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
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.
OLOMOUČ REGION’S PERSPECTIVE

Zdenek Gutter,
University Hospital Olomouc
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

Maturity of Good Practice requirements
Maturity of Olomouc’s healthcare system
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 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.
SCIROCCO Final Conference, 24 October 2018, Brussels

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)
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>
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<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 embrace 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>
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<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>
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<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>
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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.