



TWINNING & COACHING OF THE BASQUE COUNTRY AND PUGLIA REGION WITH SCOTLAND



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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

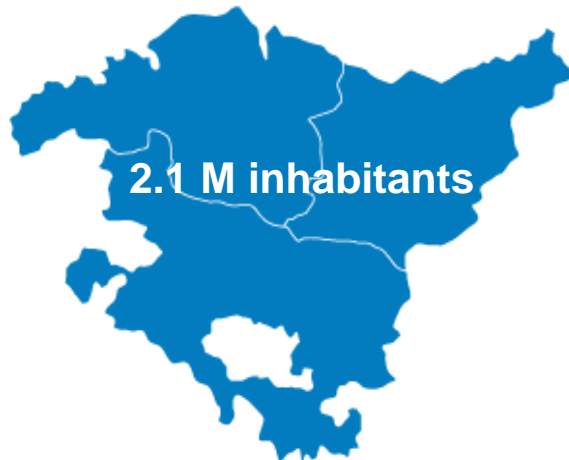


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Situation of the Third sector in the Basque Country

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

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



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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

Priority Action	Objective of the Action	Anticipated outcomes	Policy implications, including the responsible actor and anticipated duration.
Reform of the third sector at a regional level	<ol style="list-style-type: none"> 1. Embed third sector collaboration in the regulation and policies related to health and social care service delivery. 2. 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. 	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).	<p>The regional Agency for Health and Social Service (ARESS) provides the technical support for Department for Health Promotion, Social Affair and Sports for all.</p> <p>The Agency main role is to foster health and social Innovation processes in the region.</p>
Integration of funding system	<ol style="list-style-type: none"> 1. Overcome the fragmentation of funding for integrated care service 2. 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) 	More effective distribution of resources	<p>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</p> <p>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.</p>
Improved data collection and information sharing	<ol style="list-style-type: none"> 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. 2. Accelerate the integration of ICT platform in order to share data (across health and social care settings) 	Better management of citizens needs and reduction of inappropriate use of health and social care services	

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.