**4th Transforming Care Conference**

Thematic Panel no. 15:
*Changing Cultural Ideas and Care Policies across Welfare States and Policy Levels*

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**Moving towards integrated community care**

***Main issue analysed in the paper and its relevance***To improve population health, integrated care system development is on the policy agenda worldwide. However, challenges still remain as to understand how to engage communities and people as co-producers of care and how policies can support people-driven development. Integrated Community Care (ICC) implies a shift in traditional thinking based on problem-based, supply-driven care to assets-based and co-productive care. To define ICC and its implications for policy and practice, the Network of European Foundations (NEF) together with the International Foundation for Integrated Care (IFIC) performed a mapping exercise to identify international cases demonstrating involvement and engagement of vulnerable communities with specific impact on care experience, care outcomes and care utilisation. We report here the results from this survey and the learnings from two transnational conferences on ICC.

***Type of methodology and sources of data/information used for the analysis***After a pragmatic internet search, 104 initial promising practices were found. Of those, 16 cases were A-listed following several evaluation phases. Included interventions had to demonstrate community and user engagement in design, delivery and decision-making and focus on building new multi-sectorial partnerships within the community. Also, interventions had to address health literacy and social integration among the target population. The two first conferences in a series of four gathered more than 160 delegates, representing international foundations, policy makers and professional experts in the field of integrated care. They were given interactive lectures in people-driven care and asset-based approaches and engaged in workshops and panel debates to define ICC, its possible impact and the necessary actions that need to take place at system and policy levels to make ICC a reality.

***Main findings***

The key learnings from the literature search and the conferences show that ICC represents a bottom-up methodology led by citizens based on individuals' and families' needs and resources. It draws on a wider set of resources found in every community, such as third sector organizations, informal care givers and social capital. ICC implies a shift in power, where professional experts and policy makers take the position as guides and facilitators on the side, from providing information and solutions to providing input. Civic knowledge and people’s lived experience must guide the transformation towards building strong communities where people thrive and have access to the support they need to live independent lives. Some key challenges identified are getting policy makers on board and developing sustainable ICC funding strategies. This is particularly related to the new leader role in a decentralised system, where power is spread and held by many. Distributed leadership require skills in listening, developing shared visions, learning to adapt and navigate through complexity and uncertainty. Professionals will also need training in people-driven healthcare and in collaboration with informal care networks.