Maturity requirements of Good Practices viable for scaling-up

6.5 Scotland, UK

6.5.1 First assessment (2016)

6.5.1.1 Building Healthier and Happier Communities

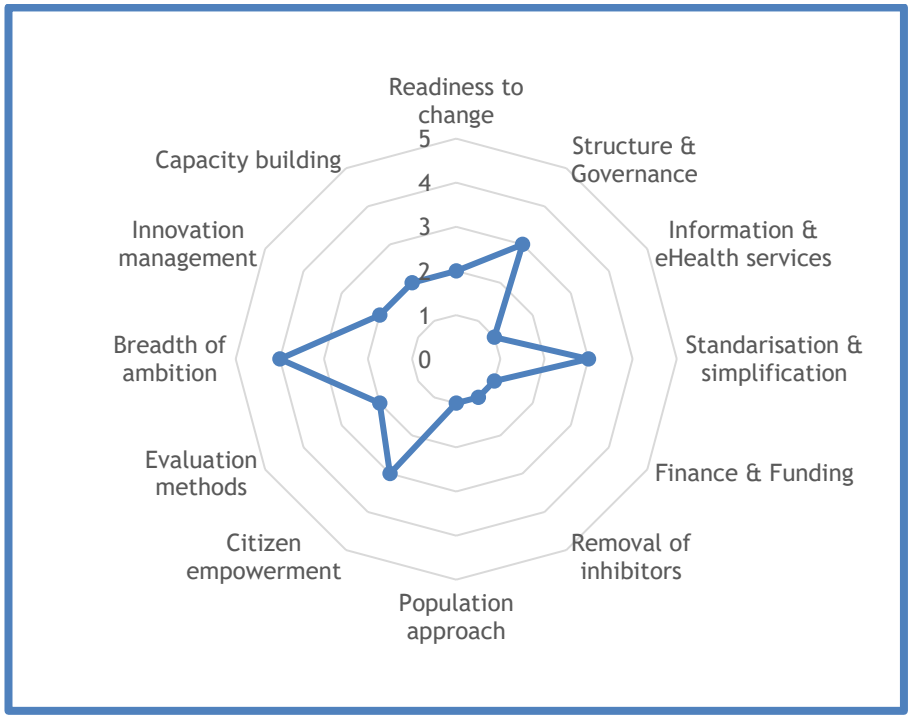

Figure 30: Maturity requirements of the Good Practice

The "Building Healthier and Happier Communities" Good Practice is being implemented in East Dunbartonshire, a local authority area in NHS Greater Glasgow and Clyde. The objective of this good practice is to improve the capacity of the third sector in managing the demand for statutory services and improving the quality of life for people in their own communities.

The outcomes of the self-assessment process show an average maturity score of 2.08, with a maximum score of 4 for the dimension Breadth of ambition followed by the dimensions of Structure & Governance, Standardisation & Simplification and Citizen empowerment. In contrast, a minimum score of 1 was assessed for the dimensions of Information & eHealth services, Finance & Funding, Removal of inhibitors and Population approach.

The outcomes of the self-assessment process thus highlight that the most critical requirements for the transferability and scaling up of this Good Practice are Structure & Governance, Standardisation & Simplification, Citizen Empowerment and Breadth of ambition. Specifically, these are the formation of new ways for collaboration, existence of ICT infrastructure to support integrated care and incentives to support citizens to co-create health and participate in the decision-making processes.

6.5.1.2 Technology Enabled Care Programme

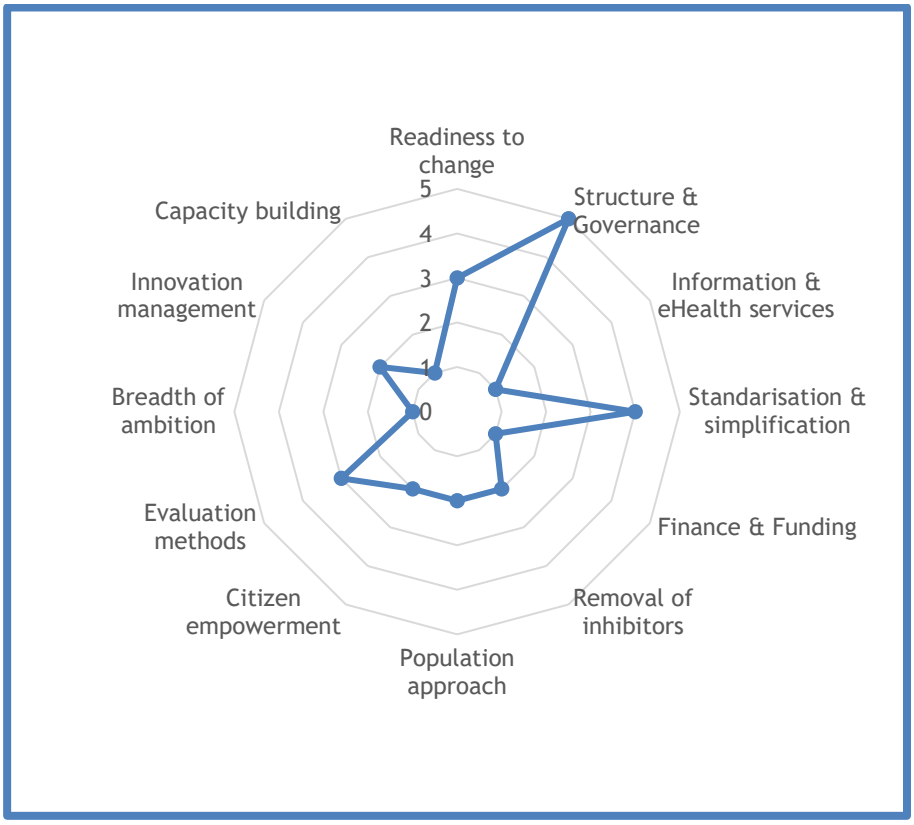

Figure 31: Maturity requirements of the Good Practice

The "Technology Enabled Care Programme" Good Practice is being implemented in Scotland at a national level. The objective of the Programme is to mainstream the adoption of technological solutions within health and social care service redesign.

The outcomes of the self-assessment process show an average maturity score of 2.25, with a maximum score of 5 for the dimension Structure & Governance followed by the most mature scoring for Standardisation & Simplification, Evaluation methods and Readiness to change. In contrast, a minimum score of 1 was assessed for the dimensions of Information & eHealth services, Finance & Funding, Breadth of ambition and Innovation management.

The outcomes of the self-assessment process thus highlight that the most critical requirements for the transferability and scaling up of this Good Practice are Structure & Governance, Standardisation & Simplification, Evaluation methods and Readiness to change. Specifically, these are the establishment of fully integrated programme, with funding and a clear mandate, a unified set of agreed standards to be used for system implementations specified in procurement documents, systematic approach to evaluation and existence of vision for integrated care embedded in policy and supported by emerging leaders and champions.

6.5.1.3 cCBT in Scotland

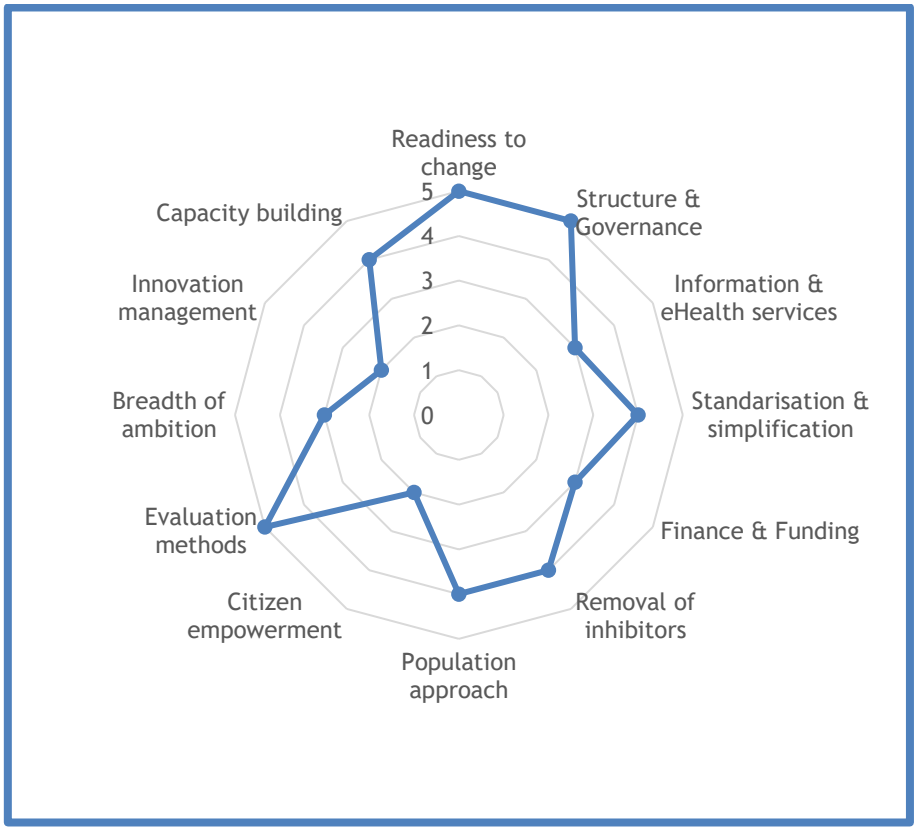

Figure 32: Maturity requirements of the Good Practice

The "cCBT in Scotland" Good Practice is being implemented in Scotland at a national level. The objective of this Good Practice is to offer evidence-based treatment on a large scale to all those patients suitable for a computerised treatment by a competent clinical member or staff.

The outcomes of the self-assessment process show an average maturity score of 3.67, with a maximum score of 5 for the dimension Structure & Governance, Readiness to change and Evaluation methods. Other mature dimensions include Standardisation & Simplification, Removal of inhibitors, Population approach and Capacity building. In contrast, a minimum score of 2 was assessed for the dimensions of Innovation management and Citizen empowerment.

The outcomes of the self-assessment process thus highlight that the most critical requirements for the transferability and scaling up of this Good Practice are Structure & Governance, Readiness to change and Evaluation methods. Specifically, these are the establishment of fully integrated programme, with funding and a clear mandate supported by visible stakeholder engagement and public support and a systematic approach to evaluation, responsiveness to the evaluation outcomes and evaluation of the desired impact on service redesign.

6.5.2 Second Assessment (2018)

6.5.2.1 Building Healthier and Happier Communities

The "Building Healthier and Happier Communities" Good Practice was implemented in East Dunbartonshire, a local authority area in NHS Greater Glasgow and Clyde. During the time of the study, this Good Practice was embedded as part of the routine practice at national level with the aim to increase the capacity of third sector to provide the statutory integrated care services. As such, it was not possible to conduct a second assessment on the Good Practice itself, but instead we concentrated on the maturity of the features of the healthcare system that enables the engagement of third sector in the provision of integrated care in Scotland, using the same methodology as for the assessment of Good Practices. The outcomes of the assessment were not used for the purpose of the WP4 analysis.

Maturity requirements of third sector involvement in the provision of integrated care in Scotland is captured in the spider diagram below and detailed justification is provided in the following table.

Figure 32: Maturity requirements of third sector engagement in Scotland

Scores and features required for the adoption of the Good Practice

Dimension	Score	Justifications & Features
Readiness to Change	3	Legislation to support integration of health and social care. A legal framework for the engagement of third sector. Dialogue and partnership building. Growing and recognition of the expertise of third sector.
Structure & Governance	3	Third sector is represented in the planning, commission and delivery of integrated care services at different levels of governance. Existence of a number of umbrellas organisations representing the third sector in the process of decision-making.
eHealth Services	2	Digital Health and Care Strategy in place to address the challenge of ICT solutions and infrastructure to support information sharing; the third sector is recognised as one of the actors responsible for the design and delivery of these services.

		Integration of third sector data with the statutory platforms remains a challenge.
Standardisation & Simplification	3	Engagement of the third sector in the discussion around the standards.
Funding	2	Dedicated funding for third sector, however mostly inconsistent and short-term funding.
Removal of Inhibitors	1	A great awareness about the need to remove inhibitors and third sector plays a pivotal role in raising this awareness, however implementation is still an issue.
Population Approach	4	Existence of risk stratification tool. "Third Sector Data in Health and Social Care Working Group" to support building the partnerships and increase the capacity of data collection and data analytics.
Citizen Empowerment	2	A number of programme and initiatives related to the citizen empowerment facilitated by third sector, e.g. Self-directed support legislation.
Evaluation Methods	4	A Care Inspectorate in place which oversees the quality of the provided care services, including the provision of third sector services.
Breadth of Ambition	4	A strong ambition of full integration of health, social, housing and third sector services, supported by legislation and dedicated funding.
Innovation Management	2	Active role of the third sector in promoting the innovation agenda, however there is still the existence of small pilots rather than systematic involvement.
Capacity Building	3	A strong culture of earning and sharing of experience. Third sector representatives play vital role in the knowledge transfer. Capacity building is a key success factor of third sector activities but remains a continuous challenge.

6.5.2.2 Technology Enabled Care Programme

The spider diagram below shows the maturity requirements of the "Technology Enabled Care Programme (TEC)" Good Practice in Scotland.

Figure 33: ***Maturity requirements of the Good Practice***

Scores and features required for the adoption of the Good Practice

Dimension	Score	Features
Readiness to Change	4	Leadership and champions for the TEC programme are in place and/or emerging. Vision and plan are embedded in policy (Integration Act; Digital Health and Social Care Strategy. Strong stakeholder engagement.
Structure & Governance	4	There is strong governance for the TEC programme in place; with clear mandate and dedicated funding. The TEC Programme has a clear Delivery Plan and Annual Plans in place to support the implementation.
eHealth Services	3	Large scale deployment of eHealth services. ICT infrastructure to enable information sharing. Building blocks towards integrated eHealth services are in place.
Standardisation & Simplification	2	Digital first standards are in place. Technical standards for the expansion of digital telecare.
Funding	3	Dedicated funding for the implementation and scaling-up of the TEC initiatives.
Removal of inhibitors	3	Proactive approach and processes to remove inhibitors. On-going support for the local authorities to implement the Good Practice and changes it requires. Learning by doing approach. Strategy in place for removal of inhibitors, supported by the Action Plan (TEC Action plan).
Population Approach	3	Risk stratification embedded in all GPs practices.
Citizen Empowerment	2	Outcomes of the Good Practice rather than the feature.
Evaluation Methods	3	Evaluation is embedded from the onset of the Good Practice. Ongoing evaluation and reflection of the outcomes.
Breadth of Ambition	5	Legislation is in place to support the ambition of the full health and social care integration, supported by the public.
Innovation Management	3	Innovation is embedded in the objective of the Good Practice. Formalised innovation process in place (even though only partially implemented). Investment in innovation.
Capacity Building	4	Workforce development programme in place. Systematic learning about the TEC Good Practice. Culture of open learning and sharing of ideas and experience.

The maturity requirements of the TEC Programme have an average score of 3.24. Highest scoring was given to the dimension of “Breadth of Ambition”. Lowest score was given to the dimensions of “Standardisation & Simplification” and “Citizen Empowerment”.

The consensus method introduced changes to the individual scores of the experts in all dimensions except “Citizen empowerment”, where the scoring was 2 in both cases. The biggest discrepancies regarding scores were found in the dimensions of “Finance and Funding” and “Population Approach”. The dimension that has greater variability in the individual evaluations is “Breadth of Ambition”.

The assessment outcomes of the Technology Enabled Care (TEC) Programme underline the complexity and ambition of this Good Practice. It is being implemented at national level, hence the stakeholders were expecting quite high maturity of the requirements of the Programme for its adoption and scaling-up.

6.5.2.3 cCBT in Scotland

The spider diagram below shows the maturity requirements of the "Computerised Cognitive Behaviour Therapy (cCBT)" Good Practice in Scotland.

Figure 34: ***Maturity requirements of the Good Practice***

Scores and features required for the adoption of the Good Practice

Dimension	Score	Features
Readiness to Change	3	Emerging vision, leaders and champions. Local buy-in and support. Dialogue and partnership building. Need for the service is widely recognised; high demand for the service.
Structure & Governance	3	Governance established at national level and locally. Dedicated funding even though short term. Wide acceptance of the need for the governance. National structure is in place upon the referral to the service.
eHealth Services	4	Ability to analyse and share the date. Universal agreement on the products to be used in the IT system. National infrastructure in place to allow benchmarking of the data. Consistent approach to improvement.
Standardisation & Simplification	3	Clearly defined strategic approach to standardisation. Consolidation and simplification where possible. National approach to the development and adoption of standards.
Funding	4	Dedicated funding to ensure stability of the service provision but also its expansion. Commitment to funding at national level.

		Funding needs beyond the operational costs; funding needs to cover service development. Costs of cCBT license is based on the size of the population.
Removal of inhibitors	2	Awareness and commitment to remove the inhibitors. Strategies in place to remove inhibitors. Communication on information governance is critical. Collective approach to removal of inhibitors.
Population Approach	4	Delivering the same quality of the service to the whole population; with the exception of adults beyond 16. Standardised approach to cCBT. Standardised access to the service.
Citizen Empowerment	4	Recognition of citizen empowerment in day to day operation of the service. Feedback mechanisms. Upload and sharing of health information and health data. cCBT is self-management tool itself increasing the benefits and engagement of citizens.
Evaluation Methods	4	Continuous and systematic evaluation of the service. Articulation of the best evidence and added value. Context of evaluation is critical. Inclusive evaluation.
Breadth of Ambition	3	Cohesive infrastructure in place to maximise the links between health and social care. Integration of primary and secondary care as a minimum. Robustness of the continuity of the service from the point of view of citizens.
Innovation Management	4	Continuous strive for improvement, new ways of working and expansion. Continuous open innovation. Systematic approach to maximise the benefits of innovation. Process innovation rather than the product innovation.
Capacity Building	3	Expertise and experience are retained. Capacity-building support and training. Systematic learning in place.

The maturity requirements of cCBT have an average score of 3.42. Half of the dimensions (6 of 12) scored with a high maturity of 4. The dimension “Removal of inhibitors” was given the lowest score (2). The consensus method has introduced changes to the individual scores of the experts in all dimensions. The biggest discrepancies were found in the dimensions of “Structure & Governance”, “Evaluation Methods”, “Innovation Management” and “Capacity Building”.

The assessment outcomes of the cCBT Good Practice underline the complexity and ambition of this Good Practice. The Practice is being implemented with national “once for Scotland” approach hence the stakeholders were expecting quite high maturity of the requirements of the service for its adoption and scaling-up.

6.5.3 Key findings of the Scotland’s assessments process

Comparing the assessment outcomes of 2016 and 2018 of the “TEC” Good Practice, the most striking is the difference in the scoring for the dimension “Breadth of Ambition”. The respondent in 2016 provided the ranking 1 compared to current ranking of 5 which can be probably explained by the diversity of understanding and interpretation of this dimension. In the current assessment outcomes, it can be also seen higher scorings for the dimension of eHealth services and Funding; previous scoring 1 compared to current scoring of 3. This change in scoring can be explained by differences in the scope and purpose of the assessment.

Comparing the assessment outcomes of 2016 and 2018 of the “cCBT” Good Practice, the most striking is the difference in the scoring for the dimensions of “Citizen Empowerment”

and “Innovation Management” where the scoring varied between 2 in 2016 and 5 in 2018. This diversity can be explained by the different focus on the requirements and the revised methodology for the assessment of the Good Practice. The maturity scoring for the dimensions of “Readiness to Change” and “Structure and Governance” in the second assessment is lower (3) compared to the assessment in 2016 (5). This can be explained by the scope of the assessment; involvement of the implementation leads from the local Health and Social Care Partnerships brought the local perspective on the assessment which often varies from the national requirements for the adoption of “cCBT” practice.

Scottish stakeholders perceived very positively the opportunity to conduct the two assessments; two of stakeholders participated in both rounds.

It was also an opportunity to review and compare the assessment outcomes in 2016 and 2018 and understand the differences. Surprisingly, both Good Practices tend to show high maturity requirements for their adoption in both assessments. This can be explained by a scope and ambition of the Good Practices; these are very complex Practices with national approach to implementation.

However, the striking differences in some of the maturity scoring for both the “TEC Programme” and “cCBT” Good Practice underlines the importance of the assessment focus and methodology. The assessment outcomes for both Good Practices reflect very well the requirements for their adoption even though the requirements tend to vary locally which was one of the main messages when assessing particularly the “cCBT” Good Practice. A clear articulation of the need to capture the features that make a particular Good Practice flourish clarified much better the focus and scope of the assessment.

6.6 General analysis of the results

Looking at the dimensions’ data allows assessing the level and variability of the scores of Good Practices and find out if there are any differences amongst the dimensions. As the distributions are skewed we use the median as a measure of the 'typical' value.

6.6.1 First assessment (2016)

The Maturity Model dimension Median scores and variability (+/- one standard deviation) of the first assessment are illustrated in the following graph:

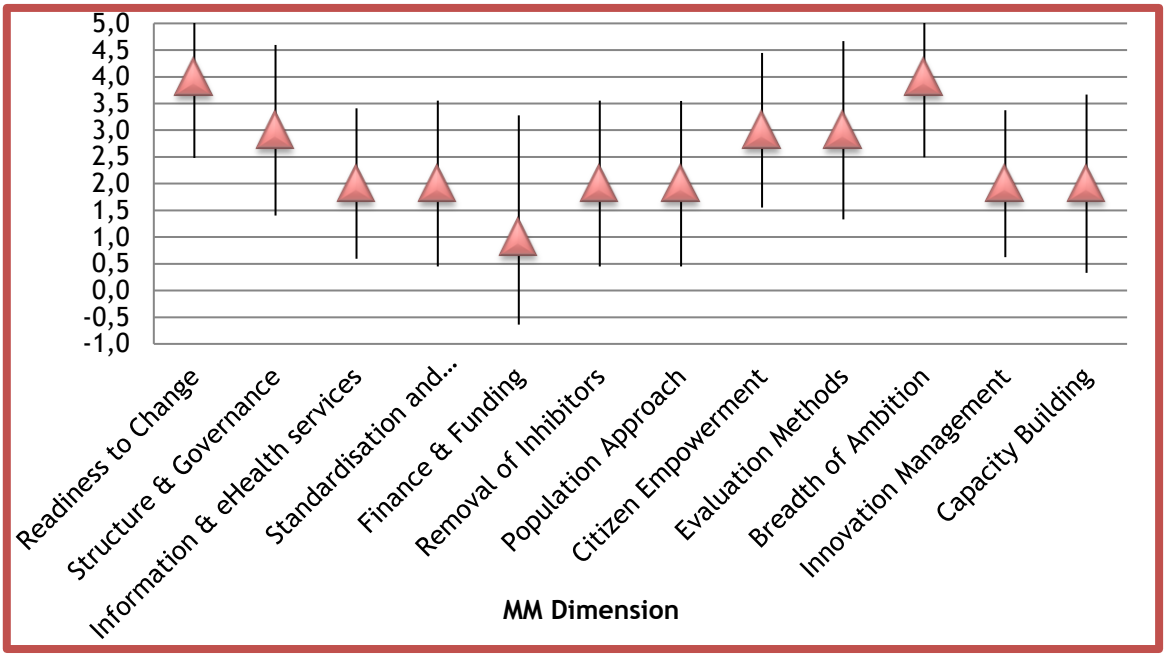

Figure 35: Maturity Model dimension Median scores and variability

The potential overlap between the viability assessment criteria and the dimensions of the SCIROCCO Maturity Model dimensions scores was analysed. No relevant correlation was found. The Pearson R coefficient is 0.56 and is illustrated in the graph below:

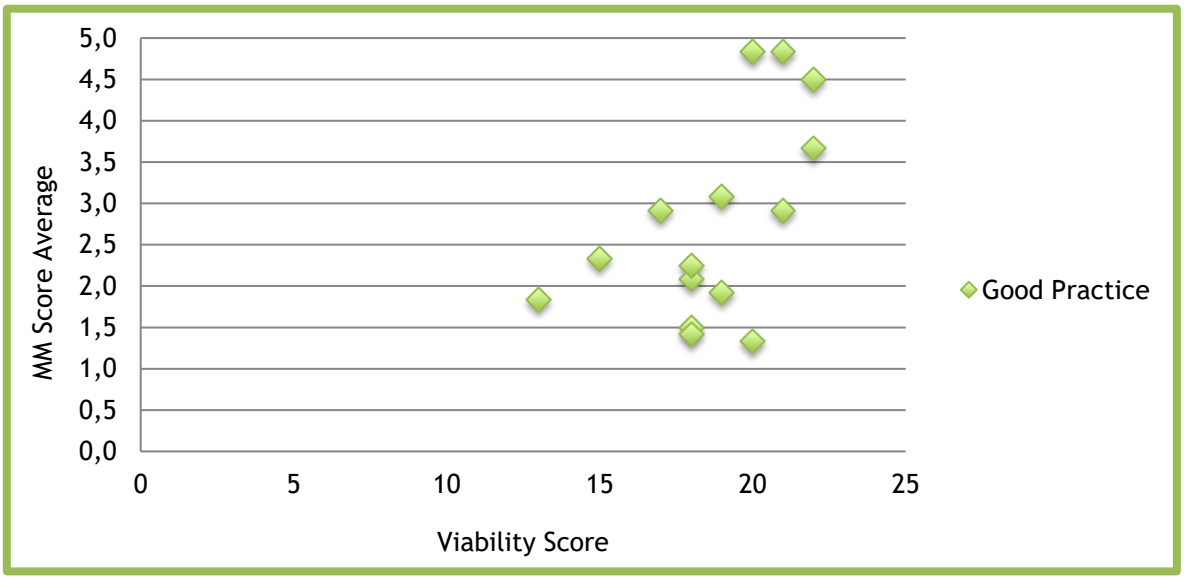

Figure 36: Correlation between the Maturity and Viability Assessment scores

6.6.2 Second assessment (2018)

The Maturity Model dimension Median scores and variability (+/- one standard deviation) of the second assessment are illustrated in the following graph:

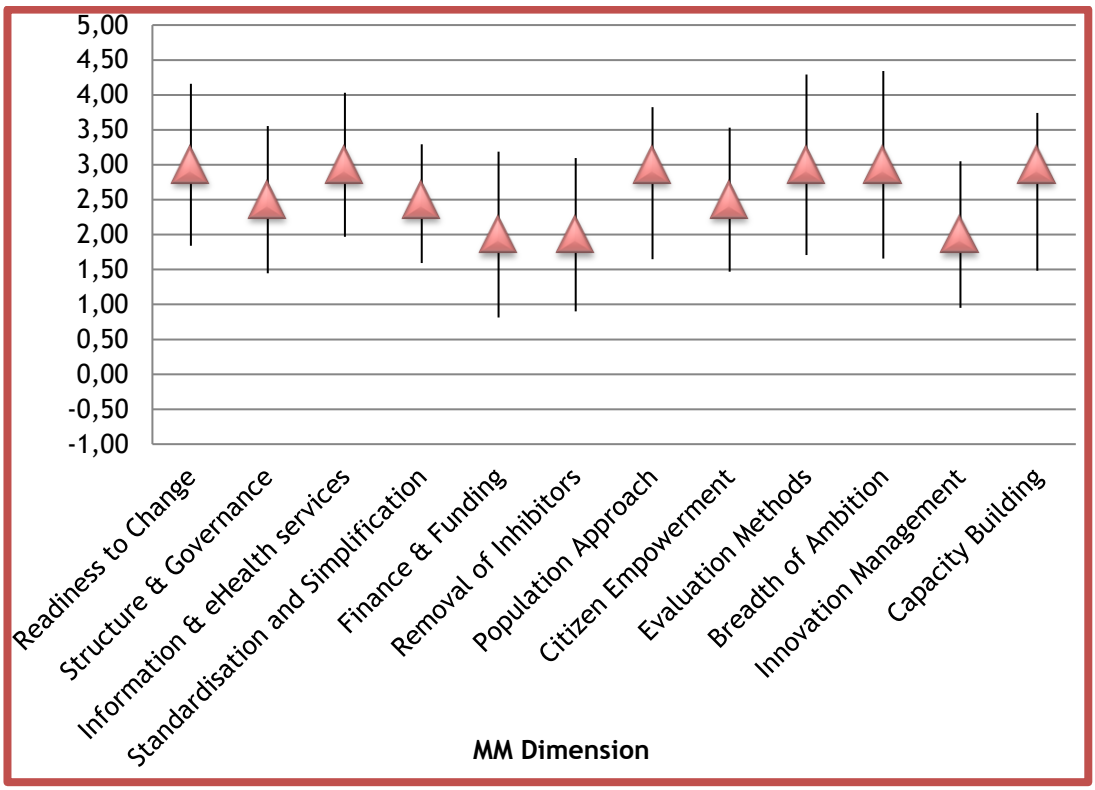

Figure 37: Maturity Model dimension Median scores and variability (+/- one standard deviation)

Finally, the potential overlap between the viability assessment criteria and the dimensions of SCIROCCO Maturity Model dimensions scores was analysed. No relevant correlation was found. The Pearson R coefficient is 0.22 and is illustrated in the figure below:

Figure 38: Correlation between the Maturity and Viability Assessment scores

6.6.3 Comparison of first and second assessments' results:

When comparing the medians of both assessments per dimension of the SCIROCCO Maturity Model, they vary. In the first one, they range from 2 to 3, and in the second one, from 1 to 4.

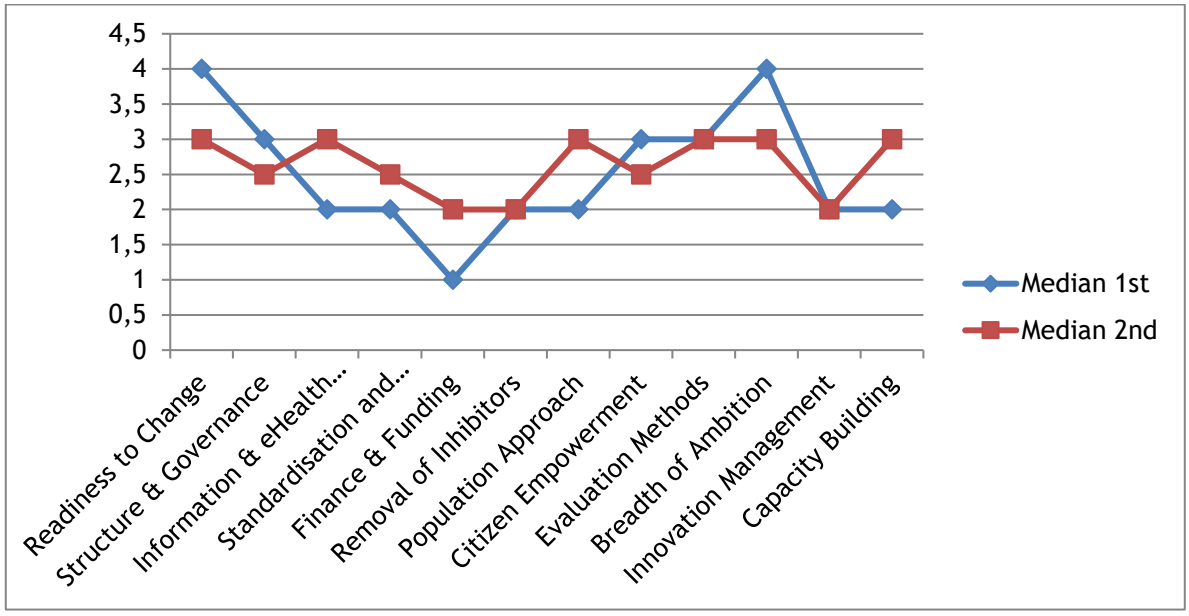

Figure 39: Comparison of Medians in the first and second assessment

The variability per dimension of the SCIROCCO Maturity Model between the first and second assessments has been compared in the graph below:

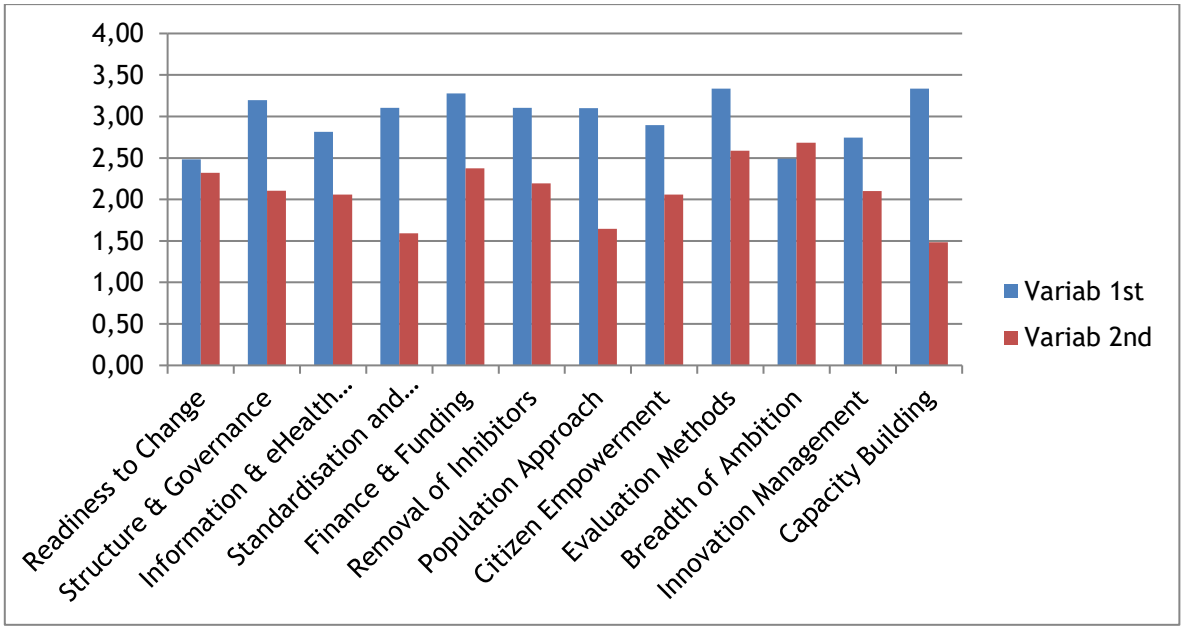

Figure 40: Variability of medians per dimension of SCIROCCO Maturity Model

The variability has decreased in all dimensions of the SCIROCCO Maturity Model in the second assessment. These findings underline the importance of the methodology and clear

definition of the focus of assessment. One thing is how mature a system is for the adoption and implementation of Good Practice, but another is what are the requirements of a Good Practice for its adoption.