HOW TO USE THE SCIROCCO TOOL TO ASSESS MATURITY REQUIREMENTS OF GOOD PRACTICES

Prof Stuart Anderson
University of Edinburgh
Assessing the Maturity Requirements of a Good Practice

1. Organisers identify local experts to be involved in the assessment.

2. The experts individually perform the assessment by filling in a questionnaire on the SCIROCCO tool and identifying relevant features of the healthcare system for the adoption of a Good Practice.

3. The experts share their individual questionnaires with the organisers.

4. A workshop is organised to discuss and reach a consensus amongst the different experts about the maturity requirements of a Good Practice. The workshop also agrees on the relevant features for the Good Practice.
Step 1: A Multidisciplinary Team

Practitioner Perspective

Managerial Perspective
Step 2: Performing an Individual Assessment

Maturity Assessment

The objective of this page is to assess the maturity requirements of good practices. This is what the good practice needs from its environment in order for it to be possible to carry out the good practice.

Questions marked with * are compulsory

Assessment Description*

Please provide a name for your assessment (e.g. your own name and that of the good practice): *

Pain Clinic

Healthcare system your good practice belongs to:*  

Basque Country, Spain

Good practice: *

Basque Country: Transversal Approach of the Pain from a Pain Unit

Update

Share
Step 2: Performing an Individual Assessment

Maturity Assessment

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<td>Q12</td>
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1. Readiness to Change

- 0: No acknowledgement of compelling need to change
- 1: Compelling need is recognised, but no clear vision
- 2: Dialogue and consensus-building underway; plans formulated
- 3: Vision or plan embedded in policy; leaders and champions engaged
- 4: Leadership, vision and plan clear to the general public
- 5: Political consensus; public support; visible stakeholder engagement

Please indicate the features of the domain which justify your reply:

Features

A feature is a concrete thing/requirement in the healthcare system that is needed by a good practice to be implemented and/or transferred.

If we ask the question “Would the good practice be possible if this feature were absent from the environment?” and we get the answer NO, then the feature is required by the good practice.
Step 2: Performing an Individual Assessment

Practitioner Perspective

Managerial Perspective
Step 3: Sharing Individual Assessments

Maturity Assessment

The objective of this page is to assess the maturity requirements of good practices. This is what the good practice needs from its environment in order for it to be possible to carry out the good practice.

Questions marked with * are compulsory

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2. 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 accepted by stakeholders involved
- 5: Full, integrated programme established, with funding and a clear mandate

Please indicate the features of the domain which justify your reply:

Governance structure that spans primary and secondary care. Governance is adequate to support tele consultation and limited tele-prescribing
Step 4: Negotiating and Reaching Consensus

Governance is well-developed here but this is nothing new

Capturing pain clinic decisions took some work in the PHR

It took months of negotiation with the GPs to agree to teleconsultation
Step 4: Negotiating and Reaching Consensus
Step 4: Negotiating and Reaching Consensus
Adoption and Transfer

- Features capture what the Good Practice needs in the environment.
- Features capture the originating healthcare system in some detail.
- Adoption and transfer involves exploring how to reconcile the features needed by the Good Practice with those available in the receiving healthcare system.
- As the population of Good Practices grows, the healthcare systems feature sets become more complete and better characterised.
SPOTLIGHT ON GOOD PRACTICE
PAIN MANAGEMENT

Enrique Barez
Integrated Organisation Araba, Osakidetza
Basque Country
Basque Country’s Health System

- Population: 2.17M
- Financed by taxes: 3,605 M€ in 2018
- Universal Healthcare coverage
- Healthcare providers
  - Basque Public Health Service-Osakidetza
    - 13 Integrated Care Organisations (ICO)
      - 14 Acute Hospitals, 313 Primary Care Centres
      - +30,000 Healthcare professionals
    - 2 Sub-acute Hospitals
    - 3 Mental Health Nets
  - Private health centres
Assessment Process

1. Select a Good Practice viable to be transferred. Integrated Approach in Pain Management

2. Identify the two sub-groups
   4 people. 2 from the context, 2 from the practice

3. Introductory meeting
   Meeting to introduce the project and the Scirocco Tool

4. Individual self-assessment surveys (4)
   Using the current online version of the Scirocco Tool

5. Workshop
   Consensus scores & features and discussion
ICO Araba

- Population 400,000
- More than 40 primary care centres
- 3 Hospitals
- Pain clinic
March 2014. They had a serious problem. More than 230 patients to be attended as first consultations and no time or place to serve them.

So they agreed to change the management model.
For patients: there are patients with reduced mobility, with intense work schedules, bad weather...
Integrated Approach to Pain Management

Improve patients pain management, coordinating the conventional care with various forms of non f2f services

**Change Pain Management Model**
- Hospitals
- Agreements
- Primary Care Centers
- Pain Unit

**Integrated care approach**
- Joint management Primary Care & Pain Unit
- Stratification
- Non face-to-face care
  - Teleconsultations and real-time sharing of patient information
  - Primary Care, hospitals and the pain unit
  - Personal health folder
- Personalised Management Plan
- Electronic prescription
1. Scheduled telephone consultations

Accounting for 1/3 of the follow-up to the Pain Clinic of OSI Araba. Both by doctors and by nurses. They have reduced visits and unexpected calls by 78%.
2. Remote control of known patients

To control the evolution (diagnostic tests, income, emergency ...). We get in touch with patients if there is a reason.
3. Videoconferencing
4. Consultations through the Health Folder (For asking questions, giving recommendations or writing a pain diary...)
Doctor Barez he tenido una mejoria a las dos semanas, al mes he tenido otra mejoría ahora hay días que en ratos no me acuerdo de la pierna y otros días que me duele todo el día en resumen con la radiof
Motivo de Consulta

Alertas
- 26/10/2010 Alergia a Beta Lactámicos
- 06/10/2005 EVITAR TOMA DE PENICILINA Y DERIVADOS
- 26/10/2010 tramadol

Antecedentes Familiares y Personales

Diagnósticos de Episodios Previos

Tratamiento habitual

Evolución (Anamnesis-Exploración física)
Barez Hernandez. Enrique Manuel 19/09/2016 12:03:45
Explico bomba intratecal entiende y acepta. Meto en LE. Doy CI.

Sin Informe de alta

Últimas actividades

Constantes del Paciente

Evolutivos del paciente
- 21/07/2016 DIARIO PACIENTE
5. mHealth: prescribing pain-related apps for smartphones and tablets, to improve their quality of life.
More time for f2f consultations

Using non f2f care
Challenge Addressed by the Good Practice

The waiting times for first ordinary and regular consultations has gone down from more than 100 days in 2011 to 11 days in 2014, 17 days in 2015 and 16 days in 2016. Two days for priority patients.
Assessment Process

1. Select a Good Practice viable to be transferred

2. Identify the two sub-groups
   4 people. 2 from the context, 2 from the practice

3. Introductory meeting
   Meeting to introduce the project and the SCIROCCO Tool

4. Individual self-assessment surveys (4)
   Using the current online version of the SCIROCCO Tool

5. Workshop
   Consensus scores & features and discussion
Individual Self-assessment Surveys

Managerial

Personal Health folder’s manager

Director of integration of the ICO

Practitioner

Head of the Anaesthesiology Department

Head of the Pain Unit
Assessment Process

1. Select a Good Practice viable to be transferred

2. Identify the two sub-groups
   4 people. 2 from the context, 2 from the practice

3. Introductory meeting
   Meeting to introduce the project and the Scirocco Tool

4. Individual self-assessment surveys (4)
   Using the current online version of the Scirocco Tool

5. Workshop
   Consensus scores & features and discussion
Workshop

Managerial
- Personal Health folder’s manager
- Director of integration of the ICO

Practitioner
- Head of the Anaesthesiology Department
- Head of the Pain Unit
Implementation & Transferability – Most relevant

- The use of a fully integrated EHR that is accessible to all professionals.
- The use of tele-consultations between primary care and the hospital.
- The use of a Personal health folder, accessible for the entire population, which allows intercommunication between them and the health professionals.

- Have cohesive structures between primary and specialized care and common communication channels and tools.
- It would be desirable to have integrated the social sector.

- The Personal health folder is used as a tool for patient empowerment. Using it, patients can interact with the clinicians. This procedure replaces some face-to-face consultations.
Implementation & Transferability - Not as relevant

- Some functional integration between health care levels.
- To have working groups, with certain order and leadership.
- Have some funding to plan and implement the intervention.
- Screening request and appointments prioritisation according to the patient’s morbidity risk.
Key findings and Conclusions

- The consensus workshop has been key to achieve the results
- The features can reduce the variability
- The language used in the tool is somewhat complicated for front line professionals. A further refinement could be beneficial

“I would love to know not only the degree of transferability, but the level of effective transfer achieved between regions...

I imagine it will take a few years, I will wait… let me know”
THANK YOU!
HOW THE SCIROCCO TOOL FACILITATES KNOWLEDGE TRANSFER

Facilitated Discussion
HOW TO USE SCIROCCO TOOL TO FACILITATE KNOWLEDGE TRANSFER

Dr Cristina-Adriana Alexandru, University of Edinburgh
Twinning and coaching is the process by which:
- one healthcare system learns what it needs to create in local context to enable the adoption of a Good Practice (HS-GP).
- one healthcare system learns from another more progressive healthcare system in order to improve its maturity in a particular dimension of integrated care (HS-HS);

Knowledge transfer is a central component, and widely recognised as effective for accessing evidence and learning on integrated care.

The functionality of the tool for knowledge transfer was designed iteratively, following initial experiences in 3 SCIROCCO regions and active partner participation.
The Knowledge Transfer Process: Healthcare System & Good Practice

Experts who have previously assessed the maturity of their healthcare system can use the SCIROCCO tool to:

1. Visually compare the level of maturity of their healthcare system with the maturity needs of Good Practices viable for scaling-up

2. Select a candidate Good Practice for knowledge transfer with the purpose of adoption within their healthcare system and invite the owners of the Good Practice for further knowledge transfer.

3. Facilitate a discussion on the features required for the transferability of the Good Practice, their feasibility and adaptation needed in the local context.
1. Visually comparing the HS assessment with assessments of Good Practices

Transfer Good Practice to Healthcare System

Choose the healthcare system assessment to compare with the good practice assessment Cons-Norrbotten: An Demo:

Cons-Basque Country,Demo (of healthcare system Basque Country, Spain)

Invite the owner of Cons-Basque Country,Demo for twinning and coaching
1. Visually comparing the HS assessment with requirements of the Good Practice

Assessment Comparison

Legend

Q1 Q2 Q3 Q4 Q5 Q6 Q7 Q8 Q9 Q10 Q11 Q12

1. 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

Please indicate the features of the domain which justify your reply.
2. Selecting / inviting owner of the Good Practice for knowledge transfer

Transfer Good Practice to Healthcare System

Choose the healthcare system assessment to compare with the good practice assessment Cons-Norrbotten: An Demo:

Cons-Basque Country, Demo (of healthcare system Basque Country, Spain)

Invite the owner of Cons-Basque Country, Demo for twinning and coaching.

Transfer Good Practice to Healthcare System

You have successfully invited the owner of the good practice assessment Cons-Norrbotten: An Demo for twinning and coaching with your healthcare system.

Choose the healthcare system assessment to compare with the good practice assessment Cons-Norrbotten: An Demo:

Cons-Basque Country, Demo (of healthcare system Basque Country, Spain)

Invite the owner of Cons-Basque Country, Demo for twinning and coaching.

Dear Cristina Alexandru,

You have successfully invited wpadmin, the owner of the good practice assessment entitled Cons-Norrbotten: An Demo from the Norrbotten, Sweden healthcare system and the Norrbotten: An Effective Palliative Care Process good practice, for a twinning and coaching meeting between your teams. The comparison between your healthcare system assessment entitled Cons-Basque Country, Demo and their good practice assessment entitled Cons-Norrbotten: An Demo has also been shared between you, and is available here: http://scirocco-project.msa.int.ed.ac.uk/tc-meeting?view=HS_GP&meeting=0. Please use this page to record the discussion between your teams.

Kind regards,

The Scirocco Project Team
3. Recording adaptation of features needed in HS for adoption of Good Practice

Scirocco Self-Assessment Tool for Integrated Care

Twinning and Coaching

**HEALTHCARE SYSTEM – HEALTHCARE SYSTEM**

- composition_test2
  - (Norrbotten, Sweden) – composition1 (Puglia, Italy)
- Cons-Basque Country, Demo – Cons-Norrbotten, Swe

**GOOD PRACTICE – HEALTHCARE SYSTEM**

- composition_test2
  - (Norrbotten, Sweden) – ConsensusBC2 (Basque Country, Spain)
- composition_test2
  - (Norrbotten, Sweden) – ConsensusBC1 (Basque Country, Spain)
- Cons-Basque Country, Demo – Cons-Norrbotten An Demo
3. Recording adaptation of features needed in HS for adoption of Good Practice

Twinning and Coaching Meeting

Legend

- Q1: Baskue Country Demo saved by Cristi@zu0107@yahoo.com 2018-10-22 10:52:59
- Q2: Hiribatuer An Demo saved by Cristi@zu0107@yahoo.com 2018-10-22 17:51:20

Q1 Q2 Q3 Q4 Q5 Q6 Q7 Q8 Q9 Q10 Q11 Q12

2. Structure & Governance

- Fragmented structure and governance in place
- Recognition of the need for structural and governance change
- Formation of task forces, alliances and other informal ways of collaborating
- Governance established at a regional or national level
- Roadmap for a change programme defined and accepted by stakeholders involved
- Full, integrated programme established, with funding and a clear mandate

If someone asked you to justify your rating here what would you say (please provide a few short sentences):

- Q0
- Q1

Which features need to be implemented/improved in the receiving healthcare system (e.g. the country) for the "Structure & Governance" dimension in order to respect the good practice requirements and thus make the transfer of the good practice possible?

<table>
<thead>
<tr>
<th>Feature name</th>
<th>Already partially implemented?</th>
<th>Feasibility</th>
<th>Adaptation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Governance</td>
<td>no ▼</td>
<td>possible ▼</td>
<td>We need to change...</td>
</tr>
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</table>

Add more Features

Save/Update meeting notes
Experts who have previously assessed the maturity of their healthcare system can use the SCIROCCO tool to:

1. Identify one priority dimension in the healthcare system for improvement of its maturity

2. Facilitate the access to other healthcare systems which scored higher in a particular dimension and visually compare their level of maturity.

3. Invite a candidate healthcare system for knowledge transfer.

4. Facilitate a discussion on the features required for the improvement of particular dimension, their feasibility and adaptation needed in the local context.
1. Recording one priority dimension for improvement

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<tr>
<td>B. Citizen Empowerment</td>
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<tr>
<td>☐ 0 - Citizen empowerment is not considered as part of integrated care provision</td>
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<tr>
<td>☐ 1 - Citizen empowerment is recognised as an important part of integrated care provision but effective policies to support citizen empowerment are skill in development</td>
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<tr>
<td>☐ 2 - Citizen empowerment is recognised as an important part of integrated care provision, effective policies to support citizen empowerment are in place but citizens do not have access to health information and health data</td>
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<td>☐ 3 - Citizens are consulted on integrated care services and have access to health information and health data</td>
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<tr>
<td>☐ 4 - Incentives and tools exist to motivate and support citizens to co-create healthcare services and use these services to participate in decision-making processes about their own health</td>
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<tr>
<td>☐ 5 - Citizens are fully engaged in decision-making processes about their health, and are included in decision-making on service delivery and policy-making</td>
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If someone asked you to justify your rating here what would you say (please provide a few short sentences):
2. Facilitate access to healthcare system with higher maturity

Consensus assessments:

HEALTHCARE SYSTEM ASSESSMENTS

☐ Cons-
Norrbotten, Swe

☐ Cons-
Norrbotten,
Sweconcensus 3

☐ Cons-Basque
Country,Demo

Twin
2. Compare visually two maturity assessments
3. Invitation for knowledge transfer

Twin Healthcare System with Other Healthcare Systems

You have successfully invited the owner of the healthcare system assessment Cons-Norrbotten, Swe for a twinning and coaching meeting

Candidate healthcare system assessments to contact for twinning the healthcare system assessment Cons-Basque Country, Demo on dimension Citizen Empowerment:

Cons-Norrbotten, Swe
This assessment is not accessible to you
Request access

Cons-Norrbotten, Swe
This assessment is not accessible to you
Request access

Cons-Norrbotten, Swe
This assessment is not accessible to you
Request access

Cons-Norrbotten, Swe
Invite for twinning and coaching

Dear Cristina Alexandru,

You have successfully invited the owner of the healthcare system assessment entitled Cons-Norrbotten, Swe, wpadmin, for a twinning and coaching meeting between your teams. The comparison between your assessment entitled Cons-Basque Country, Demo and Cons-Norrbotten, Swe has also been shared between you, and is available here http://scirocco-project.msa.inf.ed.ac.uk/tc-meeting?view=1S_HS&meeting=5. Please use this page to record the discussion between your teams.

Kind regards,

The Scirocco Project Team

Scaling Integrated Care in Context
4. Recording the features for adaptation required in the local context to enable creation of conditions for improvement
4. Recording the features for adaptation required in the local context to enable creation of conditions for improvement
Outcomes of Knowledge Transfer
SCIROCCO Action Plans

The outcomes of the twinning & coaching process will be captured in the form of Action Plans.

The Action Plans:

• Make recommendations / agree actions for modifying measures/interventions to be taken in the regions, including policy recommendations & potential impact(s).
• Inform the decision-makers about the priority actions necessary for the adoption of a particular good practice and/or improvement of a specific aspect of integrated care.

Note: The implementation of the Action Plans is not considered to be the scope of the project.
Cristina.Alexandru@ed.ac.uk

https://www.scirocco-project.eu/
TWINNING & COACHING OF SCOTLAND AND OLOMOUC REGION WITH PUGLIA REGION
Twinning and Coaching in Puglia Region

➤ **Type of the twinning and coaching:**
  - Transferability of learning about the Good Practice

➤ **Role of the regions in twinning and coaching:**
  - Scotland – Receiving region
  - Olomouc Region – Receiving region
  - Puglia Region – Transferring region

➤ **Focus of the twinning and coaching:**
  - Telemonitoring, teleconsultation and telecare project for patients with Heart Failure, COPD and Diabetes in Puglia
Maturity Requirements of TeleHomeCare

- Leadership; shared vision and involvement of healthcare professionals
- A clear roadmap for a change, including regulations
- Sharing of information among professionals
- Interconnection with the Regional Platform
- Initial investment for the procurement of the bedside table
- Small “change envisaged in the routine of the professionals involved

- Training of professionals, continuous learning
- Change of approach in managing frail chronic patients out of hospital
- Integration between hospital care and primary care
- Evaluation habit; systematic evaluation and data collection
- Training of patients; access to information in order to improve self-care and motivation for empowerment
- Population stratification; shared care pathways among the actors

- Leadership
- Shared vision
- Involvement of healthcare professionals
- Clear roadmap
- Change
- Regulations
- Sharing
- Information
- Professionals
- Interconnection
- Regional Platform
- Initial investment
- Procurement
- Bedside table
- Small
- Change
- Routine
- Professionals

- Training
- Professionals
- Continuous learning
- Change
- Approach
- Frail
- Chronic
- Patients
- Hospital
- Primary care
- Integration
- Hospital care
- Primary care
- Evaluation habit
- Systematic evaluation
- Data collection
- Training
- Patients
- Information
- Self-care
- Motivation
- Empowerment
- Population stratification
- Shared care pathways
- Actors
SCOTLAND’S PERSPECTIVE

Morag Hearty,
NHS Lanarkshire
Rationale for twinning with Puglia Region – Scotland’s perspective

- Identified similar issues and ambitions to assist people to be cared for at home or as near to home as possible (Scottish National Outcomes).

- Helped identify the areas of good practice to prioritise in our Action Plan.
Scotland’s local conditions for the adoption of learning from Puglia’s Good Practice
Feasibility of the features

- Feasible: Standardisation and simplification are possible with effort: plans already place re citizen portal and ensuring interoperability is a key standard in all new procurement.

- Not feasible: The engagement with local industry partners is problematic – due to both our rigorous procurement and financial policies and previous issues with platforms unable to support scale.
Scotland’s priority actions to enable conditions for the adoption of learning

- Improved citizen empowerment - enabling truly integrated care requires an increase in public awareness and engagement.

- Evaluation – to enable robust future business cases we require data to be integrated from both health and social care systems.
Take home messages

► Scotland: if you have the opportunity – take it!

► Useful to have the a wide representation from clinicians, operational staff and strategic managers.

► The generosity of our twinning region of Puglia in sharing information freely across all their stakeholders with a full and relevant itinerary – Thank you.
Rationale for Twinning with Puglia Region

➢ **Rationale / motivation:**
Our focus in UHO is care of chronically ill (frail) patients between home and hospital;
UHO operates two good practices with some similarities to Puglia´s Practice and wants to extend their scopes and introduce other relevant innovations proven in EU countries.

➢ **Addressing particular needs / problems in Olomouc / CR:**
The Puglia practice demonstrated sets of innovations that are valuable sources of inspiration for replications in the interest of improving quality and effectiveness of care services;
Local conditions for the adoption of learning – Olomouc Region

**Main commonalities:** Population approach – based on sharing health pathways among the actors of the care team – similar approach as in the CR – patients stratification is driven by medical personnel

**Differences:** Almost all the other domains – conditions are either different or not yet ready to allow direct introduction of the practice
Priority actions to enable conditions for the adoption of learning – Olomouc Region

➢ **Collaboration on healthcare reform**
Innovative good practice requires conditions that can only be made available by reforms or system changes; UHO participates in the process on reforms in the CR;

➢ **Use of Structural and other EU funding resources**
  • The Ministry of Health Structural Reform Support Programme (2017-2020)
  • Pilot projects (Olomouc) designed to replicate good practices that demonstrate a better care coordination and increase of quality and effectiveness of care by using digital health tools

➢ **Olomouc policy implication:** UHO promotes essential learning from the Good Practice and makes all 3 key Czech stakeholders familiar with the Good Practice and its impact
Take Home Message

Olomouc Region

• Broad range of learnings comprising of:
  • approach to care integration,
  • innovation development,
  • financing and implementation, including details of the care pathways changes
TWINNING & COACHING OF THE BASQUE COUNTRY AND PUGLIA REGION WITH SCOTLAND
Twinning and Coaching in Scotland

➢ **Type of the twinning and coaching:**
  - Transferability of particular aspect of integrated care

➢ **Role of the regions in twinning and coaching:**
  - Basque Country – Receiving Region
  - Puglia Region – Receiving region
  - Scotland – Transferring region

➢ **Focus of the twinning and coaching**
  - Role and engagement of the third sector organisations in the provision of health and social care in Scotland
Situation of Third Sector in Scotland

Legislation on health and social care integration provided the framework for the engagement of Third Sector; link to Scotland’s vision and ambition of full integration.

Dialogue; partnership-building approach
Existence of umbrella organisations to coordinate and align the activities.

Third Sector Data in Health and Social Care Working Group to support building the partnerships and increase the capacity of data collection.

Existence of Care Inspectorate which oversees the quality of services provided by third sector.
BASQUE COUNTRY’S PERSPECTIVE

Esteban de Manuel Keenoy
Kronikgune
Situation of the Third sector in the Basque Country

It is composed of entities of social initiative, voluntary action and non-profit, which guide their activity to defend the rights and meet the social needs of the Basque population.

- **3,500 organisations**
- **Annual turnover of 1,400 M€** (2.2% GDP)
- **45% of the total funding is private**
- **It is coordinated by the Ministry of Employment and Social Policies**
- **42% of the organisations more than 20 years of history**

- **125,000 volunteers** (5.7% of the Basque Population)
- **36,000 directly paid-staff** (1.7% of the Basque Population)

2.1 M inhabitants
Rationale for twinning with Scotland – Perspective of the Basque Country

- Culturally, **families are the ones that support** informal care of people at need
  - Economic crisis increased the burden on families

- Coordination between health and social sectors

- **But** regarding the collaboration between health and third sector:
  - Lack of **culture of working together**
  - Lack of a **framework** for the coordination of third sector
  - **Roles** are not defined

There is a **need to further engage the third sector** in the provision of integrated care to face the increasing aged population and limited resources.
Objectives of this twinning

- Inquire **how to achieve greater involvement of the Third sector** as an active agent in creating a common vision of health and wellbeing.

- Learn from the **Scottish system**, which has a strong Third sector, which carries out an enormous range of activities:
Local conditions for the transferability of learning – Basque Country

- Scottish maturity requirements
- Maturity of the Basque Country’s Health system
Local conditions for the transferability of learning – Basque Country

There is a Care Inspectorate in place which oversees the quality of the provided integrated care services, including the provision of third sector services.
Local conditions for the transferability of learning – Basque Country

There is a strong ambition of the full integration of health, social, housing and third sector services, supported by legislation and dedicated funding however the Integration Act is not yet fully implemented.
Priority actions to enable conditions for the adoption of learning in Basque Country

Priority actions to **evaluate the quality of the provision of Third sector integrated care services**

- **Set up a group with** representatives from the Health and Social sectors, including representatives from the Third sector
- **Identify a set of indicators of** Third sector participation and activity and to include them in the:
  1. **Framework Contract** of The Ministry of Health and Osakidetza
     - The Framework Contract is set as the main tool of the Health system, and allows aligning funding, resources and services to health care priorities
     - It is evaluated annually
  2. **Preferential Offer** of the Integrated Care Organisations of Osakidetza
     - Includes a set of preventive and diseases control interventions to be deployed in Primary and Community Care
Take Home Messages

➢ Basque Country

- Thanks to this exercise, the team has learned about the challenges and developments in a Region with a long tradition, strong culture, established structures and integrated governance in the voluntary sector.

- Using the SCIROCCO Tool, the team identified and discussed areas for the Third Sector engagement in the provision of a more integrated care to our citizens.
PUGLIA REGION’S PERSPECTIVE

Francesca Avolio
AReSS Puglia
Rationale for Twinning with Scotland
Perspective of the Puglia Region

➢ Ageing population, growing numbers of people with multiple long-term conditions require services that are joined up.
➢ Many initiatives in Puglia over recent years have attempted to tackle this by promoting closer integration of health and care services.
➢ Integrated care remains the exception rather than the norm.
➢ The barriers to integration that have been identified include misaligned financial incentives and data collection.
➢ Challenges within the health care and social care workforces and lack of culture for information-sharing.
➢ The regional system also needs to encourage the growth of the “Third Sector”, promoting initiatives useful to integrate care systems and services to the population.
Rationale for Twinning with Scotland – Perspective of the Puglia Region

➢ **Readiness to Change**
- Importance of culture; third sector activities need to be embedded in the society
- Need of the regulatory framework, policies and vision to better organise and align the activities of third sector organisations
- Partnership approach

➢ **Structure and Governance**
- Existence of legislation to support the involvement and the equal role of third sector
- Equal distribution of resources across the sectors to coordinate the services around the needs of citizens

➢ **Breadth of Ambition**
- Full integration of health and social care services with a recognised role of third sector
- Self-Directed Support service - existence of shared protocols to facilitate the funding around the needs of citizens
Local conditions for the transferability of learning – Puglia region

COMMONALITIES

12. Capacity-building
11. Innovation Management
2. Structure and Governance
3. eHealth

Not relevant for the adoption of the Good Practice except for Dimension 2
Local conditions for the transferability of learning – Puglia region

DIFFERENCES
1. Readiness to Change
4. Standardisation & Simplification
7. Population Approach
8. Citizen Empowerment
9. Evaluation Methods
10. Breath of Ambition

Feasible to transfer with adaptation; except Dimension 4
Local conditions for the transferability of learning – Puglia region

STRENGTHS
5. Finance and funding
6. Removal of inhibitors

No need for adaptation except for Dimension 6 that needs further work
## Priority actions to enable conditions for the adoption of learning in Puglia region

<table>
<thead>
<tr>
<th>Priority Action</th>
<th>Objective of the Action</th>
<th>Anticipated outcomes</th>
<th>Policy implications, including the responsible actor and anticipated duration.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reform of the third sector at a regional level</td>
<td>1. Embed third sector collaboration in the regulation and policies related to health and social care service delivery. Map and coordinate third sector initiatives including at a regional level and thus facilitate the partnership building in order to systematically share strategies and co-design the Action Plans.</td>
<td>Extension of the existing pilots at a regional level and embracement of innovation; e.g. improvement of the “Buoni Servizio” experience carried out in Puglia with a similar methodology for Self-Directed Support as applied in Scotland, including testing of the digital platform in use (Car Gomm).</td>
<td>The regional Agency for Health and Social Service (ARESS) provides the technical support for Department for Health Promotion, Social Affair and Sports for all. The Agency main role is to foster health and social Innovation processes in the region. As such, the Agency will be involved in developing these priority actions further, e.g. by forecasting the skills, competences and knowledge needed for their implementation, including the development of feasibility study and SWOT analysis. As a result, the Agency might consider useful to propose to the Department for Health Promotion, Social Affair and Sports for all to develop a Memorandum of Understanding with Scotland as a coaching region in order to support the transferability, adaptation and embedment of this successful experience of Scotland in engaging the third sector in the provision of integrated care.</td>
</tr>
<tr>
<td>Integration of funding system</td>
<td>1. Overcome the fragmentation of funding for integrated care service. Promote the scaling up of existing pilots (e.g. Buoni Servizio) carried out in Puglia on the definition of “Health and Social Care Pathways” (PDTA) and related co-payment system “concept” to be shared between health and social sector (integration of funds)</td>
<td>More effective distribution of resources</td>
<td></td>
</tr>
<tr>
<td>Improved data collection and information sharing</td>
<td>1. Make possible the full implementation of the concept of personalise medicine and “big data” in order to inform the definition of the “PDTA” Health and Social Care Pathways and protocols. Accelerate the integration of ICT platform in order to share data (across health and social care settings)</td>
<td>Better management of citizens needs and reduction of inappropriate use of health and social care services</td>
<td></td>
</tr>
</tbody>
</table>
Take Home Messages

Puglia Region

• The discussion during the study focused on specific issues of interest; facilitated discussion on each dimension of the SCIROCCO tool provides easy detection of barriers and suggest potential solutions.

• Concentration on one dimension allows reflecting on other connected intervention needed that may have impact on other dimensions / aspects of integrated care even though not directly connected with the Good Practice.

• Improved awareness of the situation in our region and reassurance that we are going at the right direction with our experimentations.

• The site visit experience provided mutual benefits and added value for both regions; regardless if it is transferring or receiving region.

• Bringing together health and social stakeholders for the site visit and discussing common /shared “interest of knowledge” made us aware that it is possible to work together and only together we can manage the needed change.
TWINNING & COACHING OF NORBOTTEN REGION WITH SCOTLAND

Lisa Lundgren
Norrbotten Region
Twinning and Coaching in Scotland

➢ Type of the twinning and coaching:
  ■ Transferability of learning related to a particular dimension of SCIROCCO tool

➢ Role of the regions in twinning and coaching:
  ■ Norrbotten Region – Receiving region
  ■ Scotland – Transferring region

➢ Focus of the twinning and coaching:
  ■ Innovation management in Scotland
Innovation Management in Scotland

- Formalised innovation management process is planned and partially implemented; there are some good examples of systematic innovation in place

- Extensive innovation landscape which needs to be joined up

- Innovation champions

- Existence of innovation centres and networks to formalise and embed innovation
Rationale for Twinning with Scotland

We had quite a low scoring on innovation management, one of the 12 dimensions of the SCIROCCO Tool, based on:

• Innovations are captured and there are some mechanisms in place to encourage knowledge transfer

• There is not very much formalised process regarding innovation management processes

• There is no organisation with the functions which can work in all parts of the innovation process. Procurement is very much removed from the innovation process today.
Local conditions for the adoption of learning in Norrbotten Region

Structure and Governance for innovation and collaboration; supported by dedicated funding – adaptation would be required around the funding for innovation in Norrbotten; incentives are needed.

Clear roadmap with specific mandates for all stakeholders involved - lacking clear definition of mandates to carry out innovation management in Norrbotten.

Same scoring of 3:
- Recognised need for innovation.
- Alignment of stakeholders and projects related to innovation to deliver on the same vision.
- Acceptance of the need for change across wide range of stakeholders; progress is not dependent on the champions only.
Priority actions to enable conditions for the adoption of learning in Norrbotten Region

- In terms of innovation management in integrated care data sharing is of importance and here we have challenges in Norrbotten between healthcare related and social care related data – needs actions

- Roles in innovation management and mandates

- Clear roadmap and funding needs to be overseen
Take Home Messages

➢ The SCIROCCO tool helped to focus the study visit, its content and discussions – it provides a structure for the learning and knowledge transfer

➢ Discussing “actions to be taken” during the visit helps to create engagement and a “sense of urgency”

➢ In terms of transferring it is important to understand the setup of different healthcare systems – regional vs. national, funding setup, roles and mandates etc.