

### DEPLOYMENT OF INTEGRATED CARE SYSTEMS: SCIROCCO: A 12 DIMENSION-MATURITY MODEL

### WWW.SCIROCCO-PROJECT.EU

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- SCIROCCO tool: contextual challenges
- Process
- Key findings and messages
- Next steps: including twinning and coaching



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## **SCIROCCO: contextual challenges**



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# SIROCCO MATURITY MODEL TOOL

Based on the Maturity Model developed by the Action Group on Integrated Care of



European Innovation Partnership on Active and Healthy Ageing

Eases the adoption of Integrated Care by:
Defining Maturity to adopt Integrated Care
Assessing the Maturity of Healthcare Systems
Assessing Maturity Requirements of Good Practices
Supporting Twinning and Coaching to transfer good practices



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# SCIROCCO Maturity Model for Integrated Care

### **12 dimensions**

(with an explanatory narrative)

- each with a rating scale (0-5)

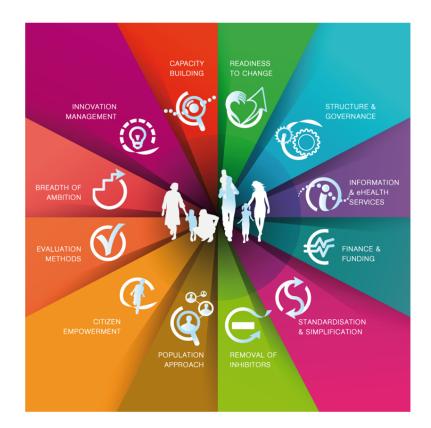
www.scirocco-project.eu

https://www.scirocco-

project.eu/maturity-model-in-

practice-scirocco-assessment-

tool/





# Dimensions and Assessment Scales @ SCIROCCO\_EU

- 1. Readiness to Change (to enable more integrated care) https://www.scirocco-project.eu/maturitymodel/readiness-to-change/
- 0 No acknowledgement of compelling need to change
- 1 Compelling need is recognised, but no clear vision or strategic plan
- 2 Dialogue and consensus-building underway; plan being developed
- 3 Vision or plan embedded in policy; leaders and champions emerging
- 4 Leadership, vision and plan clear to the general public; pressure for change
- 5 Political consensus; public support; visible stakeholder engagement.
- 2. Structure and Governance https://www.scirocco-project.eu/maturitymodel/structure-governance/
- 0 Fragmented structure and governance in place
- 1 Recognition of the need for structural and governance change
- 2 Formation of task forces, alliances and other informal ways of collaborating
- 3 Governance established at a regional or national level
- 4 Roadmap for a change programme defined and broadly accepted

5 – Full, integrated programme established, with funding and a clear mandate.





# Process: self-assessment



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# Self-Assessment Conversations: SCIROCCO as an On-Line Tool (1/2)





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## Self-Assessment Conversations: SCIROCCO as an On-Line Tool (2/2)





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## Video report from Olomouc, Czech Republic



*"It is much more comfortable for a patient as well as a physician, because the number of check-ups decreases."* 

https://www.scirocco-project.eu/video-reports/#olomouc https://www.scirocco-project.eu/good-practices/

### **Events coming up:**

https://www.scirocco-project.eu/events-calendar/category/scirocco-



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## Individual self-assessment surveys



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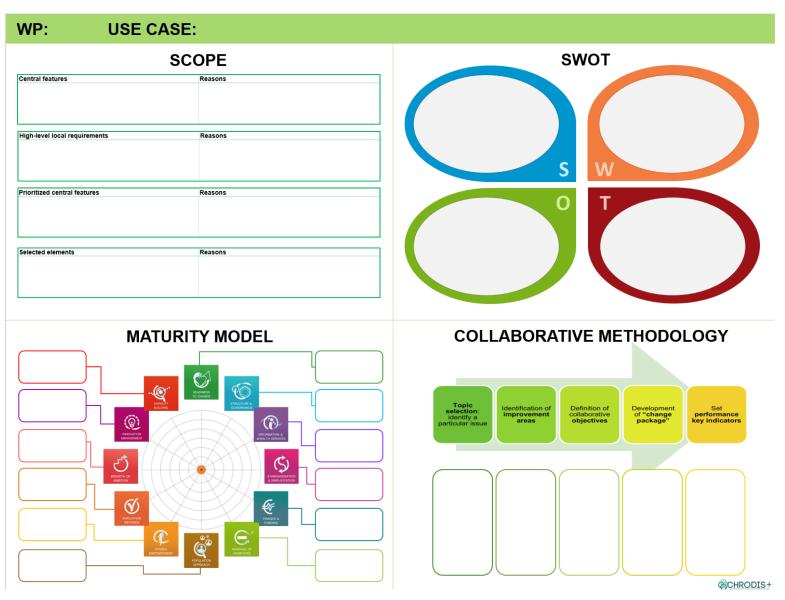


## Workshop in the Basque Country, Spain















# Scaling Integrated Care in Context

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# Organisation of SCIROCCO focus groups in three example regions

## FOCUS GROUP IN NORRBOTTEN

#### Background

- 23rd August 2017
- Region Norrbotten headquarters in Luleå (Sweden)
- FG duration:1h 15'

### Attendees

- 2 attendees
- Profiles: a business developer and an associate professor in knowledge management.

### Description

- FG took place 2 months after the self-assessment.
- FG session was facilitated by DW and 2 local SCIROCCO team members (A-CK and LL) attended.





# Other European regions have got involved too



Example regions who are members of EUREGHA http://www.euregha.net: Catalonia, Spain; Flanders, Belgium, Skane, Sweden.



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## **Key findings and messages**



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### Key findings and messages from the focus groups

### Team has developed a matrix to enable analysis of focus group outcomes

	Norrbotten	Puglia	Basque Country	Scotland	Olomouc
Background					
(Date, place and duration of the FG)					
Attendees					
(Number and profile of the attendees. Cross-refer if needed to the numbers of attendees in the previous meetings)					
Description					
(Brief description of the FG session, e.g. if it took place immediately following the consensus-building on self-assessment workshop)					
Experiences					
(Brief description on how the tool was used for the self-assessment +					
attendees' observations /feedback on the use of the tool)					
Enhancement of tool					
(Attendees' suggestions made on how the SCIROCCO tool could be improved)					
Comparison with other tools					
(Attendees' observations about how SCIROCCO compares with other					
'integrated care' assessment tools they have used)					
Impact and outcomes					
(Brief description of the outcomes of the use of the tool, attendees'					
reflections on the (potential) impact of using the tool, and wider implications of using the tool)					
Lessons learned					
(Preliminary set of "lessons learned" from this exercise by WP8, the					
project consortium, and for policy directions and content in general)					





## Key findings and messages: LESSONS LEARNED All focus groups agreed that SCIROCCO tool:

• is easy to use.

### covers all the relevant dimensions

(with one exception: Puglia reported that inequalities on access to care and to innovative technologies are not adequately considered).

- is good at consensus-building, enables discussion and dialogue.
- helps to reflect on the strengths and weaknesses of the regional healthcare system.
- provides different points of views which give a broader view (however, for example, the Basque Country pointed out the subjective character of these views - and thus the importance of knowing the respondents' profiles when doing and looking at the self-assessment(s)).
- generates knowledge and helps to gain an overview of the maturity of the healthcare system.





### Key findings and messages of WP8: LESSONS LEARNED -Wider (policy) implications of the SCIROCCO tool:

- Useful in terms of policy-making (accompanied by a clear explanation/presentation, a complementary narrative).
- Use in a diversity of organisations (at different organisational and system levels (e.g. local vs.regional), and with different stakeholders (e.g., patients, managers)).
- **Presents** good arguments to **managers**.
- Can be used regularly (e.g., every year or so, but not to be used over frequently).
- Indicates which dimensions are improving or worsening.
- Could be used as a tool prior e.g., to starting on certain projects or initiatives.





## **Next steps**



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## How can the tool be enhanced? Examples

- By being available in the local language(s).
- By refining the quantitative measurement(s) (e.g. insert numbers into the spider diagram; add extra scoring options; make clear differences between some scores).
- By clarifying some of the dimensions: e.g., the "breadth of ambition" and the standards dimensions.



# Twinning and coaching of regions



## The Maturity Model can be used by policy makers of two regions to analyse weaknesses and strengths between regions and activate coaching processes

**Region 1** 

**Region 2** 





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## Twinning and coaching - Next Steps

- To define the approach to collect lessons learned on coaching and twinning
- To refine the overall findings especially around "lessons learned"

(e.g., by gathering opinions in Arad, Romania, in Utrecht [May 2018] and through the Policy Advisory Group).

• Tool due to be fully ready by October 2018!



# One other interesting project – PROGRESSIVE http://platform.progressivestandards.org



Local resident, Ingeborg SCHULTZ, aged 74, enthused: "A big advantage is the networking of this apartment with residents and service providers in the quarter. I may not be able to use [the network] at the moment, but I have the option to use it when the time comes – if I am restricted to my bed or the like. That provides me with a great deal of reassurance."

This project makes a nice link with Sandra Evans' initiative on: "Helping the Elderly to Enjoy Long and Complete Lives (HELP)





## Any questions? www.scirocco-project.eu

## Please feel free to look at the tool: https://www.scirocco-project.eu/maturitymodel-in-practice-scirocco-assessmenttool/

## And, ultimately, to apply it! Contact – Project Coordinator – Donna Henderson donna.henderson1@nhs.net

