcomes in the use of medicines

Extensive and detailed information is available about the usage and prescription of medicines, and the different health registers can be interrelated with prescribing and usage data. This makes it possible to evaluate the indication of treatments, the fulfilment of therapeutic guidelines, the effectiveness of the different treatment alternatives, to relate the different degrees of morbidity and severity to the different treatment lines and compare clinical practice variability.

Moreover, creating and establishing the clinical data register (patient and treatment register, PTR) will make it possible to measure health outcomes via the systematic compilation of data about effectiveness and safety in regular clinical practice conditions. Similarly, the data obtained from the register are used to provide feedback to the information system and to improve the quality and efficiency standards of pharmaceutical services.

Objective for 2020

- To improve treatment effectiveness by evaluating health outcomes.

Work pillars for 2020

- Evaluate the health outcomes recorded in the patient and treatment register (PTR) within the Framework of the Harmonisation Programme and provide support to the shared-risk agreements (SRA) and to the purchasing and financing policy.
- Improve treatment effectiveness by means of benchmarking.
- Include results indicators in pharmacy analytical systems.

Most outstanding milestones for June 2017

- Evaluation of the health outcomes recorded in the PTR within the Framework of the Harmonisation Programme and provide support to the SRA.

Initial activities

- ➢ Implement a system for the systematic monitoring of health outcomes related to the use of medicines.
- ➢ Design a benchmarking model about health outcomes.

Line 6. Integrated care and chronicity

In the coming years, Catalonia will face increasingly greater pressure in the form of major challenges in demographic, epidemiological, sociological and economic environments. In this new setting, which places greater pressure on the guarantees provided by care systems to people in the medium term, the healthcare response must be even more efficacious, decisive and fair.

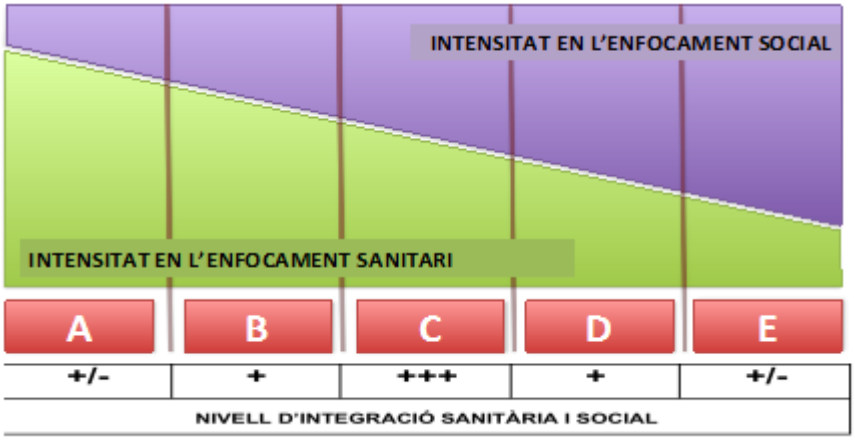
Approaches based on integrated and person-centred care in which people take on a new and empowered role, and where the answer to the needs that they cannot cover is provided on the basis of a shared and collaborative healthcare approach, have proven to be the best option for overcoming the aforementioned challenges.

Approximately 5% of the population present complex health needs, most of them related to relevant burdens of chronic morbidity. The impact of this population group on the conventional care model, on foreseeable health results, as well as on the profile and the cost of the use of resources, is very important. For this reason, ensuring a suitable healthcare response to people's needs and preferences guaranteeing optimal conditions of social equality and justice that help to minimise inequality constitutes one of the core objectives of the health and social system.

There is a broad international consensus which holds that comprehensive, integrated and person-centred care is the best approach in this setting, and for this reason Catalonia aims to become a reference in good practices by deploying the projects that configure this strategic line.

Complex health needs are addressed in a continuum in which the social and health approach takes on different degrees of prominence, as shown in figure 14. For this reason, the projects in this line enjoy continuity with those of the PIAISS of line 12 'Interministerial and intersectoral policies' and should ideally also be shared with those of the Strategic Plan for Social Services 2016-2020 of the Ministry of Employment, Social Affairs and the Family.

Figure 14. Degree of focus of the approach to complex health needs.



Project 6.1. Implementation of a comprehensive and person-centred care model in people with chronic medical conditions and complex needs from the population standpoint

The conceptual and operational progression of the Catalan care for chronicity strategy shows that people have a very broad profile of needs and that when this involves the application of a fragmented care model, both efficacy and equality in the healthcare process are lost. Accepting this means rethinking professionals' healthcare logics, in which the comprehensive and person-centred approach is predominant and leads to the abandonment of the paternalistic tradition and compartmentalised clinical approach.

For this reason, a comprehensive care model capable of gauging people's needs and preferences and in turn catering to them is necessary, particularly when these needs are complex, based on a countrywide perspective that guarantees healthcare equity, efficacy and efficiency.

Objectives for 2020

To implement and mainstream a comprehensive care model centred on people with chronic medical conditions and complex needs.

Work pillars for 2020

- Implement person-centred and shared decision-making care models (in line with project 1.3 of line 1 'People, their health and the health system').
- Conceptualise and identify complexity.
- Have professionals from the health and social areas define the common strategy for the integrated assessment of complexity.
- Establish harmonised criteria for advanced care planning and pre-emptive decisions.
- Adapt care plans and case-based management plans to the integrated care model.

Milestones for June 2017

- Consensus and implementation of the Catalan model of care to the complexity involved.

Initial activities

- ➢ Define and initiate the implementation of the proactive planning instrument for healthcare response to people that present situations of complexity.
- ➢ Agree to a proposal for addressing shared practices between professionals and between professionals and the people attended to, including case management and professional reference points.
- ➢ Establish an epidemiology of clinical complexity.

- Identify 50% of the population prevalence of complex chronic patients and with advanced chronic medical condition and with a quality individualised and shared intervention plan (PIIC).
- Design a 3.0 version of the PIIC, including collaborative actions, additional references to those of primary care with a social dimension.
- Provide online training to 50% of health professionals in matters of planning pre-emptive decisions and 50% of the territorial reference points in an attendance-based format.
- Initiate the integrated assessment of the i-SISS.cat technological functionalities catalogue of shared health information for the territory.

Project 6.2. Implementation of the integrated care model in the territories and healthcare teams

The former healthcare paradigm, based on the excellence of individual practice, is unable to cope with the ever-increasing complexity of people's needs. The areas for improvement in the impact of integrated action stem particularly from the functional reformulation of healthcare teams and new forms of organisation and interaction in the territorial context.

This reconfiguration process must address all resources and all the natural territories of the system, under the umbrella of common generic proposals, which are applied at the same time, while respecting the specificities of each context.

Objective for 2020

- To implement integrated care initiatives with a territorial approach that feature elements for redesigning healthcare teams across the health system.

Work pillars for 2020

- Spread the integrated clinical processes and health pathways for the most prevalent chronic medical conditions already undertaken in the Health Plan for Catalonia 2011-2015.
- Mainstream the implementation of integrated care pathways or territorial agreements in complex medical conditions.
- Redesign healthcare teams and apparatuses on a territorial and population-based approach.

Milestones for June 2017

- Evaluation of the healthcare pathways already in place, update the healthcare pathway for care to complexity and develop experiences for redesigning healthcare teams with a territorial perspective.

Initial activities

- ➢ Report the results of the impact of the six classic chronic medical condition pathways already implemented with a common and population-based evaluation proposed by CatSalut.
- ➢ Publish an updated version of the care to complexity pathway (CCP) in each healthcare management area (HMA) with quality criteria related to 24/7 care, care to transitions and the functional agreement with the basic social services.
- ➢ Present at least two experiences in the redesign of healthcare teams (one from primary care and one from specialised care) in each health region.

Project 6.3. Development of cross-cutting instruments to facilitate the integrated care model

The care-for-people model calls for the design and deployment of policies and instruments that facilitate and promote comprehensive and integrated care, ultimately materialised as an ensemble of objectives and shared practices.

These facilitators pertain to both the necessary implementation of cross-cutting factors and to the identification and the progress of implementation of healthcare contexts or specific population groups in whom the development of healthcare integration approaches is particularly significant in population terms.

Objective for 2020

- To develop instruments and the contexts that permit the implementation of the comprehensive and integrated person-centred care model.

Work pillars for 2020

- Integrate the information and communication systems (between professionals and between professionals and users).
- Model the integrated care in specific settings and medical conditions.
- Produce training plans for professionals and leaders.
- Promote the generation of knowledge and positioning in external contexts.

Milestone for June 2017

- Definition of the objectives with other Health Plan projects related to care for chronic medical conditions.

Initial activities

- Define and develop a common objective regarding electronic appointments between the person attended to and the professional and remote electronic intra-consultation between professionals from different healthcare domains (in coordination with line 10 ‘Digital health').
- Define and develop a common objective on progress in the implementation of La Meva Salut (in coordination with project 1.5 of line 1 ‘People, their health and the health system’).
- Develop the model of care to paediatric complexity, adapted from the general model, consistent with project 6.4.

- Develop the model of care to sub-clinical fragility and prevention of disability, with an operational approach and a social and community orientation (in coordination with project 3 ‘Plan for the prevention of disability in elderly frail people').
- Define and develop a common objective pertaining to compliance, review and conciliation in multi-pharmacy and complexity (in coordination with project 5.3 of line 5 ‘Pharmaceutical and medicine policy’).
- Complete the epidemiological analysis of malnutrition in clinical complexity associated with an assessment and action proposal.
- Define and develop a shared common objective pertaining to strategies for training in skills (technical and relational) for professionals and leaders about integrated care and cross-cutting competencies (in coordination with line 2 ‘Involvement of professionals’).
- Establish formal agreements about integrated care with the WHO and the International Foundation for Integrated Care.
- Integrate the most relevant projects addressing chronicity and integrated attention into ministerial research plans (in coordination with line 7 ‘Research and innovation’).

Project 6.4. Organisation model of comprehensive care for the adult and child population with palliative needs and in an end-of-life situation

Within the framework of continuous care to chronicity, people should be allowed to receive palliative care according to their needs at the right time and in a way that is adapted to the different territorial situations and boundaries.

To this end, new consideration must be given to the role of each one of the healthcare levels and resources in order to improve the quality of palliative care in terms of accessibility, equality, healthcare coordination and continuity, while also integrating information systems. Moreover, the integration of this care with other services or departments must be encouraged, particularly the social and educational areas, including research and innovation, with respect for personal autonomy and values.

This project proposes a new definition of the organisational model of comprehensive care for people with palliative needs and in an end-of-life situation, including care for children with palliative needs, be they cancer-related or not.

Objectives for 2020

- To define and implement the restructuring of palliative and end-of-life care for the paediatric population (and their relatives).
- To define and implement the integrated organisational model of palliative and end-of-life care for the adult population, integrating the model in the proposals of the RAC or in the territorial integrated care functional agreements.

Work pillars for 2020

- Plan, on a territorial basis, palliative and end-of-life care for the paediatric and adult populations.
- Design and implement healthcare pathways for advanced chronicity and palliative care in all territories.

Milestones for June 2017

- The production and consensus of the foundations and recommendations for the territorial planning of palliative and end-of-life care for the paediatric and adult populations.

Initial activities

- ➢ Create a task force for the cooperative planning of care for advanced chronicity and palliative care in the paediatric and adult populations.
- ➢ Analyse the current situation of care for the paediatric and adult population with advanced and terminal condition that require palliative care.
- ➢ Lay the foundations and issue recommendations about the territorial planning of palliative and end-of-life care for the paediatric and adult population.

Project 6.5. Integrated care for complex chronic mental health patients

The change of paradigm involved in the model of care for complex chronicity heralded yet another step forward in the evolution of the model of care for serious and severe mental disorders, defined at the beginning of the 1990s by the Master Plan for Mental Health and Addictions. The international policies (WHO; European Mental Health Action Plan) recommend that governments address mental medical conditions on account of the burden they generate in terms of disability and also because of the related healthcare and social costs. The life expectancy of people that suffer from these conditions is between fifteen and twenty years lower than that of the general population due to the comorbidity of mental health problems, drug use and somatic condition, which increases disability, complexity and the cost of care.

At this moment in time, 3.82% of the population attended to by the health system (nearly 300,000 people) are known to fulfil the chronic mental health patient criteria, and more than half of them are complex chronic patients that account for about 2% of the Catalan population.

Objectives for 2020

- To implement, throughout Catalonia, the model of care for people with complex mental disorder and integrate it in the proposals of the RAC or the territorial integrated care functional agreements.

Work pillars for 2020

- Develop the conceptual framework that will facilitate the transition from the concept of severe mental disorder and serious mental disorder to that of chronic patient (CP) and complex chronic patient (CCP).
- To reach a consensus on the healthcare pathways of care for complex chronic mental health patients (CCMHP) within the framework of the healthcare pathways for complexity or the territorial integrated care functional agreements.
- Define the comprehensive clinical management process in the territory.
- Generate a model of shared good practice.

Milestones for June 2017

- Identification of CCMHP according to the criteria defined.
- Design of the ISIP by the departments involved.

Initial activities

➢ Disseminate the document on the care model defined jointly by the Mental Health and Addictions Master Plan and the Programme for Prevention and Care of Chronicity.

- Initiate the identification of patients via the Shared Clinical Record of Catalonia (HCCC).
- Conduct pilot tests in the territories defined.

Line 7. Health research and innovation

Research must be inseparable from the practice of healthcare, and collaborative approaches are essential in order to improve it, expedite its innovation and promote the integration of research results.

The strategies for health research and innovation are defined in the Strategic Plan for Health Research and Innovation 2016-2020 (PERIS 2016-2020) approved by the Government Agreement 75/2016, of June 7,[48] their purpose being to bolster the leadership of Catalonia's health system in the public sector overall, guaranteeing the generation of new expertise by dint of publicly-funded instrumental actions. This leadership must mainly and ultimately lead to improving citizens' health.

The strategic objectives pursued by the PERIS 2016-2020 are:

1. To promote the participation of patients, and more generally the citizens of Catalonia, in the research and innovation policies of Catalonia's health system.
2. To increase the quality of the research conducted in health to guarantee our system's excellence.
3. To redouble the capacity to transfer the knowledge generated by researchers and technologists to healthcare processes in the areas of prevention, diagnosis and treatment of disease processes.
4. To strengthen the capacity and leadership of Catalonia's health research centres in the world.
5. To further the training and employability of scientists and technologists in the health system and promote health professionals' scientific capabilities.
6. To integrate health research and innovation policies with other policies in Catalonia.
7. To boost the role of Catalonia's health system as an agent of innovation by creating mechanisms to accelerate the transfer of knowledge towards the production sector.
8. To promote scientific dissemination and critical knowledge of scientific advances in the area of health.

Project 7.1. Deployment of the Strategic Plan for Health Research and Innovation 2016-2020

The drafting of the Health Plan for Catalonia 2016-2020 coincides with that of the PERIS 2016-2020. For this reason, throughout the term of the Health Plan, the strategic research line is expected to include the priorities gradually defined by the PERIS in order to render them operational.

The PERIS is called upon to become an instrument that maximises the potential of genomics, proteomics, robotic sciences, nanotechnology, biotechnology and bioinformatics and ICT, as well as for the improvement of healthcare process management. To facilitate this deployment, the PERIS is structured into operational programmes that pursue the accomplishment of the strategic goals, and each programme is deployed through specific instrumental actions that will be executed by means of annual calls.

Objective for 2020

- To deploy the PERIS 2016-2020 by means of an annual system of announcements.

Work pillars for 2020

The PERIS is structured into the following operational programmes and instrumental actions:

Operational programmes	Instrumental actions
1. Programme for the promotion of talent and employability.	1) Training of scientists and technologists. 2) Recruitment of scientists and technologists. 3) Inter-institutional mobility. 4) Intensification of health professionals.
2. Institutional strengthening programme.	1) Research and innovation networks. 2) Participation in scientific activities with an international scope. 3) Activities to promote research through cooperation with other agents and institutions.
3. Programme for the generation of expert knowledge.	1) Research projects targeting transfer into clinical practice. 2) Strategic research programmes oriented towards the development of large programmes.
4. Support programme to scientific and technical infrastructures.	1) Structural support to health research centres. 2) Institutional dynamisation. 3) Support to the creation of scientific and technological platforms.
5. Programme to promote and boost innovation in health	1) Bolster structures for leveraging and transferring knowledge from centres within institutes. 2) Activities targeting the growth and acceleration of innovative projects

These instrumental actions must be deployed taking priority questions into account by means of an annual announcement of subsidies, based on a competitive public

tendering system that should identify both actions and activities and also select the target agents. The objective of these competitive calls is to guarantee the deployment of the objectives of the PERIS with the utmost efficiency and efficacy so as to accelerate the implementation of new solutions to the health problems of society overall.

In order to maintain strategic consistency throughout the process, the Directorate-General for Research and Innovation in Health must produce an annual activity plan accompanied by a financial plan for activities that require public funding.

Milestones for June 2017

- Award of the first call for aid to research and innovation of the operational programs and publication of the second call.

Initial activities

- Approve the PERIS 2016-2020
- Produce the annual activity plan and the financial plan.
- Publish the first call for aid to research and innovation.

Line 8. Management of excellence and safety

Quality in the provision of health services is a fundamental and indispensable element. Nevertheless, quality cannot be regarded as a given on account of the apparent quality of the services rendered, but must be verified, and the application of the best practices available must be fostered. In this regard, safety as one of the key quality components calls for a cultural shift in which the only way of achieving excellence is by ensuring that all services are oriented towards the accomplishment of health outcomes. Quality and safety of care are assets that must be maximised and guaranteed to the citizen. The challenge facing healthcare organisations and professionals is to promote excellence and quality of health in Catalonia as a trusted reference for citizens.

The promotion and guarantee of healthcare quality and safety are attained by means of different strategies, such as the training of health professionals, the regulation of basic quality and safety aspects when the administration grants the mandatory authorisations to centres, the accreditation of optimal quality levels targeting excellence, preventive inspections, the promotion of a culture of safety and good practices, the acknowledgement of good results, to name but some. This line also includes medicinal products and medical devices as the essential treatment tools, the quality and safety of which must be guaranteed in the healthcare process.

Project 8.1. Quality and excellent healthcare

In order to guarantee that quality and excellent health and pharmaceutical care is received by the citizens of Catalonia, the health system must be able to certify that optimal quality levels are being reached. The different tools available to the Administration to promote a quality health and pharmaceutical system includes certification models based on the promotion of good practices; proactive preventive inspections before an adverse event and the 'Q' health brand project that evaluates and acknowledges results and shares them with health centres.

Objectives for 2020

- To accredit the quality of the healthcare centres in Catalonia in the four main healthcare lines (primary care, acute-care hospitals, social health centres and centres for mental health and addictions).
- To monitor fulfilment of the quality criteria established by means of the implementation of an annual preventive inspection plan on healthcare and non-healthcare centres such as the pharmaceutical industry, medicinal product distributors and manufacturers and distributors of active ingredients.

Work pillars for 2020

- Have a system for the accreditation of health centres and services in Catalonia.
- Produce a new regulation of administrative authorisation.
- Conduct preventive inspections.
- Acknowledge excellence ('Q' health brand)

Most outstanding milestones for June 2017

- Beginning of the accreditation of centres for mental health and addictions.
- Accreditation of the quality of the expert units in central sensitisation syndrome.
- Publication of the health centre and service authorisation decree.
- Preparation of a general antidote guide for Catalonia.

Initial activities

- ➢ Produce the health centre and service authorisation decree.
- ➢ Produce the mental health accreditation model.
- ➢ Produce and standardise the hospital accreditation model indicators.
- ➢ Produce the accreditation model for units that provide care for sexual and reproductive health.
- ➢ Design and implement the 'Q' health brand in primary care.

- Perform inspections on 5% of dental practices in Catalonia.
- Fulfil the operational requirements for primary care pharmaceutical services and establishments (33%).
- Implement the programme for the evaluation of the suitability of the production of specially-prepared formulas in the hospital setting, in accordance with the *Guía de buenas prácticas de preparación de medicamentos en servicios de farmacia hospitalaria* ('Guide to good practices in the preparation of medicinal products in hospital pharmacy departments') of the Spanish Ministry of Health (15% of pharmacy services).
- Implement the preventive inspection plan in 10% of pharmacies in Catalonia in order to ascertain compliance with quality standards in the safeguarding, storage and dispensing of medicinal products and medical devices.
- Optimise health management in the use of antidotes (hospital services).
- Implement periodic inspections on 30% of manufacturers of medicinal products and active ingredients in the pharmaceutical industry and on the companies that distribute medicinal products and active ingredients.

Project 8.2. Safe healthcare

One strategic element to ensure that the healthcare provided to the citizens of Catalonia is safe is the implementation of the safety culture in health centres. The patient safety strategy undertaken by the Health Plan for Catalonia 2011-2015 must be upheld by maintaining functional structures and by developing projects that guarantee safer healthcare practice. A strategy to prevent risks in the use of medicinal products and medical devices must be established to guarantee their safety. On the one hand, special care must be taken with the care delivered to the elderly and to young children who, either due to frequency or the seriousness of their medical condition, present adverse events with more consequences.

Objectives for 2020

- To guarantee that healthcare centres have the necessary mechanisms and procedures in place to reduce the incidence of the most frequent adverse events that occur in healthcare and pharmaceutical practice; healthcare-related infections, falls and pressure ulcers.
- Implement a safety protocol for high-risk medication in all hospitals in Catalonia

Work pillars for 2020

- Provide training to professionals and citizens.
- Promote good practices in healthcare safety.
- Guarantee the quality and safety of medicinal products and medical devices.
- Promote quality and safe pharmaceutical care.

Most outstanding milestones for June 2017

- Production of the reference criteria in head and neck paediatric radiology.
- Prepare the course corresponding to the second-victims project and ensure that the target trainee figure of 500 health professionals is reached.
- Creation of a pharmacy watchdog network in Catalonia.
- Implementation of a safety protocol for high-risk medication throughout the public hospital network.

Initial activities

- Hold workshops and provide training to professionals and patients to promote the healthcare safety culture.
- Produce the patient safety model for care for mental health and addictions.
- Define the primary care safety scoreboard.
- Consolidate the reporting and management of adverse events in hospital and primary care and extend it to pharmacies/chemists' and the citizens.

- Implement the second-victims project which defines the effect of adverse events on professionals.
- Implement the protocol for reducing unnecessary ionising radiation in children.
- Develop the strategies for safety in high-risk medication (hospital and primary care).
- Implement safety projects for medicinal products in health centres (management, handling, preparation and safekeeping).
- Implement the antibiotic resistance reduction project in health centres.
- Oversee the fulfilment of Good Pharmacovigilance Practices (GVP) by marketing authorisation holders of medicinal products in Catalonia.
- Develop the pharmacy watchdog network project (a network of chemists tasked with medicinal product surveillance).
- Develop pharmacovigilance strategies for medicinal products that require additional monitoring (pharmacies/chemists).
- Create a centralised and mandatory register of medical devices implanted in health centres in Catalonia.
- Produce a document with recommendations for the prevention of adverse events in the elderly on a consensus basis with the relevant scientific societies.

Line 9. Evaluation of results and transparency

Information systems are important in the health sector because they facilitate the recording of healthcare activities, monitoring and continuity, and also because they provide support-to-decision-making information. Moreover, they are key in evaluating the operation of the health system and in ascertaining whether the objectives for which it was created are being accomplished. Information systems have improved a great deal in recent years, although they must continue to improve in terms of data quality, analytical capacity and in the generation of knowledge based on this information.

Project 9.1. Evaluation of the results of the entire healthcare process

The results obtained by healthcare centres are evaluated (Results Centre). Nevertheless, on the premise that we must transition towards a more integrated and person-centred health system, the results obtained must be evaluated throughout the healthcare process. Factors such as the healthcare structure and process, as well as patient condition (associated morbidity and severity) must be considered to be able to compare results between institutions or between professionals. The more specific the indicators and the risk adjustment models are, the more useful they will be to providers for examining factors that affect outcomes, and the more useful they will be also for health systems and for people to detect unwarranted variations in access to services and outcomes.

The current development of health information systems (big data in health) permits such analyses, based on the cross-comparison of data from different healthcare resources and condition-specific registers. They also permit risk adjustments based on morbidity and health care and population severity.

The current demand for transparency and accountability means that the information obtained is provided to the public in all formats, including open data. Moreover, this demand means that all the matters or subjects deemed most relevant by citizens must be measured and reported upon.

The results of this analysis must make it possible, on the one hand, and with the aid of benchmarking, to identify the best practices that could be included in the Observatory for Innovation in Healthcare Management in Catalonia, and on the other to align objectives with the ‘Essencial’ project and identify practices of scant value.

Objective for 2020

- To analyse, using health big data, the most prevalent care processes or those of particular interest in order to measure their variability, efficacy, efficiency and user satisfaction in terms of the care received.

Work pillars for 2020

- Identify indicators for healthcare processes that cover the aspects of efficacy, efficiency and patient satisfaction.
- Analyse variability, efficacy and efficiency using health big data.
- Conduct benchmarking.
- Identify best practices.
- Ensure alignment between the ‘Essential’ project and processes and recommendations.
- Communicate with citizens.

Most outstanding milestone for June 2017

- Analysis of two or three healthcare processes — whose indicators are integrated in the Results Centre and are analysed with clinical professionals —, in which best practices have been identified and, subsequently, disseminate them.

Initial activities

- Produce new atlases of variations in clinical practice and quality in arthroplasty, osteoporotic fractures, digestive oncological surgery and integrated care.
- Identify citizens' health information-related needs.
- Select two or three processes to analyse and the indicators that need to be monitored.
- Discuss the findings with clinical professionals.
- Identify the best practices in these processes.
- Share the findings with citizens in all possible formats (including open data).
- Disseminate good practices by means of the Catalan Health System Observatory as provided for by the recommendations of the 'Essential' project.

Project 9.2. Evaluation of the implementation and impact of person-centred care projects

One of the key factors in health policies in order to bring about an impact on health is to engage professionals, patients, caregivers and citizens and make them co-responsible. Two projects have been developed by the AQuAS that seek to contribute to improving the quality, care and sustainability of the health system by providing comprehensive, suitable and understandable information based on efficiency to empower patients, professionals, caregivers and citizens and make them co-responsible. The objective pursued is to improve people's health literacy and their basic numerical knowledge (particularly risks and probabilities).

The two projects those findings will be evaluated are:

The 'Essential' project. This project targets mainly professionals and is intended to phase out techniques and procedures often regarded as routine, but which deliver no value in terms of care provided to (healthy or ill) people or in improving outcomes (clinical or economic). The project enjoys the support of the Academy of Medical Sciences and Health of Catalonia and the Balearics and numerous scientific societies, and targets health professionals; nevertheless, some of the project's recommendations are adapted to patients in the form of brief leaflets with an understandable language that tells patients why a specific intervention or practice is not advised.

The 'Decisions compartides' project. The purpose of this project is to provide (healthy or sick) people with reliable information about existing alternatives to a given health intervention (screening, diagnosis, treatment) and the pros and the cons of the different options. This project targets citizens; for this self-same reason, all material, including the wording and the way that numbers are presented, must be easy to understand. The material may also be of use to professionals (as a tool for helping to inform patients and, at the same time to improve communication with them). As the project's name suggests, the aim is to promote shared decision-making by means of a process of deliberation between citizens (patients or not) and professionals in order to choose the option best aligned with the citizen's preferences and values and supported by scientific evidence.

Objective for 2020

- To have assessments of the impacts of these two person-centred projects with qualitative data from the evaluations made by professionals and citizens as well as quantitative data about the resources consumed.

Work pillars for 2020

- Have results of the implementation of some of the recommendations selected from the 'Essential' project in the primary care teams involved in the pilot project assessing the facilitators of and barriers to implementation.
- Make a preliminary evaluation of the impact of the 'Decisions compartides' project in terms of the degree of understanding and appraisal of the web material, as well as

possible changing trends in the use of procedures or interventions that were submitted to a shared decision-making process.

- Continue with the periodic inclusion of new recommendations of the 'Essencial' project and suitable conditions or interventions into the 'Decisions compartides' project. Update recommendations according to the emerging scientific evidence.
- Adapt the clinical content of the 'Decisions compartides' project to an easy-to-read format.

Most outstanding milestones for June 2017

- Preliminary analysis of the pilot test on the barriers to and facilitators of the implementation of the recommendations of the 'Essencial' project.
- Introduction of a web-based questionnaire for evaluating the content and the understanding of this questionnaire into the 'Decisions compartides' project.

Initial activities

- ➢ Continue with and complete the evaluation of the impact of the 'Essencial' project.
- ➢ Produce, following the evaluation of international experiences, is simple tool for the evaluation of the 'Decisions compartides' project website.

Project 9.3. Public procurement model linked to the compilation of efficacy and efficiency data

There are numerous technological innovations which, while they may be supported by explanatory clinical trials, do not have real-world evidence. Mechanisms that make it possible to introduce elements for assessing these innovations need to be introduced so that they can be endorsed by means of evidence so that not only will reimbursement by the public insurer be recommended, but also a better – and more adequate – definition of patient profile, professionals and providers (volume, technological capacity, disciplines, etc.) will be provided. The Interterritorial Council of the Spanish National Health System and the Spanish Network of Medical Technologies and Services of the National Health System have defined a set of technologies (medical devices) to be monitored.

Objective for 2020

- To have an own system for the selection, prioritisation and evaluation of technological innovations in which knowledge of the risks and benefits in the actual context is necessary.

Work pillars for 2020

- Set up a work group together with the CatSalut's Health Care Area to screen and prioritise the technologies and casuistry regarded as necessary.
- Have preliminary results from the first techniques conceived to be introduced into the framework of a monitoring study.
- Include new technologies as evaluation registries.

Most outstanding milestone for June 2017

- Deployment of the registries corresponding to the aforementioned projects.

Initial activities

- Select the techniques that must be included in the monitoring study.
- Participation of two universities with a high technological level designated by the CatSalut in the endobronchial valve project.
- Secure the participation of two teaching hospitals with a high technological level designated by the CatSalut in the project for the implantable endovascular device for closure of the left atrial appendage.
- Secure the participation of two teaching hospitals with a high technological level designated by CatSalut in the project for the clip-based correction of mitral insufficiency.
- Prepare study protocols and registry endpoints and initiate the prospective compilation of data in the centres selected using the available computing platform.

Line 10. Digital health

The convergence of new technologies (cloud computing, mobility, sensors, web analytics, social media, genomics, etc.) is generating the opportunity to digitally transform entire industries. The health industry generates a great deal of knowledge that can be leveraged to structurally improve service design and provision. At the intersection of this breadth of technological innovations and the health system lies what is known as digital health, which could be defined as the improvement and transformation of the health system by means of the intensive introduction of new technologies at a given time. All the lines of the action Health Plan must envisage the application of digital health and technological development as instruments to accomplish the proposed objectives.

Project 10.1. Application of digital health to healthcare structures

The current healthcare structures were conceived and developed at times when the new digital technologies did not exist or were in the burgeoning creation stage. Our system is a good international example of the incorporation of new technologies in different areas (digital imaging, electronic prescription, Shared Clinical Record of Catalonia, to name but some). The incorporation of technology is usually intended to improve the current situation, and at this moment in time there is a perceived need to study the transformational logic. At the same time, the incorporation of technology generates huge amounts of data which, if managed properly, can offer relevant information and support to operational and strategic decision-making.

Objectives for 2020

- To identify opportunities for healthcare improvement with the application of ICT and to develop digital health and process re-engineering solutions in primary and specialised care, as well as healthcare continuity.
- To implement a real-time healthcare data model for healthcare decision-making.

Initial activities

- Produce a collaborative tool that makes it possible to analyse and develop solutions to improve home care from a global standpoint, be it in primary care (home visits and emergencies) and in-hospital care (home hospitalisation) or other possible actions that may be performed in the home.

Project 10.2. Application of digital health to healthcare processes

As occurs with healthcare structures, the technological coverage of the master plans and health care processes is an objective of line 10 ‘Digital health’.

Objectives for 2020

- To identify, together with the master plans and Health Plan lines, the healthcare processes to which process re-engineering could be applied and introduce technologies into them as a regular part of service provision.

Initial activities

- Address a practical application in the oncological care process by way of the Oncology Master Plan, covering the entire healthcare spectrum: from prevention through to monitoring. This exercise should serve as a demonstration project for other care processes.
- Together with the Oncology Master Plan team, link the needs of the Health Plan and the technological possibilities identified in order to address an improvement and transformation process.

Project 10.3. Application of digital health to the person's experience

The Beryl Institute defines the patient experience as 'The sum of all interactions, shaped by an organisation's culture, that influences patient perceptions across the continuum of care'. The patient experience requires the support of information technologies that permit the systematic compilation of information and help to personalise services. This action consists of analysing the current situation in terms of information compilation capacity and of improving a patient's experience in a given healthcare process by means of joint design involving the participation of the professionals and the patients involved.

Objective for 2020

- To develop the technology model to capture the person's experience (perception of quality of care) within the healthcare system.

Initial activities

- Analyse experiences from abroad and from our own setting.
- Establish a network of centres and organisations that want to develop projects based on the person's digital experience.
- Identify the first area of application of technological coverage to the patient's experience; for example: oncological process, mild chronic condition, surgery in guaranteed interventions (waiting list), care in pregnancy, etc.

Project 10.4. Systems plan

Current information systems provide coverage to modern service provision. If, in the coming years, healthcare services must vary in terms of quantity and quality, new information and communication systems must be developed that satisfy these needs and pre-emptively cater to these new demands, while also adapting to emerging technologies. In an environment of constantly changing technologies and the generation and processing of information, the healthcare area calls for the definition of an integrated systems plan for the industry jointly with SISCAT providers.

Objectives for 2020

- To analyse the current technological coverage level of the SISCAT's Information Systems, investigate health care needs in a five-year time frame and define the SISCAT's systems plan.
- To define coordinated information flows and a management model for the demand for technological progress and information management.

Initial activities

- Analyse the technological coverage level of the SISCAT's information systems.
- Identify the evolution of health care needs for the coming five years to be able to define the evolution of information systems in the form of a systems plan.
- Identify the first common flows of information and key management areas in the demand for technological progress.

Project 10.5. Application of digital health in information for operational decision-making

The value of ICT in the healthcare setting has become inherent to the system both in improving the industry's efficiency and on account of their consubstantial nature in healthcare practice. Having timely information in the right form for decision-making at all levels and for all the stakeholders of the system will be a driver of change that will help to make healthcare practice safer, better-quality and more efficient.

Objectives for 2020

- To give our professionals access to all the information within an established deadline and in a suitable way to provide support in the taking of operational decisions.
- To apply transparency to health quality by means of the publication of comparative information for benchmarking purposes. Open data for all SISCAT providers.

Initial activities

- Develop and implement a healthcare information management systems plan for current needs and for an exponential projection in the use of such data to analyse predictive values and decision-making algorithms.
- Embark upon the transformation of data-mining architecture in order to respond to growing information needs.
- Establish a commission of experts in information management and modelling, data flow and the standardisation of catalogues, ontologies and archetypes.

Line 11. Territorial integration

To continue to improve health outcomes, progress must be made in the current tendency of attending to healthcare based on lines, centres and health providers, a tendency that must be consolidated, moving forward towards a cross-cutting approach to health problems that require this that is shared between professionals from the different healthcare levels and centres and other non-health organisations.

Project 11.1. Collaborative work and shared management between providers and professionals in the territorial setting

Since the nineteen-nineties, healthcare improvements have given rise to major breakthroughs or progress in each centre or service, although continuous care continues to be highly fragmented and compartmentalised, both between lines (primary and specialised) and between suppliers, and even between the different establishments. In recent years, and particularly as a result of ageing and increased chronicity, an increasingly greater number of health problems cannot be properly addressed without the joint, shared or collaborative work of different professionals. The Health Plan for Catalonia 2011-2015 already began to address the process of implementing collaborative work between providers and professionals in the territory, and the process was initiated in recent years. It is being implemented with instruments such as the territorial agreement. Nevertheless, it should be mentioned that this is a cultural and organisational change that is so far-reaching that at least one further period of progress is called for in order to consolidate it and gauge its results.

Objectives for 2020

- To have, in most PCT and sectors/AGA (healthcare management groups), a collaborative work system between providers and professionals from their area that will make it possible to set up the necessary projects and agreements in order to address, in shared fashion, the main health problems of the reference population.
- To have studies that assess how this new way of doing things is having an impact with regard to results in quality of care, improvement of health and improvement of people satisfaction.
- To promote the reallocation of resources between healthcare lines to accomplish the best possible results for every health problem.

Most outstanding milestones for 2017

- Increase the proportion of cross-cutting objectives and results in all health system management instruments (contract and territorial agreement).
- Definition of the main health problems and the actions that require this cross-cutting approach, taking territorial priorities into account.

Project 11.2. Adaptation of the procurement-payment system combining hiring by providers or productive units and allocation and evaluation based on the territory and on the population

Since the nineteen nineties, the system of procurement from and payment to providers has gradually evolved and has yielded significant improvements in health service efficiency. Procurement, hiring and payment have always been conducted between CatSalut and each provider and/or broken down by units or services inside the organisation. This has led the procurement and payment system to be linked mainly to healthcare activity.

Procurement or hiring on a by-provider basis depending on the activity and by lines is not compatible with shared work between lines or centres or with the stimuli required to achieve results. Population-based procurement, despite certain limitations, can make an important contribution to this shared work and to improving outcomes through the establishment of specific stimuli. Nevertheless, health providers' legal structures render collective procurement or hiring very difficult. Therefore, a formula must be devised that will provide legal clarity and protection in bilateral procurement with the advantages of territory- and population-based allocation.

Objective for 2020

- To implement an operational planning and hiring system that permits a population-based allocation corrected by needs and that makes it possible to analyse efficiency in the area of PCT, and particularly of sectors/AGA, and relates allocation to health outcomes.

Most outstanding milestone for 2017

- Development of a population-based procurement experience according to the new payment system

Initial activities

➢ Analyse and propose the combination of a provider-based procurement and payment system and territorial and population-based allocation.

Line 12. Interministerial and intersectoral policies

In 2013, the WHO issued the Declaration of Helsinki on the incorporation of Health in All Policies,[49] which highlighted the importance of and the need to develop intersectoral lines of work to improve the population's health and tackle inequalities. However, for years now the WHO has been promoting intersectoral actions and strategies as an instrument for reducing health inequalities.

Health status is the result of the combination of many factors. In addition to individual constitution, which is determined by biological factors, many other aspects play a role, such as lifestyles, social and community networks, intermediate factors such as education, living and working conditions, housing, health services and the general socio-economic, cultural and environmental context, as provided for by the Dahlgren and Whitehead model.[50] As highlighted by the Commission for Social Determinants of Health (2009), irrespective of countries' level of income, health and medical condition have a social dimension that links socio-economic situation and health status.

Therefore, the approach of the 'Health in All Policies' strategy as a form of intersectoral work, is a key instrument in guaranteeing equality in health. This work involves adopting and systematically analysing the impact of public policies on health and facilitating synergies and avoiding deleterious effects on health. The deployment of this type of work requires the reinforcement and promotion of collaboration with the ministries tasked with social, educational, employment, mobility, housing and justice policies, among others.

Realising the importance and the potentialities of intersectoral work, the Health Plan for Catalonia 2016-2020, creates a pillar focused exclusively on the 'Health in All Policies' strategy. The purpose of this pillar is to boost and reinforce the design and that the deployment of intersectoral health policies configured on the basis of collaboration with the other ministries of the Government of Catalonia, the local Administration and other institutions and bodies. Thus, it is our intention to use this pillar to promote cross-cutting actions involving different ministries, creating synergies and overcoming exclusively bilateral relations. Furthering this collaboration between the Ministry of Health and the ministries with which it shares objectives and actions, will make it possible to create multisectoral dynamics addressing, in an integrated way, the needs of society and of the people who are part of it.

Intersectoral work is nothing new to the Government of Catalonia; it has been deploying interministerial strategies for some years now. The Ministry of Health is one of the pioneers of the implementation of plans such as:

- The objective of the Interministerial Public Health Plan (PINSAP) is for all the sectors of the Catalan Government, public administrations and society to capitalise directly on their respective influences over health and well-being associated with the health of the population of Catalonia in order to jointly contribute to producing healthy public policies and to develop health promotion and protection initiatives particularly targeting society's most vulnerable groups.

- The ‘COMSalut’ (community and health) project is intended to lay the territorial foundations for the PINSAP, which provides a new orientation to the health system (mainly primary care) in collaboration with the public health system (local and the autonomous regions) towards the detection of and care for community health needs based on empowerment and on reinforcing community resources and assets.
- The Integrated Care Plan for People with Mental Disorders and Addictions is the embodiment of the political strategy that sees mental health as a cross-cutting challenge, that seeks to accomplish objectives, such as improving mental health; reduce social inequality and contribute to integration, embrace cross-cutting strategies for the promotion of health, disease prevention, care and reinsertion into society and employment and permit an integrated and complementary action by the healthcare, social, educational, employment and justice services, among other objectives.
- The objectives of the Interministerial Social and Health Care and Interaction Plan (PIAISS) is to promote and participate in the transformation of the social and healthcare model to guarantee comprehensive, integrated and person-centred care capable of catering to their needs and which takes their preferences into account from a territorial- and population-based perspective, placing particular emphasis on people with complex needs and those who are more vulnerable in social or healthcare terms.
- The strategy to contend with male violence against women, violence against children and the elderly, through the creation of action protocols by different levels and areas of the Administration.
- The Food Safety Plan of Catalonia envisaged by the Public Health Law 18/2009 of the Parliament of Catalonia, which is the reference framework for public actions implemented by the Government of Catalonia and local entities in food safety matters.
- The Framework Agreement between the Ministry of Education and the Ministry of Health is intended to guarantee the development of interventions linked to the health of children and young people in the school setting.

Reinforcing these lines in order to foster the incorporation of the ‘Health in All Policies’ strategy is the main line of this pillar, which ultimately contributes to building a just, public, universal and egalitarian healthcare system.

Project 12.1. The deployment of the Interministerial Public Health Plan

As far as the WHO is concerned, 'Health in All Policies' (HAP) is the strategy that sets out to improve the health of the population and promote health equity through the systematic evaluation of the implications of all policies for health, the search for synergies and the will to avert negative effects on health. It is associated with health-related rights and obligations and has a major potential to improve both the population's health and equality. It is a progressive process that requires cultural adaptation and change and may be difficult to apply, as acknowledged by the actual WHO.

Eighty per cent (80%) of health determinants are reportedly outside the health system. The Public Health Law of Catalonia (Law 18/2009 of October 22) establishes that the Interministerial Public Health Plan (PINSAP), coordinated with the Health Plan, is the basic tool for developing public health actions in Catalonia and also establishes that its proposals are binding upon the Government. The PINSAP was produced by the Interministerial Health Commission, comprised of members from all the Government's ministries and was approved by the Government in February 2014. It involves actions by the entire Government and society in general. It includes an assessment of the impact of the Government's main health strategies and policies.

Objective for 2020

- To include the evaluation of the possible impact of the formulation of the main policies of the Government of Catalonia on health.

Work pillars for 2020

- Deploy the activities in the territory based on one experience in one or several test areas and extend it progressively throughout the territory.
- Apply the impact on health screening test (health test).
- Produce, together with AQuAS, the reports of the Health and Crisis Observatory.
- Produce the PINSAP 2016-2020 within the framework of the Interministerial Health Commission with the participation of the local Administration and the representatives of civil and professional society.
- Disseminate the results of the PINSAP through the annual Congress and produce the annual report.
- Collaborate at an international level.

Most outstanding milestones for June 2017

- Creation of the PINSAP 2016-2020 within the framework of the Interministerial Health Commission with the participation of the local Administration and the representatives of civil and professional society.

- Application of the impact on health screening test for all the ministries of the Government of Catalonia.

Initial activities

- Renew the Interministerial Health Commission and the PINSAP working groups (local entities, the third sector, professional corporations).
- Produce the second PINSAP report (balance for 2015),
- Produce the PINSAP 2016-2020.
- Train the representatives of all ministries in the health impact screening test (health test) and deploy it systematically.
- Deploy the PINSAP actions in the territory.

Project 12.2. Promoting community health: the 'COMSalut' and other projects

Community health takes place in the interface between primary care and public health, including municipal health, in a specific territory. The community works to cover the territory's health needs. It is based on health resources and assets and on the actual community's potential to generate health. It builds projects on the basis of community development and is based on cooperation and networking between the different stakeholders. It takes a health-equality based approach, particularly addressing the pillars of inequality such as gender, age, social class, ethnic origin and territory of origin. Community health projects are the natural channel for implementing the PINSAP in a specific community, and the take the latter's intersectoral nature into account.

The 'COMSalut' (community and health) project seeks to re-channel primary care towards the community, working jointly with public health, the local entities and other community stakeholders. The project was initiated in 2014 in order to implement local community health strategies in sixteen areas of Catalonia.

On the one hand, the *Efectes de la crisi econòmica en la salut de la població de Catalunya: anàlisi territorial* ('Effects of the economic recession on the health of the population of Catalonia: territorial analysis') report and the *La salut a Barcelona 2014* ('Health in Barcelona 2014') report detect areas in which socio-economic and health indicators point to the need for priority action.

Objective for 2020

- To implement community health in Catalonia through collaboration-based work between primary care and public health and the local entities and other community stakeholders.

Work pillars for 2020

- Deploy the 'COMSalut' project.
- Promote other community health projects in priority areas.

Most outstanding milestone for June 2017

- The deployment of the community health strategy in territories where the 'COMSalut' project has been implemented and in those where health conditions are more unfavourable.

Initial activities

- Design and develop the strategy by means through task forces to encourage networking.
- Deploy the 'COMSalut' project in sixteen ABS (basic healthcare areas) in Catalonia.
- Evaluate the 'COMSalut' project and other networked community health projects.
- Provide training in community health.

- Include community health in service procurement.

Project 12.3. The deployment of the Interministerial Social and Health Care and Interaction Plan

There is increasingly greater evidence that any distinction between people's health and social needs is not only sufficiently arbitrary, but that it hampers the deployment of care models that are truly centred on their interests. Consequently, care systems fail to reach optimal levels of efficacy, efficiency, equity and justice.

Therefore, there is an increasing international consensus which holds that fighting against health inequalities and the guarantees of the future sustainability of these systems require that countries be capable of implementing policies integrating health and social services based on a population approach and from the standpoint of territorial implementation.

In line with this trend, in 2014 the Ministry of the Presidency created the Interministerial Social and Health Care and Interaction Plan (PIAISS) with the participation of the Ministries of Health and Social Welfare and the Family, in which the Government sought to harness all the actions required to bring the idea of a system guaranteeing integrated social and health care in our country to fruition.

Objective for 2020

- To transform the social and health care model in order to guarantee integrated and person-centred care capable of responding to their needs through the health system and the social services system.

Work pillars for 2020

- Define and approve the integrated care model centred on people with complex needs.
- Define and approve the integrated home-care model.
- Define and approve the integrated care model in the institutional setting.
- Foster the planning of pre-emptive decisions within the framework of integrated care for people in an end-of-life situation.
- Implement the integrated care model for people: strategic planning and territorial implementation strategy.
- Develop cross-cutting instruments that facilitate the integrated care model: common goal-setting strategy, evaluation frameworks and service provision strategies; integrated Information Systems; shared training strategies; knowledge and innovation.

Most outstanding milestones for 2017

- Approval of the Catalan integrated care model, definition of territorial-based implementation conditions based on the evaluation of existing territorial projects and progress in the model's instrumental components.

Initial activities

- Formally approve the Catalan integrated care model.
- Validate the guideline for support to the territorial implementation of the integrated care models and the guide for support to integrated healthcare practice.
- Secure a consensus on the terminology used in integrated social and health care.
- Define the territorial governance model and identify the territorial functional teams in integrated care.
- Create working committees to define the home-care model and the healthcare model for people institutionalised in homes.
- Define a common instrument for the comprehensive assessment of people in complex situations.
- Define and validate the support scale for the identification of complex social care needs.
- Establish harmonised criteria for advanced care planning and pre-emptive decisions.
- Establish a strategy for providing training in integrated care for professionals.
- Implement a strategy with actions promoting the interoperability of the social and health information systems.

Project 12.4. The Integrated Care Plan for People with Mental Disorder and Addictions

The Comprehensive Care Plan for People with Mental Disorders and Addictions (PISMA) is the embodiment of a strategic policy that regards mental health as a cross-cutting challenge, working on the premise that collaboration-based work makes it possible to provide better responses in complex situations and, more particularly, to focus efforts on activities targeting the more vulnerable groups. It is the expression of the Government's desire to afford visibility to a countrywide policy that must make it possible to drive towards a more inclusive society, one that guarantees the rights of everyone, in the conviction that improving the life of people with mental disorders and their families is also beneficial to society overall, a society of which we are all part.

The Comprehensive Plan must be the instrument of leadership that fosters the actions required to bring about a conceptual change amongst all the stakeholders involved, becoming the strategic and operational planning tool for the organisation and evaluation of the quality of its lines of action.

This Plan, the PISMA, born of the collaboration between the Administration of the Government of Catalonia and the social partners in the area of mental health, yielded the priority actions intended to be promoted in the 2014-2016 period. These actions must help to develop Catalonia's own mental health model in line with the WHO mandate and with the ultimate aim of improving the quality of life of people with mental disorders and that of their families. The time has come to define and establish, on the basis of consensus, the strategic lines for the 2017-2020 period.

Objective for 2020

- In line with the WHO's Comprehensive Mental Health Action Plan 2013-2020, the objective is to contribute to improving the population's mental health and to reducing the social inequalities affecting people with a mental disorder, increasing their opportunities for integration and permitting the planned action of the health, social, educational, employment and justice services.

Work pillars for 2020

- Promote mental health and foster the actions required to deploy the Programme for the fight against stigmatisation.
- Boost the integration of actions by the health, social and educational services targeting young children, the school population and adolescents at particular risk or in situations of vulnerability.
- Foster civic and social participation by people with mental health problems and promote their rights in healthcare settings.
- Carry out any action that is necessary to ultimately and effectively secure the inclusion of adults with severe mental disorders and addictions.

- Spearhead the actions required to help adults with serious mental disorders find employment.
- Improve psychiatric and mental care in the judicial area of people who are imprisoned or subject to security measures.
- Improve and foster integrated care for the elderly in their regular environment or in homes.

Most outstanding milestone for 2017

- Considering that the Ministry of Health plays an active part in the development of the different strategic lines of the PISMA, the milestones envisaged for 2017 pertain to the priorities agreed to with organisations involved in the area of mental health, particularly in all matters related to the integrated approach to childhood and adolescence and the integration of community care for mental health and addictions in the social, health, residential and employment domains.

12.4.1. The Comprehensive Care Plan for People with Autism Spectrum Disorder

Autism spectrum disorder (ASD) has an impact on the people that suffer from it and their families, in terms of health and also socially and economically, and thus calls for a multi-dimensional approach. The Ministries of Health, Education and Social Welfare and the Family produced the Comprehensive Care Plan for People with Autism Spectrum Disorder, fuelled by a broad consensus of expert professionals from the different networks and the collaboration of the AQuAS and scientific societies.

Objective for 2020

- To implement the Comprehensive Care Plan for People with Autism Spectrum Disorder throughout Catalonia.

Work pillars for 2020

- Deploy territorial-based integrated functional units comprised of professionals from the child development and early care centres (CDIAP), child and adolescent mental health centres (CSMIJ) and the pedagogical attention teams of the Ministry of Education throughout Catalonia.
- Guarantee the implementation of a service portfolio that guarantees equality of care throughout Catalonia and define quality indicators.

Most outstanding milestone for 2017

- Extension of the deployment of the functional units to a further sixteen territories.

Initial activities

- Review the document of the Comprehensive Care Plan for People with Autism Spectrum Disorder and include the professional consensus and active participation of relatives' associations in it.
- Define the healthcare service portfolio to be provided by the public health system.
- Evaluate the need for suprasectoral expert units for differential diagnosis, care for complex cases, teaching and research.

12.4.2. The integration of community care for mental health and addictions in the social, health, residential and employment areas

At this moment in time, the health system clearly needs to be oriented towards person-centred care, particularly in chronic patients with multiple medical conditions, as is the case of complex and chronic mental health patients. Another step forward must be taken in order to consolidate a community care model for mental health that tackles the health determinants lying outside the health system and which comprises social, employment and residential aspects through a coordinated vision of the resources available in the territory and aligned with the actions prioritised within the framework of the Integrated Care Plan for People with Mental Disorders and Addictions.

Objective for 2020

- To implement the community care model for mental health and addictions throughout Catalonia.

Work pillars for 2020

- Produce a strategy to implement a community care model involving health, social and employment services based on a consensus with the sector and within the framework of the Integrated Care Plan for People with Mental Disorders and Addictions.
- Formulate a governance of the different mental health services in the territory in which primary care, hospital care and the community services are all represented, in coordination with the social, residential and employment services.

Most outstanding milestones for June 2017

- Model a community care model based on available evidence and produce a good practices guide.
- Assess the model's applicability taking the characteristics of Catalonia's different territories into account.

12.4.3. The participation of people with mental health problems and their families in their recovery process: the 'Activa't per la salut mental' project

This project is also envisaged in project '1.4 Self-responsibility, self-care and the promotion of people's autonomy', and its specific objectives are:

- To provide useful tools for the everyday management of mental conditions.
- To make the family and the person affected active health agents within the recovery process.
- To develop spaces that improve social cohesion.
- To boost the establishment of the health, social, association-forming and support networks to families in order to guarantee the continuity of care.
- To evaluate the results and the impacts on people's quality of life and on the use of services.

Project 12.5. The approach to male violence against women, violence against children and the elderly

Violence is a serious violation of human rights and has a severe impact on the health of peoples who are victims of it. The health system, with the help of all its members, is in a privileged position to act in terms of the prevention, detection, care and recovery of people who have been or who are victims of violence.

12.5.1. Violence against women

Within the framework of the Programme for the Comprehensive Intervention on Violence against Women led by the Catalan Women's Institute, which reports to the Ministry of the Presidency, the commitments taken on by the Ministry of Health involve developing a Training and Skill-building Plan for Professionals in order to contend with male violence against women in the health setting and also in the dissemination and implementation of the *Protocol per a l'abordatge de la violència masclista en l'àmbit de la salut a Catalunya*. *Document marc: violència en l'àmbit de la parella i familiar* ('Protocol for the management of male violence against women in the health setting in Catalonia. Framework document: violence in the couple and in the family').and the corresponding operational documents in the centres and services of the Integrated Public Health System of Catalonia.

Objective for 2020

- To promote the prevention, detection, care for and recovery of woman who are or have been victims of male violence and are at risk of being so, as well as their children, in the health setting and within the framework of the integrated network of care for and recovery from male violence against women of Catalonia.

Work pillars for 2020

- Provide professionals with training and skill-building based on a health perspective with regard to the prevention, detection, care for and recovery of woman who are or have been the victims of male violence and who are at risk of being so, as well as their children.

- Obtain the necessary healthcare activity data in order to attend to planning needs as well as interventions from the existing information systems.

- Continue with the dissemination and implementation of the Protocol for the management of male violence against woman in the health area in Catalonia in the PCT, ASSIR services, hospital emergency services, mental health centres, centres for care and monitoring of drug addiction and the SEM.

Most outstanding milestone for June 2017

- Effective application of the Plan for training and skill-building for professionals based on the health perspective.

Initial activities

- Produce the Training plan.
- Provide training in 75% of the territory.
- Design the data acquisition circuit and define the content of the information.

12.5.2. Sexual abuse and maltreatment of children and young people

Within the framework of the Interministerial Committee for the Monitoring and Coordination of existing protocols related to sexual abuse of minors or any other form of maltreatment led by the Ministry of the Presidency, the Ministry of Health is responsible for the first level of detection and can avail itself of specialised services for diagnostic purposes in the different situations.

Within the context of the *Protocol marc d'actuacions en casos d'abusos sexuals i altres maltractaments greus a menors* ('Framework protocol for actions in cases of sexual abuse and other serious child maltreatment'), of 2006, which encompasses all ministries, the Ministry of Health produced, together with the Directorate-General for Children and Adolescent Care, the *Protocol d'actuació clinicoassistencial de maltractaments aguts a la infància* ('Clinical and healthcare action protocol for acute child maltreatment'), whose last edition dates from 2008.

The gender perspective should be included in healthcare-related interventions in situations of sexual abuse and maltreatment of children and young people according to the interpretation of Article 4 of Law 5/2008, of April 24, on women's right to eradicate gender violence, sexual violence and sexual abuse.

Objective for 2020

- To promote the prevention, detection, care for and recovery of children and adolescents who are or have been victims of violence and those at risk of being so, in the health setting and within the framework of integrated care provided by all the ministries and stakeholders involved.

Work pillars for 2020

- Update the Clinical and Health Care Action Protocol for Maltreatment of Children, including chronic maltreatment and also incorporating primary care.
- Disseminate the protocol and raise awareness amongst professionals.
- Provide professionals with training and skill-building based on a health perspective with regard to the prevention, detection, care for and recovery of children who are or have been the victims of violence and who are at risk of being so.
- Improve the existing information systems: the Harmonised register of child maltreatment (RUMI) and the synergy with those of the other ministries.
- Deploy the necessary functional units within the framework of integrated units for care for the victims of child abuse and maltreatment

Most outstanding milestones for June 2017

- Production and presentation of the new *Protocol d'actuació clinicoassistencial de maltractaments a la infància* ('Protocol for clinical and health care action for child maltreatment of children'), including chronic maltreatment, in order to include them in primary care.

Initial activities

- Participate in updating the framework protocol for actions in cases of sexual abuse and other serious cases of maltreatment.
- Update and agree to the clinical and health care protocol.
- Produce the Plan for training and awareness-raising in professionals and initiate its deployment.
- Improve the RUMI and monitor the hospitals involved.
- Reach a consensus agreement on a Registry system of chronic maltreatment in the primary care medical record.

12.5.3. Maltreatment of the elderly

The *Protocol marc i orientacions d'actuació contra els maltractaments a les persones grans* ('Framework protocol and action guidelines for cases of maltreatment of the elderly'), produced jointly with the Ministry of Employment, Social Affairs and Families, highlights the importance of healthcare apparatuses and the intervention of healthcare professionals in the prevention, detection, care for and recovery of elderly people who have been or are victims of maltreatment.

Objective for 2020

- To promote the prevention, detection, care for and recovery of elderly people who are or have been victims of maltreatment and those at risk of being so, in the health setting and within the framework of integrated care.

Work pillars for 2020

- Provide professionals with training and skill-building based on a health perspective with regard to the prevention, detection, care for and recovery of elderly people who are or have been victims of maltreatment.
- Obtain the necessary healthcare activity data in order to attend to planning needs as well as interventions from the existing information systems.
- Collaborate with the Directorate-General for Families in order to produce and/or update the protocols for the prevention of and care for the mistreated elderly in the healthcare and community setting.

Most outstanding milestones for June 2017

- Production and presentation of a Prevention and care protocol.

Initial activities

- ➢ Produce the Prevention and care protocol jointly with the Directorate-General for Families.
- ➢ Design the data acquisition circuit and define the content of the information.

Project 12.6. The Food Safety Plan of Catalonia

As provided for by the Law 18/2009, of 22 October, on public health the Parliament of Catalonia, the Food Safety Plan is the reference framework for public actions implemented by the Government of Catalonia and the local entities in food safety matters. It is a strategic intervention plan that straddles the entire food chain from primary production through to consumption, taking in the processing and distribution stages, as well as the retail and hotel and catering stages. The implementation of the plan must guarantee an integrated, modern and effective food safety system that provides citizens with all the necessary guarantees, while also acting as an instrument to support the international projection of our country's agricultural and food products.

Although the Food Safety Plan of Catalonia is a separate and independent entity, it is nevertheless the instrument that defines food safety policy within the framework of the Interministerial Public Health Plan (PINSAP) and of the Health Plan for Catalonia.

Objective for 2020

- To maintain an integrated public intervention system in food safety with coordinated actions for the evaluation, management and reporting of risks, involving the ministries with powers for health, agriculture, livestock, fisheries, food, consumption and the environment, the local administrations, as well as the sectors that operate in the food chain and consumer associations.

Work pillars for 2020

- Maintain a system that can effectively respond to demands and needs related to risk assessment and scientific information in food safety.
- Have a strategic integrated intervention plan for food safety in Catalonia and effective monitoring systems.
- Maintain a system that can duly respond to any requests and needs for assessment and technical support from any of the official organisations with powers in matters of food safety.
- Maintain efficient communication and coordination systems with the different ministries and administrations with powers in food safety matters through commissions or task forces.
- Maintain communication and collaboration systems with the sectors of the food chain and consumer associations.
- Maintain systems that promote and support self-control by food chain companies, particularly through good hygiene practice guidelines (GHPG).
- Maintain information, reporting and dissemination systems related to food safety targeting the agricultural and food sectors and citizens in general.

Most outstanding milestone for 2017

- Production of a new Food Safety Plan of Catalonia based on the consensus of all the parties involved in the food chain and approved by the Government of Catalonia.

Initial activities

- Keep the Food Safety Scientific Advisory Committee operational once it has been renewed.
- Produce the annual report on the food safety situation in Catalonia and an annual follow-up report on the Plan.
- Maintain the activities of the Interministerial and Inter-Administrative Coordination Task Force.
- Maintain the activities of the coordination and monitoring commissions with the food chain sectors and the consumer associations of Catalonia.
- Continue to attend to specific enquiries by professionals, economic agents and citizens.
- Maintain support and training in food safety for the delivery of safe food in the activities of the different associations and organisations that work to fight against food wastage.
- Develop communication and training actions related to food safety targeting the agricultural and food sectors and citizens in general.

Project 12.7. Integrated health and educational care for children and adolescents in the school setting

The draft framework agreement between the ministries of Education and Health is intended to guarantee the implementation of interventions related to the health of children and young people in the school setting. These interventions must provide for universal physical and mental health promotion measures; support measures by health services to schools and to the specialised teams of the ministries of Education and Health, as well as the support of the educational services in the healthcare setting.

Objective for 2020

- To deploy the actions provided for in the Collaboration Agreement between both ministries throughout Catalonia and to produce an assessment of the impact of these measures.

Work pillars for 2020

- Encourage the 'Salut i escola' ('Health and School') Programme for health promotion and the prevention of risk situations and early care for problems related to mental, emotional and sexual health, drug use, alcohol and smoking.
- Guarantee the continuity of the educational process for children and young people admitted to public hospitals.
- Establish support mechanisms for schools with regard to pupils or students with mental disorders.
- Guarantee an integrated healthcare and educational approach to children with attention deficit hyperactivity disorder (ADHD).
- Produce the Interministerial Functional Plan for Care for Pupils or Students with Special Health Needs.

Most outstanding milestone for June 2017

- The signing of a collaboration agreement between the Ministries of Health and Education to guarantee the implementation of interventions linked to the health of children and adolescents in schools.

Initial activities

- ➢ Apply universal measures for the promotion of mental health and the prevention of mental disorders.
- ➢ Provide support to schools and the specialised teams of the Ministry of Education.
- ➢ Provide intensive support in ordinary schools.
- ➢ Provide intensive support in the adapted school setting.
- ➢ Provide educational support in the health setting.

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