



## D1.2 Final Report

WP1 Co-ordination of the Project



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### Statement of originality

This deliverable contains original unpublished work except where clearly indicated otherwise. Acknowledgement of previously published material and of the work of others has been made through appropriate citation, quotation or both.

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## List of abbreviations

Acronym	Full name
AER	Assembly of European Regions
B3-MM	B3- Maturity Model
CORAL	Community of Regions for Assisted Living
ECHA	European Connected Health Alliance
EIP on AHA	European Innovation Partnership on Active and Healthy Aging
EHTEL	European Health Telematics Association
ERRIN	European regions for research and network innovation
EUPHA	European Public Health Association
EUREGHA	European Regional and Local Healthcare Authorities
IFIC	International Foundation for Integrated Care
PHC	Primary Healthcare System Maturity Model
WHO	World Health Organisation
WP	Work Package

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# 1 Description of project activities and overview of progress

## 1.1 Description of project activities during reporting period

The following activities were carried out during the reporting period of August 2017-Novemebr 2019, in line with Annex 1 of the Grant Agreement:

- Systematic testing of validity and reliability of the B3-MM and SCIROCCO tool.
- Three refinements of the B3 Maturity Model (B3-MM) in terms of its domains and assessment scales.
- Re-testing of the SCIROCCO tool in the process of assessing the maturity requirements of 15 Good Practices in integrated care.
- Testing of the SCIROCCO tool in the process of assessing the maturity of health and social care systems in over 65 regions in Europe and beyond.
- Testing of the SCIROCCO tool in the process of twinning and coaching.
- Translation of the SCIROCCO tool into 6 additional languages (Czech, German, French, Hebrew, Italian and Spanish).
- Final development of the SCIROCCO online self-assessment tool, including the development of guidance, methodologies and illustrative materials on how to use different functionalities of the Tool.
- Capturing the experience of stakeholders in testing the SCIROCCO online tool and collection of lessons learned.
- Development of policy recommendations on the issues of scaling-up of integrated care.
- Exploitation of the SCIROCCO project's findings.
- Dissemination of project' findings through participation in various national, European and international events, and organisation of the SCIROCCO final conference.
- Active collaboration and engagement with other EU funding projects and networks.

### 1.1.1 Methods and means

SCIROCCO's overarching objective is to facilitate the scaling-up of good practices at local, regional or country level by recognising the maturity requirements of good practices and health systems in order to achieve scaling-up and knowledge transfer among European regions. To achieve this objective, SCIROCCO uses a step-based approach, with each of the steps reflecting SCIROCCO's specific objectives.

The process is described in detail below:

### Step 1: Validity assessment of the B3-MM

In this step, the SCIROCCO project performed the validation of the B3-MM. First, a review of literature was undertaken to compare B3-MM with other instruments developed to measure the level of maturity of integrated care. For this, three databases were used; snowballing and inventory among 10 experts in the field of integrated care; and its evaluation and measurement. The review provided a conceptual underpinning of the dimensions of the B3-MM, its dimension descriptions and its assessment scales. Following from this, an international Delphi study was performed among 50 experts, including 10 experts consulted for a literature review, to test the appropriateness of the B3-MM to measure maturity of integrated care.

Specific objective SO1	Methods	Means
SO1: Face validity of B3-MM assessed	Literature review Delphi study	3 databases (PubMed, Cochrane and the internet) Snowballing; Purposive sampling

### Step 2: Maturity assessment of good practices

In this step, the SCIROCCO project selected 15 local integrated care interventions (good practices) in five participating SCIROCCO regions. For the purpose of SCIROCCO's objectives, the good practices chosen showcased the potential of innovation in health and social care and the benefits of moving towards community-based care. The precondition for the selection of these good practices was that they are strategic initiatives that can contribute to the transformation of health and care systems and that there is an existing commitment to the practice. This commitment was required to ensure that, during the lifetime of the project, some progress will be made with scaling-up of the good practices. The good practices were at different stages of development and levels of maturity. In this phase, a viability assessment was performed to identify the potential of good practices for scaling-up. The criteria defined in the "Accessibility Template", which was developed in the European Innovation Partnership on Active and Healthy Ageing (EIP on AHA), was applied to understand the potential of good practices for scaling up. These criteria are:

- Level of time needed for the good practice to be deployed (from the baseline to current situation);
- Level of investment costs (from the baseline to current situation);
- Level of scientific evidence behind the good practice;
- Level of maturity of the good practice;
- Level of proven societal impact of the good practice;
- Level of tested transferability;
- Level of proven economic impact of the good practice.

In the next stage, the maturity requirements for successful implementation of the selected good practices were defined using the B3-MM. The objective was to test the B3-MM as a tool for maturity assessment of good practices and to filter and identify potentially adoptable good practices for health and care systems. By considering each dimension, and allocating a measure of maturity to that domain, it was possible to assess the maturity requirements for the transfer of the practice by developing a “radar diagram”. This resulted in the clusters of good practices that represented different levels of maturity across the different domains of the B3-MM. The clusters informed potential adopters of the good practice of any preconditions regarding the context in which the good practice has arisen to maximise the chances of successful transfer and scaling-up.

Specific objective SO2	Methods	Means
SO2: Local integrated care interventions with the maturity requirements for scaling-up identified	Literature review Interviews Viability Assessment Maturity assessment	Validated B3-MM Radar diagrams

### Step 3: Second refinement of the B3-MM

In this step, the SCIROCCO project refined the B3-MM using the findings of Steps 1 and 2 where B3-MM was validated and applied to assess the maturity requirements of identified good practices in five SCIROCCO regions. This was used to provide validation for the development of the B3-MM as a tool that enables assessment of the requirements for the scalability and replication of good practices in European regions and organisations. This included the refinement of the dimensions and assessment scales of the B3-MM and development of the methodology on how to carry out the self-assessment process using the B3-MM as a baseline measurement.

Specific objective SO3	Methods	Means
SO3: The B3-MM applied as a useful tool to assess the readiness of regional health and care system to adopt a particular good practice	Literature review Methodological triangulation	Validated B3-MM

### Step 4: Self-assessment of European regions

The SCIROCCO project assessed five European regions in terms of their capacity and readiness for adoption of integrated care. For the purpose of the SCIROCCO project, the validated B3-MM as an outcome of Step 3 was applied as the baseline for self-assessment process in five regions. Similarly, as in Step 1, by considering each dimension, assessing its current situation, and allocating a measure of maturity to that domain, it was possible for the regions to measure their maturity in relation to readiness to adopt integrated care. This was done by developing a ‘radar diagram’ which revealed areas of strengths and weaknesses in each dimension of the B3-MM, thereby identifying any gaps in the maturity of particular region and/or organisation in integrated care. In addition, using these insights, and comparing the “radar diagram” with those of other regions/countries that conducted the same exercise, the B3-MM facilitated two activities: the capacity to offer others the knowledge and experience from the regions’ areas



of strengths, and the opportunity to find learning/share expertise to fill any gaps in capabilities.

Specific objective SO4	Methods	Means
SO4: European regions evaluated to assess their readiness to adopt integrated care interventions at scale	Internal self-assessment using B3-MM as the baseline measurement	Comparison tables Graphs Radar web diagram

### Step 5: Third refinement of the B3-MM

The outcomes of the self-assessment process then informed the final refinement of the B3-MM. This included the refinement of the dimensions and assessment scales of the B3-MM and development of the methodology on how B3-MM can facilitate the knowledge transfer, twinning and coaching between the regions.

### Step 6: Knowledge transfer

In this phase, the SCIROCCO project explored the extent to which an approach of matching together regions that had complementary strengths and weaknesses (as a result of Step 4) can provide both a strong basis for twinning and coaching activities and be useful in facilitating the process of information-sharing between the regions to speed up adoption and scaling up of good practices. The goal of this step was to support the creation of twinning and coaching relationships on a sound basis that used evidence to construct these relationships. SCIROCCO considered if this approach could help regions improve on their weaknesses and consolidate their strengths by being required to both reflect and communicate how they achieved strength in a particular dimension. The outcomes of Step 6 also informed whether knowledge of the maturity requirements of good practices could be used to promote more effective relationships between regions where there is a need to “fix” a particular aspect of integrated care.

For this purpose, the SCIROCCO project worked on the development of Action Plans which reflected the outcomes of learning about the conditions that enables the adoption of particular good practice in integrated care and/or improvement of particular domains of integrated care. This learning process was facilitated by the SCIROCCO tool which was tested as a tool to guide the knowledge transfer and twinning and coaching activities. However, the actual implementation of the Plans and monitoring of their progress (on-going self-assessment) was not within the scope of the project due to the limited duration of the project.

Specific objective SO5	Methods	Means
SO5: Complete transfer and scaling-up process using B3-MM (twinning and coaching to facilitate the knowledge transfer)	Twinning Coaching	Workshops Study visits Webinars Action Plans

### Step 7: Final refinement of the B3-MM

The outcomes of the knowledge transfer activities then informed the final refinement of the B3-MM. This included the refinement of the dimensions and assessment scales of the B3-MM

and improvement of the methodology on how the B3-MM can facilitate knowledge transfer, twinning and coaching between regions.

### Step 8: Analysis of experience of scaling-up

In this step, the SCIROCCO project captured lessons learned from using the B3-MM to facilitate the process of knowledge transfer of the multi-dimensional maturity requirements of good practices and health and care systems. The lessons learned informed the development of evidence-based policy recommendations on the challenges of scaling up, the volume and relevance of knowledge gained from other partners progressing towards implementation and on how policy could facilitate this process of knowledge transfer. In addition, the experience and satisfaction of B3-MM users was captured in order to understand the usefulness of the B3-MM as a tool for facilitating the scaling up and exchange of good practices in Europe. The outcomes of this step then informed the final development of the SCIROCCO tool.

Specific objective SO6	Methods	Means
SO6: Influence policy change and inform decision-makers about the potential and benefits of B3-MM to facilitate the process of scaling-up.	Meetings Conference calls Interviews Briefings documents White Paper Report	SCIROCCO Policy Advisory Group

### Step 8: Final SCIROCCO tool and exploitation of project's findings

In this step, the final SCIROCCO tool was provided in its online version for the use of interested countries, regions or organisations in Europe and can be accessed here <http://scirocco-project-msa.inf.ed.ac.uk/maturity-model-questionnaire/>.

The SCIROCCO project also identified some support actions to promote and accelerate the actual use of the Tool, and implicitly, the implementation or scaling-up of good practices in and across Europe. Among the supportive actions considered were: education and training workshops and the development of supportive online materials and demo videos on how to use the SCIROCCO tool for local stakeholders, to facilitate knowledge transfer and scale-up of good practices in integrated care. All these materials can be accessed on SCIROCCO website<sup>1</sup>.

In addition, exploitation activities were performed in order to identify the outcomes of the project that were exploitable beyond the duration of the project and agree on the transferability of ownership. These activities are described in the SCIROCCO Joint Ownership Agreement which is an Annex to SCIROCCO Consortium Agreement. Further details on the organisation of exploitation are provided in the [Section 3.3 Further use of the project results](#).

<sup>1</sup> <https://www.scirocco-project.eu/scirocco-tool/>

### On-going evaluation of the process of knowledge transfer

And finally, the experience of regions using B3-MM in the process of knowledge transfer to facilitate the scaling-up and implementation of good practices was evaluated. To measure the extent of knowledge transfer, use was made of a survey based on the Development Model for Integrated Care (DMIC) by Minkman<sup>2</sup>. Regional stakeholders who participated in SCIROCCO project activities were invited to fill out the DMIC survey at baseline and 2 follow-up measurements.

Specific objective S07	Methods	Means
S07: Knowledge transfer process evaluated	DMIC Survey Key informant interviews Non-participant observations Questionnaires studies Analysis is participants' logbooks Other project documented analysis	Descriptive statistics Frequency analysis Chi Square ANOVA and Kruskal-Wallis H, using SPSS software, version 22.0

#### 1.1.2 Co-ordination with other projects or activities at European, National and International level

Collaboration with other EU funded projects has been established in this reporting period in order to align activities of the SCIROCCO project and maximise the impact of project's findings. Namely, these are:

- **ACT@Scale project**<sup>3</sup> has the objective of helping regions to scale-up innovative services. The project partners - the Region of Southern Denmark, Basque Country and Netherlands - were involved in applying the Maturity Model. The collaboration with this project resulted in a number of joint dissemination events:
  - "EU-funded integrated care for vulnerable persons" on 8 May 2017 in Dublin, Ireland
  - "Implementation Room"- Satellite lunch EU Health programme project presentations on 8 May 2017 in Dublin, Ireland
  - "Cluster meeting in non-communicable diseases" on 11 October 2017 in Odense, Denmark
  - "Meeting the Challenges of Ageing" on 21 November 2017 in Glasgow, Scotland<sup>4</sup>.
- **CHAFEA study on Health System Performance Assessment - Assessment of Integrated Care**<sup>5</sup>, which set out to assess the adoption of integrated care in Europe and readiness of European regions for integrated care. Ten regions were involved in testing the SCIROCCO tool to assess the maturity of their health and social care systems. These were Asturias, Attica, Flanders, Iceland, Kaunas, Lodz, Lombardy,

<sup>2</sup> [http://www.vilans.nl/docs/vilans/over\\_vilans/pdf/Proefschrift\\_Mirella\\_Minkman\\_Developing\\_Integrated\\_Care.pdf](http://www.vilans.nl/docs/vilans/over_vilans/pdf/Proefschrift_Mirella_Minkman_Developing_Integrated_Care.pdf)

<sup>3</sup> <https://www.act-at-scale.eu/>

<sup>4</sup> <https://www.scirocco-project.eu/resources/video-reports/>

<sup>5</sup> [https://ec.europa.eu/health/sites/health/files/systems\\_performance\\_assessment/docs/2018\\_integratedcareassessment\\_en.pdf](https://ec.europa.eu/health/sites/health/files/systems_performance_assessment/docs/2018_integratedcareassessment_en.pdf)

Netherlands, Region of Southern Denmark, Saxony, Sofia and Stavanger. SCIROCCO regions also actively contributed to the development and testing of the Assessment Framework. A joint dissemination event was held on 21 November 2017 in Glasgow.

- **ICT4Life project<sup>6</sup>** with the objective to provide new services for integrated care, using user-friendly ICT tools to increase the independence of people with Parkinson's Disease and Alzheimer. Three test sites (Madrid, Hungary and Ile de France) tested the SCIROCCO tool to assess the readiness of their integrated care environments for the adoption of these services. A joint dissemination event was held on 21 November 2017 in Glasgow, Scotland.
- a) **CHRODIS PLUS<sup>7</sup>** - is a high-level response by the European Union to support Member States by stepping up together and sharing best practices to alleviate the burden of chronic diseases. SCIROCCO contributed to this initiative by sharing its methodology for the assessment of good practices in order to identify the transferability and potential of these innovative community-based services for scaling-up. A joint dissemination event was held as part of the Integrated Care Conference for Integrated Care on 8 May 2017 in Dublin, Ireland.
- **PROACT project<sup>8</sup>** with the objective to develop and evaluate an ecosystem to integrate a wide variety of new and existing technologies. SCIROCCO was approached to facilitate the assessment of maturity of two healthcare settings in order to understand the potential of these sites to adopt these technologies. The evaluation of outcomes is still on-going. A joint dissemination event was held at the AATE (Association for the Advancement of Assistive Technology in Europe) Conference on 11-15 September 2017 in Sheffield<sup>9</sup>.
- **SCALE-AHA Study<sup>10</sup>** - supported the European Commission in fostering scaling-up of innovations in active and healthy ageing by engaging stakeholders of the EIPonAHA in the processes of twinning and coaching. SCIROCCO contributed directly to the design of the twinning and coaching process and 4 SCIROCCO regions directly participated in this process.
- b) **SELFIE project<sup>11</sup>** - Horizon 2020 EU project with an objective to contribute to the current state of knowledge on integrated care for persons with multi-morbidity, including the development of policy advice. A joint dissemination event was held at the International Integrated Care Conference on 8 May 2017 in Dublin, Ireland.
- c) **SUSTAIN project<sup>12</sup>** - Horizon 2020 EU project with the objective of improving the way care services for older adults are organised and delivered across Europe, especially for those who have multiple health and social care needs. A joint dissemination event was

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<sup>6</sup> [www.ict4life.eu](http://www.ict4life.eu)

<sup>7</sup> <http://chrodis.eu>

<sup>8</sup> <http://proact2020.eu>

<sup>9</sup> <http://aaate.net/aaate-conference-2017>

<sup>10</sup> <http://www.scale-aha.eu/home.html>

<sup>11</sup> <https://www.selfie2020.eu>

<sup>12</sup> <https://www.sustain-eu.org/project/>

held at the International Integrated Care Conference on 8 May 2017 in Dublin, Ireland

SCIROCCO also actively engaged with various European, national and regional networks to disseminate the project findings and increase the impact of the project's activities. These include:

- **Assembly of European Regions (AER)**<sup>13</sup> is the largest independent network of regional authorities in wider Europe, with the objective of promoting the voice of regions at national and international levels. AER has influence, in terms of capacity-building and the exchange of experiences and success stories, as well as failures. The network actively promoted the use of the SCIROCCO tool to its membership which resulted in a dedicated session at the AER Plenary meeting in Romania on 21 March 2018.
- **Community of Regions for Assisted Living (CORAL)**<sup>14</sup>; a European network of regions collaborating in the field of Ambient Assisted Living and Active and Healthy Ageing through a process of open innovation to address the barriers to implementing active and health ageing solutions. The network provided an opportunity to raise awareness about the SCIROCCO tool and its benefits for the adoption of integrated care.
- **European Connected Health Alliance (ECHA)**<sup>15</sup> - the Alliance brings together the whole range of health, wellbeing and social care stakeholders interested in developing a joint health and care agenda across a specific country or region. The network was predominantly used to disseminate the SCIROCCO project's findings.
- d) **European Health Telematics Association (EHTEL)**<sup>16</sup> which, over the last year, developed some activities under the theme of the transformation of health and care system, including a set of tailor-made self-assessment services proposed under the brand EHTELconnect. The network has provided access to experts to participate in the Delphi survey in order to validate B3-MM. In addition, EHTEL members actively engaged in testing of the SCIROCCO tool. As a result, due to high interest from stakeholders in Israel, the Tool was also translated into Hebrew. In addition, this engagement led to the reference to the B3-MM and the submission of SCIROCCO good practices for the "European Blueprint - Digital Innovation for the Ageing Society", as part of EHTEL's involvement as a Blueprint Champion.
- **European Innovation Partnerships on Active and Healthy Ageing (EIP on AHA)**<sup>17</sup>, the B3 Action Group on Integrated Care specifically, is a European initiative launched by the European Commission with the objective of increasing the healthy life years of European citizens by 2 years by 2020. All SCIROCCO partners are active members of the Action Group. The SCIROCCO project built upon the achievements of the Partnership and took forward the development and refinement of the Maturity Model that was developed by the B3 Action Group. The network also gave access to European

<sup>13</sup> <http://aer.eu/the-thematic-committees/social-policy-public-health/>

<sup>14</sup> <http://www.coral-europe.eu/>

<sup>15</sup> <http://echalliance.com>

<sup>16</sup> [www.ehtelconnect.eu](http://www.ehtelconnect.eu)

<sup>17</sup> [https://ec.europa.eu/eip/ageing/actiongroup/index/b3\\_en](https://ec.europa.eu/eip/ageing/actiongroup/index/b3_en)

regions and organisations willing to engage in the testing of the Model in the real-life settings. These engagement activities with the B3 Action Group led to the following results:

- Members of the B3 Action Group on Integrated Care actively contributed to the refinement and further improvement of the B3-MM.
- Members of the B3 Action Group on Integrated Care actively participated and contributed to SCIROCCO dissemination events e.g. (European Innovation Summit 2016; ICIC 2016; ICIC 2017; ICIC 2018; ICIC 2019, WoHIT, eHealth Week 2016 etc.).
- Members of the B3 Action Group on Integrated Care actively contributed to the testing of the SCIROCCO tool as a tool to facilitate knowledge transfer and learning on integrated care.
- Members of the B3 Action Group on Integrated Care were invited to collaborate with the EU Expert Group on Health Systems Performance Assessment (HSPA) on a new report related to the assessment of integrated care "Tools and Methodologies to Assess Integrated Care in Europe". The B3 Action Group contributed with a rich collection of good practices in integrated care. In the next stage, it was agreed to apply the Maturity Model, validated through the SCIROCCO project, as the framework to identify the success factors and transferability elements of these good practices. As a result, the Report contains a collection of over 60 case studies with detailed descriptions of the interventions, target groups, success factors and transferable elements. The full report can be accessed here: <http://www.scirocco-project.eu/2017/06/02/sciroccos-contribution-to-the-hspa-report-on-tools-and-methodologies-to-assess-integrated-care/>.
- Reference to the SCIROCCO self-assessment tool in the renovated Action Plan of the B3 Action Group on Integrated Care for 2019-2020.

For more information on the contribution of the SCIROCCO project to the EIP on AHA please see the [Section 2.2. Specific contributions to the European Innovation Partnership on Active and Healthy Ageing](#).

- **European Regions for Research and Network Innovation (ERRIN)<sup>18</sup>** - this network has a specific focus on influencing research and innovation policy at a European level and maximising the benefits of regional collaboration in the field. As such, the network provided an opportunity to reach the policy-makers at regional and European level.
- e) **European Public Health Association (EUPHA)<sup>19</sup>** - gathers a large audience of academia and research stakeholders in the area of integrated care and thus provides opportunities for the dissemination of SCIROCCO activities to a scientific audience. This engagement resulted in a joint dissemination event with EUPHA's Section on

<sup>18</sup> <http://www.errin.eu/content/working-groups-0>

<sup>19</sup> <https://eupha.org/>



Chronic Diseases at the European Public Health Conference in Ljubljana on 29 November 2018.

- **European Regional and Local Health Authorities (EUREGHA)**<sup>20</sup> - a network of 13 European Regional and Local Health Authorities focused on public health policy. The network facilitated the reach out of SCIROCCO outcomes to policy-makers at regional and European levels.
- **Expert Group on Health Systems Performance Assessment** which aimed to provide tools and methodologies to assess integrated care in Europe<sup>21</sup>; the SCIROCCO Maturity Model was applied as a framework to identify the success factors of good practices in integrated care. In addition, the good practices of 5 SCIROCCO regions were highlighted as examples of successful implementation of integrated care.
- **International Foundation for Integrated Care (IFIC)**<sup>22</sup> is a not-for-profit educational network that crosses organisational and professional boundaries to bring people together to advance the science, knowledge and adoption of integrated care policy and practice. The network provided opportunities for the dissemination and promotion of the SCIROCCO tool. In addition to a number of workshops organised at the annual International Conference on Integrated Care in 2016, 2017, 2018 and 2019, there will also be a dedicated session at the next International Summer School on Integrated Care on 23-26 June 2019 in Oxford<sup>23</sup>. It is organised by the Integrated Care Academy© and provides one-week intensive training on the theory and practice of integrated care. The course has been developed for those who are tasked with designing, implementing, leading and/or managing integrated care and want to learn more about the tools and instruments which are available to them with evidence from around the world. The SCIROCCO tool will be featured as one of the validated tools that can enhance the capacity of stakeholders to adopt and implement integrated care. This engagement resulted in a contribution to the IFIC Integrated Care blog outlining the successes of the SCIROCCO tool<sup>24</sup>. This also resulted in the invitation to the IFIC Summer Academy in June 2019 to demonstrate the impact of SCIROCCO tool on the adoption and scaling-up of integrated care<sup>25</sup>.
- **Primary Health Care System Maturity Model (PHC)**<sup>26</sup> - is a model developed by Adriana Labs in Boston in order to assess developmental and functional capacities of primary care organisations. The PHC System Maturity Model consists of a rubric, incorporating quantitative and qualitative measures, in order to guide countries in the self-assessment of the overall performance of their PHC system. The conceptual framework is informed by three key maturity models and tools:

<sup>20</sup> <http://www.euregha.net/>

<sup>21</sup> [https://ec.europa.eu/health/sites/health/files/systems\\_performance\\_assessment/docs/2017\\_blocks\\_en\\_0.pdf](https://ec.europa.eu/health/sites/health/files/systems_performance_assessment/docs/2017_blocks_en_0.pdf)

<sup>22</sup> <http://integratedcarefoundation.org/>

<sup>23</sup> <https://integratedcarefoundation.org/events/international-summer-school-integrated-care-issic-4>

<sup>24</sup> <https://integratedcarefoundation.org/blog/dr-andrea-pavlickova-shares-the-successes-of-the-scirocco-self-assessment-tool>

<sup>25</sup> <https://integratedcarefoundation.org/events/international-summer-school-integrated-care-issic-4>

<sup>26</sup> <https://improvingphc.org>

- BMGF supply chain maturity model
- SCIROCCO self-assessment tool for integrated care  
Patient Centred Medical Home Assessment tool (PCMH-A) developed by the Safety Net Medical Home Initiative with an objective to track progress towards practice transformation and is designed to be completed by a multi-disciplinary team of practice staff.
- **World Health Organisation (WHO)**<sup>27</sup>- the SCIROCCO tool has been considered as one of the tools to support the implementation of the WHO Framework on Integrated People-centred Health Services (IPCHS). The Framework aims to address the challenges of integrated care by calling for a fundamental shift in the way health services are funded, managed and delivered. It presents a compelling vision of a future in which all people have access to health services that are provided in a way that are coordinated around their needs, respects, their preferences, and are safe, effective, timely, affordable, and of acceptable quality.

In addition, the representatives of the networks and initiatives above were invited to join the SCIROCCO Policy Advisory Group in order to validate the SCIROCCO policy messages informed by the experience of European regions in using the SCIROCCO self-assessment tool for integrated care.

### 1.1.3 Sponsorship

SCIROCCO did not participate in any sponsorship activities during this final period of the project.

### 1.1.4 Project Co-ordination

Project co-ordination aims to manage the project effectively, ensure that the project is implemented within a given timeframe and that regular communication processes and channels for and between the consortium partners are established. The main activities of this Work Package (WP) in the reporting period (August 2017 - November 2018) focused on the support to consortium partners in the delivery of the project, with respect to their obligations defined in SCIROCCO Grant Agreement (710033). This included day-to-day support to WP Leaders in order to manage and implement the tasks of the individual WPs, including the consolidation of the final deliverables and other communication materials. In addition, the Project Co-ordinator worked very closely with all five SCIROCCO regions to ensure the consistency of the implementation process and its outcomes. This was facilitated by regular, bi-weekly WP Leaders telecoms and Consortium virtual meetings. In addition, three Project Assembly meetings were organised during this reporting period. Activities of WP1 are described in more detail in [Section 1.7 “Description of activities carried per WP”](#).

### 1.1.5 Financial management

NHS 24 (Co-ordinator) worked closely with the Finance Departments of the partner

<sup>27</sup> <https://www.who.int/servicedeliverysafety/areas/people-centred-care/en/>



organisations to ensure all budget related actions were performed correctly and within the rules and regulations set out by the SCIROCCO Grant Agreement (710033). This included the establishment of efficient operating procedures for financial management, adapted to the financial system of each partner, to ensure that received funds were correctly distributed and accounted for. A Data Management Sheet was developed by NHS 24 and shared with the partners. It was agreed to collect the financial claims for the project every 4 months to allow closer monitoring of the project's spending against the tasks performed within the project. As a result, the current position of the budget is in line with anticipated spend and no significant underspending or overspending was observed in the project. There was no requirement for any re-distribution of the budget between the partners which demonstrated effective management and alignment of the original budget forecast with the delivery of the project.

## 2 Overview of project deliverables, milestones and results

### 2.1 Introduction

This section of the report provides an overview of the project results compared with the project objectives, in line with the structure of Annex 1 of the Grant Agreement, including a summary of deliverables, milestones and project results.

Grounded in the experience of the EIP on AHA, the SCIROCCO project aimed to provide a refined and tested tool to facilitate the scaling-up and transfer of good practices in integrated care across the regions of Europe. SCIROCCO also focused on the assessment of contextual requirements for the scale-up of these interventions and capacity of the regions to adopt them.

SCIROCCO's objectives addresses [2.1.3 Actions under Thematic Objective 3 of the Action - Contributing to Innovative, Efficient and Sustainable Health Systems](#), and specifically, [2.1.3.1 Support for the Implementation and Scaling up of Good Practices in the areas of Integrated Care, Frailty Prevention, Adherence to Medical Plans and Age-friendly Communities](#).

SCIROCCO contributes to the objective of the Action in four ways, through:

### 2.2 Specific contributions European Innovation Partnership on Active and Healthy Ageing

The following results were achieved in this reporting period (August 2017 - November 2018) against the expected activities outlined in the Annex 1 of the Grant Agreement:

EXPECTED ACTIVITIES	SCIROCCO's RESULTS
Building on the preliminary achievements of the EIP on AHA.	<p>SCIROCCO builds directly on the achievements and priorities of the EIP on AHA, in particular those of the B3 Action Group on Integrated Care. Specifically, SCIROCCO achieved the following results:</p> <ul style="list-style-type: none"> <li>• Testing of the B3-MM and its online self-assessment tool in the process of knowledge transfer and scaling-up of good practices.</li> <li>• Informing the renovation of the Action Plan of the B3 Action Group on Integrated Care for 2019-2020 by using the SCIROCCO lessons learned on effective knowledge transfer and sharing of good practise in order to create local conditions for the adoption of integrated care.</li> </ul>
Benchmarking local interventions with high potential for transferability.	SCIROCCO tested the B3-MM as a tool to assess the maturity requirements of good practices. Fifteen good practices were assessed in terms of their potential for transferability.
Support to the twinning and coaching and/or scaling up of	SCIROCCO tested the B3-MM and its online self-assessment tool as tool for facilitating the scaling-up process, supporting the process of twinning and coaching to achieve knowledge transfer and

EXPECTED ACTIVITIES	SCIROCCO's RESULTS
identified good practices.	sharing of information. Seven twinning and coaching processes were facilitated by using SCIROCCO tool.
Support the potential of innovation in health and social care by encouraging the integration of health and care and highlighting independent living and participation in the community.	Local implementation is both the foundation and aspiration of the B3 Action Group. The B3 members are now primarily focusing on scaling-up and replication of the good practices in integrated care in order to reach the overall objectives of the EIP on AHA to increase healthy live years of European citizens. SCIROCCO has directly contributed to these on-going implementation and scaling-up processes. SCIROCCO provided regions with the validated and tested online self-assessment tool in order to assess their capacity and maturity for integrated care and inform about their strengths and weakness for the adoption of integrated care. The Tool was tested in more than 60 regions in Europe and beyond.
Demonstrates the benefits of moving towards community-based health and social care.	Knowledge sharing about the delivery of services for chronic conditions management in an integrated way is one of the key objectives of the B3 Action Group <sup>28</sup> , as well as of SCIROCCO. Through the collection of successful local integrated interventions that have potential for scaling-up, and twinning and coaching activities, SCIROCCO directly identified and promoted the benefits of the integration of health and care, highlighting the importance of engagement of individuals and communities in care delivery. Fifteen good practices were analysed in terms of their requirements <sup>29</sup> for moving towards community-based health and social care. They were equally promoted and disseminated in a number of local, national and European events. For the full list of promotional events please see SCIROCCO website <sup>30</sup> .
Contribute to an informed decision-making at European level.	SCIROCCO contributed to informed decision-making at European level through a comprehensive evaluation of the process of scaling-up and exchange of good practices using the B3-MM to facilitate knowledge transfer. The outcomes of this evaluation were formulated into lessons learned and evidence-based policy recommendations, developed by SCIROCCO's Policy Advisory Group. The policy recommendations were disseminated through SCIROCCO's "champions" networks, social media and awareness-raising events. For more information on SCIROCCO policy recommendations please see <a href="#">Section 2.6.8 D8.1 White Paper on the Issues of Scaling-up</a> .

<sup>28</sup> Action Groups 2014 Achievements. 2014. [http://ec.europa.eu/research/innovation-union/pdf/active-healthy-ageing/achievements\\_2014.pdf#view=fit&pagemode=none](http://ec.europa.eu/research/innovation-union/pdf/active-healthy-ageing/achievements_2014.pdf#view=fit&pagemode=none) pp.23 (Accessed 7 September 2015)

<sup>29</sup> <https://www.scirocco-project.eu/good-practices/>

<sup>30</sup> <https://www.scirocco-project.eu/resources/presentations/>

## 2.3 Contributions to the European Scaling up Strategy in Active and Healthy Ageing

The following results were achieved in this reporting period against the expected activities outlined in Annex 1 of the Grant Agreement:

5-STEP MODEL OF SCALING UP	SCIROCCO's RESULTS
1. Proven good practices	SCIROCCO identified 30 evidence-based, local integrated care interventions with a potential for scaling-up to enrich the existing collection of good practices compiled by the Action Groups and Reference Sites to showcase additional inspiring bottom-up innovation in active and healthy ageing and benefits of moving towards community-based health and care.
2. Viability of good practices	SCIROCCO performed the viability assessment of 30 good practices to identify their potential for the transferability in Europe. As a result, 15 good practices were prioritised in terms of their viability for scaling-up.
3. Classification of good practices for replication locally	SCIROCCO tested the B3-MM as a tool to assess contextual requirements for scale-up of a good practice. As a result, 15 good practices were assessed in terms of their replication.
4. Facilitating partnership	SCIROCCO tested the B3-MM as a tool to facilitate effective knowledge transfer informed by the complementary strengths and weaknesses of European regions in the adoption and scaling-up of integrated care.
5. Implementation - key success factors and lessons learned	SCIROCCO captured the preliminary lessons learned from the use of the B3-MM as a tool to facilitate and support effective knowledge transfer and scaling-up of integrated care. Fifteen focus group meetings were organised in order to learn about the experience of European regions with the Tool. The outcomes of this learning were then presented in the form of informed policy recommendations.

## 2.4 Compatibility with complementary activities and existing actions

SCIROCCO continued to complement and build on the existing actions addressing the issues of knowledge transfer and scaling-up of innovative solutions in Europe. SCIROCCO was entirely compatible with the existing actions, without in any way duplicating or overlapping with them. The main tangible result of this activity was the increased number of European and international regions interested in testing the SCIROCCO tool. The coordination with other EU funded projects and its results is described in detail in [Section 1 “Description of the activities carried out by the beneficiaries and overview of progress”](#).

## 2.5 Liaison with six (or more) existing European networks involved in scaling-up

SCIROCCO engaged with a number of existing European networks working towards scaling-up and uptake of innovative solutions in the area of active and healthy ageing. The collaboration with these networks provided a great opportunity for the dissemination of SCIROCCO' findings and thus increasing its impact. The engagement with European networks and its main results is described in detail in [Section 1 “Description of project activities and overview of progress”](#).

## 2.6 Summary of SCIROCCO Deliverables in the final reporting period

### 2.6.1 D2.1 Dissemination Strategy and Action Plan (M34)

The overall aim of Deliverable D2.1 “Dissemination Strategy and Action Plan” is to provide a Dissemination Strategy and Action Plan developed for the purpose of the SCIROCCO project in order to raise awareness about the project’s ambitions, progress and outcomes. The Dissemination Action Plan was continuously developed throughout the project in order to reflect the evolution of the project. The final version of the Deliverable has the form of an activity report, supplemented by the strategic annexes defined at the beginning of the project. In addition, the scope of the deliverable was enlarged to include information on the exploitation of the SCIROCCO project’s results beyond the duration of the project.

To this end, this report describes the:

- Dissemination Strategy and strategic objectives of communication and dissemination.
- Dissemination Action Plan and its achievements.
- Exploitation Plan describing the interest in and demand for SCIROCCO’s final results.

### 2.6.2 D2.3 Layman Version of Final Report (M37)

The overall aim of Deliverable D2.3 “Layman Version of Final Report” is to provide an overview of the activities of the SCIROCCO project in a condensed, user-friendly version. This deliverable includes the:

- Rationale for the development of the B3-MM and its online self-assessment tool.
- Development of the SCIROCCO online self-assessment tool, its main objectives and the support it can provide to organisations and regions interested in the adoption and scaling-up of integrated care.
- Functionalities of the SCIROCCO tool and its practical implementation in the real-life settings in five SCIROCCO regions.
- Lessons learned on the use of the SCIROCCO tool to support the adoption and scaling-up of integrated care and related policy recommendations.
- Future enhancement and exploitation of the SCIROCCO tool.

### 2.6.3 D3.1 Assessment Level of Knowledge Transfer (M37)

The overall aim of Deliverable 3.1 “Assessment Level of Knowledge Transfer” is to provide an overview of the multi-method evaluation framework designed for the purpose of the SCIROCCO project. The framework was designed to support four key objectives reflected in the structure of this deliverable:

- Testing of content validity, structural validity and internal consistency of the B3-MM and its online self-assessment tool.
- Measuring the level of maturity of integrated care in five SCIROCCO regions.
- Measuring the level of knowledge transfer and its role in supporting the adoption and scaling-up of integrated care.
- Assessing to what extent the implementation of the SCIROCCO’s project adheres to the Project Plan.

Overall, the SCIROCCO tool and its implementation in real life-settings were found to offer a promising approach that helps regions and organisations to facilitate knowledge transfer and learning about the adoption and scaling-up of integrated care. The findings regarding the content-validity, structural validity and internal consistency of the SCIROCCO tool provided support for the Tool and its functionalities. Nonetheless, validation of tools is a continuous process and validity of a specific tool only applies for the specific purpose and the specific situation in which it has been tested. It is, therefore, recommended to further explore the validity and reliability of the SCIROCCO tool when being used for other purposes and / or in other settings. The evaluation results on the implementation of the SCIROCCO approach indicated that it was implemented with acceptable fidelity while being flexible to the context of implementation. In general, these insights may support decision making and interest in using the SCIROCCO tool, as well as initiating the knowledge transfer process in order to support mutual learning and exchange of good practices in integrated care.

#### 2.6.4 D4.1 Maturity Requirements of Good Practices Viable for Scaling up (M30)

The overall objective of Deliverable D4.1 “Guide on Maturity Requirements of Good Practices for Scaling up” is to provide a contextual analysis of the requirements for the adoption of good practices in integrated care in Europe. The potential of a good practice to be transferable within or outside a region / organisation depends on its viability but also on the maturity required by the system into which the good practice is to be implemented. In fact, the higher the viability score and the lower the required system maturity levels are, would increase the scope for transferability of a particular good practice.

To this end, the Guide describes:

- The definition and methodology for the collection of good practices;
- The assessment of the viability of good practices for scaling up;
- The outcomes of the maturity assessment of good practices in integrated care, using the SCIROCCO tool. The assessment process was carried out twice during the period of July - November 2016 and June - October 2018 as a result of the feedback received from the reviewers of D4.1 in February 2017.

Thirty-four good practices in integrated care were collected from five European regions participating in the SCIROCCO project - Basque Country, Norbotten County Council, Olomouc Region, Puglia Region and Scotland. The good practices were initially assessed in terms of their viability for scaling up. As a result, 15 good practices were prioritised for the application of the B3-MM to assess the maturity requirements necessary for their adoption and replication in Europe.

This Guide can be used by potential adopters of good practices to help them to understand the conditions and requirements for a particular good practice to be scaled up or transferred. The Guide has also the ambition to facilitate the implementation and scaling up of good practices at local, regional or country level by providing a tool enabling the multi-dimensional assessment of the capacity of regions for the adoption of good practices in integrated care in Europe.

The outcomes of this deliverable fed directly into the next stages of the SCIROCCO project, in particular by providing further inputs into the refinement of the B3-MM and development of the SCIROCCO tool.



### 2.6.5 D5.1 SCIROCCO Online Self-assessment Tool (M37)

The overall aim of Deliverable D5.1 “Online Self-assessment Tool” is to provide an overview of the development process, refinement and functionalities of the SCIROCCO online self-assessment tool, including the Guide on how to use it. The SCIROCCO tool is an online validated self-assessment tool for integrated care which is based on the conceptual model of the B3-MM. The conceptual model and its online self-assessment tool were refined and validated in three different stages reflecting three key functionalities of the SCIROCCO tool:

- Assessment of maturity requirements of good practices in integrated care.
- Assessment of maturity of healthcare systems for the adoption and scaling-up of integrated care.
- Facilitation of twinning and coaching processes.

The experience gained during the project with the development and different uses of the SCIROCCO tool shows that the Maturity Model and its online self-assessment tool appear to be useful in many contexts related to understanding how to adopt and scale up integrated care. The development of the Tool was driven by the needs of the users rather than by the tool designers which proved to be the key success factor and reach of SCIROCCO tool. As a result, the Tool has been used a wide range of healthcare systems in more than 53 regions and organisations in Europe and beyond.

### 2.6.6 D6.1 Guidance (process) for the Maturity Assessment of Healthcare Systems for Integrated Care (M37)

The overall aim of the Deliverable D6.1 “Guidance (process) for the Maturity Assessment of Healthcare Systems for Integrated Care” is to provide a guide for the assessment of maturity of healthcare systems for integrated care. It is based on the real-life testing of the SCIROCCO Tool as a tool to assess the readiness of regions for integrated care. This reflects the overarching objective of the SCIROCCO project which is to facilitate scaling-up and knowledge transfer in integrated care amongst the European regions and countries.

To this end, this Deliverable describes the:

- SCIROCCO methodology for the self-assessment process
- Self-assessment process in five SCIROCCO regions
- Experience of SCIROCCO regions with the self-assessment process.

The potential of regions and organisations to adopt integrated care solutions depends on the local conditions in a particular health and social care system. The self-assessment process facilitates knowledge and awareness about these conditions and informs the stakeholders about the maturity gaps of a particular health and care system in implementing integrated care. This, in turn, informs the areas for future actions and improvement that can be often achieved through knowledge transfer and exchange of good practices.

The self-assessment process was conducted in five SCIROCCO regions: Basque Country, Spain; Norrbotten Region, Sweden; Olomouc Region, Czech Republic; Puglia Region, Italy; and Scotland, UK. This was facilitated by the SCIROCCO online self-assessment tool and commonly agreed self-assessment methodology. The assessment outcomes in the five SCIROCCO regions showed that there is a different level of maturity and readiness of healthcare systems for the adoption of integrated care in Europe. This provides a strong basis for mutual learning and



the exchange of good practices on how to create and improve local conditions for the adoption and scaling-up of integrated care. Understanding the complementarity of regions' and/or organisations' strengths and weaknesses is therefore crucial for a much more tailored and effective knowledge transfer and improvement planning.

The outcomes of this Deliverable fed directly into the next stages of the SCIROCCO project, in particular by providing further inputs into the design of twinning and coaching methodology (WP7) and the refinement of the SCIROCCO tool.

#### 2.6.7 D7.1 Five Action Plans (M37)

The overall aim of Deliverable D7.1 “Five Action Plans” is to explore to what extent the approach of matching regions with complementary strengths and weaknesses in integrated care can provide a strong basis for effective knowledge transfer and exchange of good practices to facilitate the adoption and scaling-up of integrated care. It is based on real-life testing of the SCIROCCO tool in the process of twinning and coaching.

To this end, this Deliverable describes the:

- SCIROCCO methodology for twinning and coaching
- Twinning and coaching activities in 5 SCIROCCO regions
- Action Plans of 5 SCIROCCO regions to create local conditions for the adoption of integrated care.

Effective knowledge transfer depends on the creation of constructive relationships between regions and organisations. The SCIROCCO tool facilitates the building of these relationships by helping regions to understand their local conditions enabling the adoption of integrated care, including their strengths and weaknesses. The Tool thus provides a local understanding of the areas of improvement which can be addressed through knowledge transfer activities with other regions and organisations.

The twinning and coaching activities were conducted in five SCIROCCO regions: Basque Country, Spain; Norrbotten Region, Sweden; Olomouc Region, Czech Republic; Puglia Region, Italy; and Scotland, UK. The knowledge transfer process was informed either by the maturity of a particular healthcare system or the maturity requirements of selected good practices. This was facilitated by the SCIROCCO online self-assessment tool and commonly agreed twinning and coaching methodology. The outcomes of the process were captured in the form of Action Plans which inform the creation of local conditions for the adoption and scaling-up of integrated care, including the agreed priority actions and policy recommendations. The testing of the SCIROCCO twinning and coaching methodology also informed the further refinement and improvement of the SCIROCCO self-assessment tool.

#### 2.6.8 D8.1 White Paper on the Issues of Scaling-up (M34)

The overall objective of the Deliverable D8.1 “White Paper on the Issues of Scaling-up” is to present the lessons learned and policy recommendations, emerging from the SCIROCCO project, on how to address the issues of scaling-up. It builds on the experiences of five SCIROCCO regions with using the SCIROCCO tool, facilitating knowledge transfer in integrated care. This work was undertaken largely through the mechanism of focus groups, which took

place during 2017-2018. Fifteen focus groups were organised around each of the three SCIROCCO activities:

- The self-assessment of maturity of the regional context for integrated care.
- The assessment of maturity requirements of good practices implemented in the regional context.
- The process of twinning and coaching among regions.

In terms of its development and recommendations, this White Paper:

- Has been developed from the analysis of the opinions expressed in each set of focus groups conducted in the project.
- Provides policy recommendations on the SCIROCCO tool, in the context of scaling-up integrated care in Europe.

As a result, the following key lessons learned were concluded in the project:

- **Assess the capacity and readiness of European regions for integrated care**  
This activity should be aiming at an understanding of the maturity of health and care systems and requirements for the adoption and scaling-up of good practices in integrated care.
- **Move towards faster adoption and scaling-up of good practices in integrated care**  
When learning about good practices and healthcare systems is more available to potential adopters, acceleration of the scaling-up of good practices is achievable.
- **Get hold of tools and methodologies to support the process of scaling-up**  
SCIROCCO is one of a bundle of tools that can be supportive in the scaling-up of integrated care. SCIROCCO enables the gathering of good practices in integrated care across Europe.
- **Improve informed decision-making on the local, national, and European levels**  
Decision-making is based on evidence is effective. Many different levels and layers of people can provide such evidence. The SCIROCCO tool can build evidence for decision-making about integrated care. Using SCIROCCO helps the process of building evidence.
- **Apply effective knowledge transfer i.e., through twinning and coaching**  
The SCIROCCO tool and method(s) support knowledge transfer in an effective way. Assessing the local/regional situation or context makes twinning and coaching more productive and successful.
- **Co-design the future transformation of health and care systems**  
By facilitating cross-stakeholder conversations on the future transformation of health and care systems, SCIROCCO enables the co-design of scaling-up of good practices of integrated care. The SCIROCCO tool can facilitate collaboration and consensus-building.

The outcomes of this Deliverable will inform potential adopters about the lesson learned in the adoption and scaling-up of integrated care.

## 2.7 Summary of SCIROCCO Milestones in the final reporting period

Milestone number	Milestone title	Description	Lead beneficiary	Due Date	Actual Date
MS4	Acceptance of interim report	The Report on the interim progress of SCIROCCO's project.	NHS24	M17	M20
MS5	Third Project Assembly	Third Project Assembly took place on 6-7 March 2017 in Lulea, Sweden.	NHS24	M21	M24
MS6	Fourth Project Assembly	Fourth Project Assembly took place on 27-28 June 2018 in Edinburgh, Scotland.	NHS24	M28	M27
MS7	Final Project Assembly	Final Project Assembly was organised on 23 October 2018 in Brussels, Belgium.	NHS24	M32	M31
MS8	Acceptance of Final Report	The report on the final progress of SCIROCCO's project.	NHS24	M32	M38
MS12	SCIROCCO interim findings disseminated.	The mid-term dissemination event to present the interim findings of SCIROCCO was held on 21 November 2017 in Glasgow, Scotland. This event was organised as part of SCIROCCO's contribution to EC Open Days 2017. The objective of this event was to bring together all stakeholders / regions which tested the SCIROCCO tool so far to share their experience with the Tool and inform about its further refinement and improvement. The event was organised jointly with ACT@Scale project, EUREGHA and EIP on AHA.	EHTEL	M19	M20
MS13	Final Conference	SCIROCCO final conference was organised on 24 October 2018 in Brussels, Belgium.	EHTEL	M32	M31
MS16	Assessment level of maturity in integrated care	The milestone was reached end of March 2018 in the form of publication.	VUB	M19	M24
MS20	Completed maturity assessment	The maturity assessment of 15 good practices using the SCIROCCO tool was completed at the end of November 2017. However, after receiving feedback on the submitted Deliverable in February 2018, the assessment process was repeated again in September-November 2018. The improvement included the modifications in the scope and objectives of the assessment process.	Kronikgune	M6	M31
MS24	Knowledge of regions on how to use the B3-MM	There is a good knowledge of regions on how to use the SCIROCCO tool to assess the maturity of their health and social care systems. Further work was needed to refine the methodology on the assessment of the good practices. This was addressed in June - October 2017.	UEDIN	M11	M21
MS25	Initiation of the self-assessment process in all 5 European regions	All five SCIROCCO regions finished their self-assessment processes in May 2017. The process started with the engagement of local stakeholders, preparation of the training materials and methodology on how to use the SCIROCCO tool to assess the maturity requirements of the health and social care systems. The process then started with the identification of the local stakeholders, followed by the individual assessments through an online-questionnaires and the face-to-face	NLL	M11	M14

Milestone number	Milestone title	Description	Lead beneficiary	Due Date	Actual Date
		local workshop to reach the consensus on the final assessment outcomes.			
MS26	Availability of self-assessment data for 5 European regions	The self-assessment process was completed in four regions. Due to longer preparation for the self-assessment at the FNOL in Czech Republic, all data became available at the end of December 2017.	NLL	M13	M21
MS27	Completed identification of maturity gaps in five European health and care systems	The process of analysis was initiated in 4 SCIROCCO regions. The analysis was completed by end of February due to delays in the self-assessment process in the Czech Republic.	NLL	M15	M23
MS28	Second refinement of the B3-MM	The second refinement of B3-MM was completed following the testing of SCIROCCO tool in the self-assessment process.	UEDIN	M17	M15
MS29	Initiation of twinning and coaching	The process of twinning and coaching was initiated by the work on the methodology and process of testing SCIROCCO tool in real-life settings.	AReSS	M17	M18
MS30	Final refinement of B3-MM	Final refinement of the B3-MM was concluded end September 2018, following the twinning and coaching processes in 5 SCIROCCO regions where the SCIROCCO tool and its Maturity Model was tested as a tool facilitating knowledge transfer. The refinement process, followed by the final technical development of the Tool, and incorporation of all the changes in 3 different languages resulted in delays of this milestone.	UEDIN	M24	M30
MS31	Five regions have completed Action Plans	Five regions completed their Action Plans to enable the creation of conditions for the deployment of integrated care. The engagement of local stakeholders was critical in developing the Plans which caused the delays in the delivery of this milestone.	AReSS	M27	M32
MS32	Access to final B3-MM	Final version of the B3-MM and its online self-assessment tool has been available since mid-October 2018.	UEDIN	M27	M31
MS33	Analysis of the experience of knowledge transfer is initiated by all partners.	The methodology for the analysis of the experience of regions with the SCIROCCO tool was developed and agreed by all partners. Fifteen focus groups meetings were organised to capture the regions' experience.	UVEG	M6	M7
MS34	Information on the experience of regions	Information on the experience of regions in using SCIROCCO tool was finalised mid-October 2018 following the completion of the twinning and coaching activities.	UVEG	M28	M31

## 3 Project Results and Visibility

### 3.1 Major results and key findings, their uptake and future potential use

The development of an online self-assessment tool for integrated care in the early stages of the project (December 2016) is the major result of the SCIROCCO project. The early introduction allowed for the implementation of the real user-centred design, focusing on the needs, expectations but also limitations of end-users. The users of the Tool were involved throughout all iterative phases of the Tool in the form of feedback questionnaires or direct interviews which resulted in continuous refinement and improvement reflecting regularly the feedback and experience of the users.

The co-designed, bottom-up approach was considered as a critical success factor in the high interest and use of the SCIROCCO tool in Europe and beyond. However, it is important to highlight that the success is not the Tool itself but its application in real-life settings and the processes it facilitates such as the assessment, consensus-building and knowledge transfer. The SCIROCCO tool, and the process by which it is used, can be termed as an “enabler” because it helps to facilitate dialogue and build constructive collaborations among different professionals: this, in turn, generates knowledge and promotes reflection and sound arguments to decision-makers.

The following added-value of the SCIROCCO tool and its methodologies was highlighted by its users:

- A good participatory tool enabling consensus-building and expression of different points of view which give a broader perspective on the implementation of integrated care.
- A useful tool to drive forward discussions, reflections and brainstorming.
- The tool builds learning and knowledge transfer in a systematic way that provides coherence and consistency of findings.
- The tool provides reassurance and guidance on what is happening in local regions and organisations and confirms the future areas of improvement.
- The tool presents good arguments to managers about the rationale underpinning certain initiatives and informs evidence-based policy-making.
- The flexibility of the tool; it can be used in a great diversity of organisations, at different organisational and system levels, and with different stakeholders.
- The simplicity of the tool and visualisation of the outcomes.
- The tool presents good arguments to managers about the rationale underpinning certain initiatives and informs evidence-based policy-making.

Some of the key observations from stakeholders are provided below:

*“The SCIROCCO tool is useful to drive discussions during brainstorming: sometimes in meetings it is easy to miss the focus. It also provides a clear vision of the strengths and weaknesses of the regional context. If used properly, it is an extraordinary participatory tool” - Puglia Region, Italy.*

*“Aiming for an integrated care system, Osakidetza has moved towards a new organisational and management model. This has meant a cultural change for Osakidetza’s professionals, who have had to assume new roles and face new challenges. The SCIROCCO self-assessment process has allowed us to contrast opinions within a group of multi-disciplinary colleagues, and review progress in integrating health and care systems, making us better aware of where we are” - Basque Country, Spain.*

*“The SCIROCCO tool visualised the region’s challenges in the use of eHealth services. It also explained our internal strengths and weaknesses. We know that we have to use more technology to develop eHealth and eCare. So, the Tool can support us to uncover **what dimensions need to be developed and improved**. The assessment made it obvious” - Norbotten Region, Sweden.*

*“We applied the online tool to assess the conditions for the good practice we developed to improve care of patients with structural heart diseases. This gave us an opportunity to **learn more about how ready we are for deployment** in the field. Various stakeholders expressed their opinion on all 12 dimensions of the SCIROCCO tool. Reaching consensus about the scales for each dimension was **not a complex task** and a joint meeting helped to clarify where there was a need to enhance conditions for the good practice to smoothly operate and scale up” - Olomouc Region, Czech Republic.*

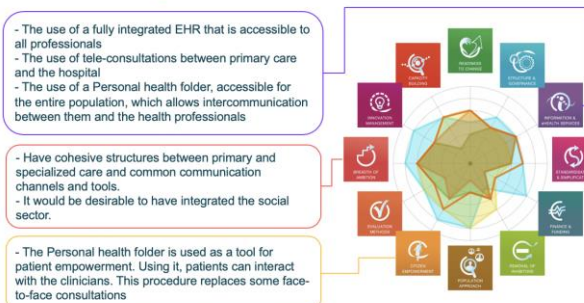
*“The SCIROCCO tool has already proven its worth. It has helped to **facilitate round table discussions** on assessing our understanding of good practice development and **also prompted focussed discussion** on our perception of progress toward achieving strategic objectives around health and social care integration” - Scotland, United Kingdom.*

In terms of key findings in using the SCIROCCO tool and its methodologies, the following tables summarise the three main functionalities of the tool and relevant findings:



Table 1: Use of the SCIROCCO tool to assess the maturity requirements of Good Practices

### Most relevant features for implementation & transferability of Good Practice



### Main findings:

1. The transferability potential of a Good Practice depends on the quality of the Practice and its viability for scaling-up, but also on the level of maturity of the features required in the local context for its adoption and implementation. Understanding the specific needs and maturity requirements of a particular Good Practice facilitates the process of transferability and scaling-up of the Practice.
2. Using the SCIROCCO tool, including its dimensions and assessment scales, in the assessment process provides a very useful basis for the contextual assessment.
3. The assessment of maturity requirements of Good Practices should be conducted in a multi-disciplinary setting involving stakeholders who understand the Good Practice and those who bring the perspective of the local context in which the practice has been developed and implemented.
4. Good Practices require different levels of maturity across the dimensions of the SCIROCCO Maturity Model. As such, a Good Practice implemented in a very mature context can be transferred to a less mature environment, providing that the latter has the requirements for its transferability. This can be done by identifying the features for each of the dimensions of the SCIROCCO Maturity Model and its online self-assessment tool. Understanding the specific features required for the adoption and implementation of a particular Good Practice facilitates the process of transferability and scaling-up the practice.

Table 2: Use of the SCIROCCO tool to assess maturity of healthcare systems

## Self - Assessment in the Basque Country



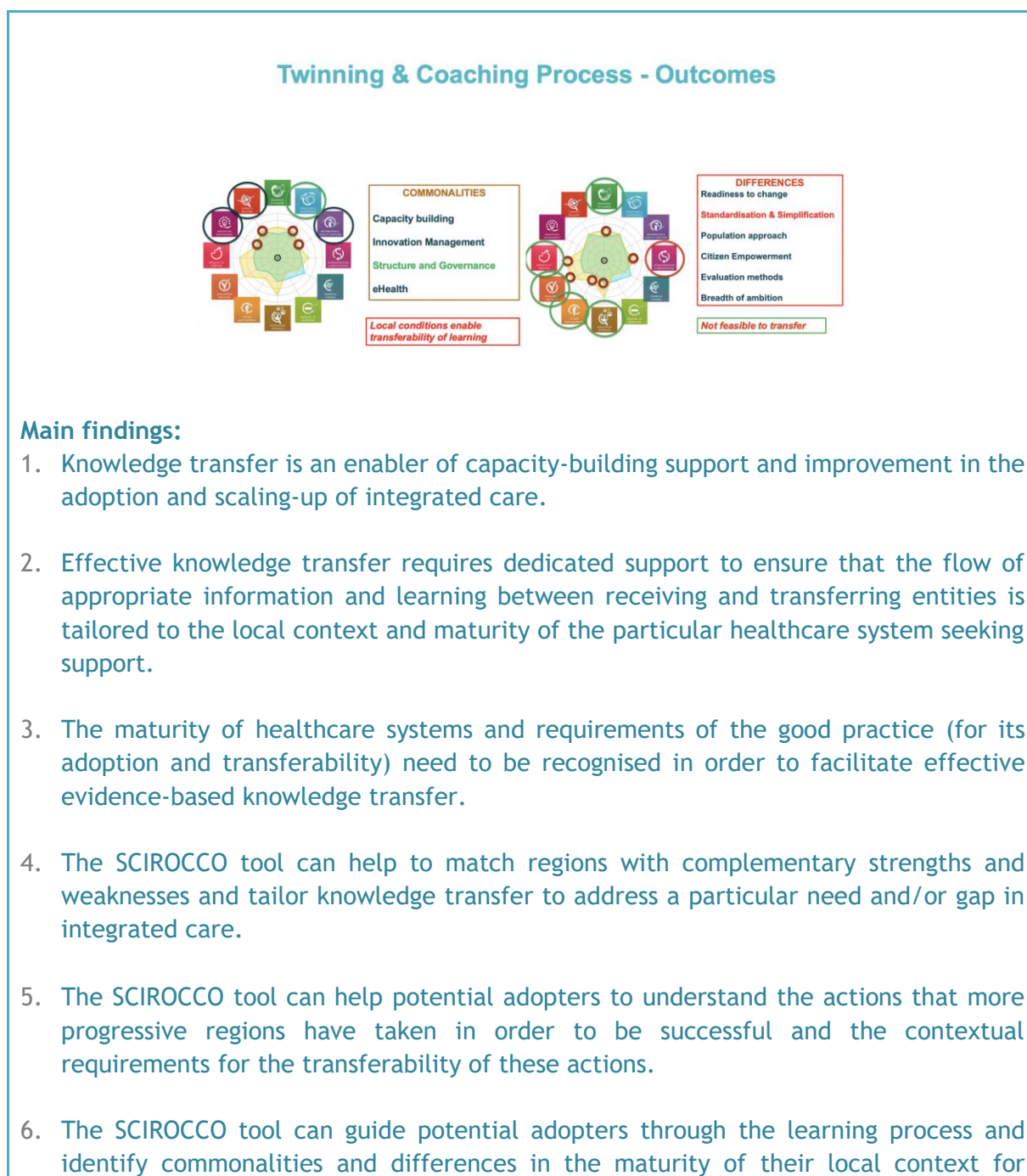
## Main findings:

1. The maturity of healthcare systems needs to be recognised in order to facilitate scaling-up and exchange of good practices in integrated care.
2. The maturity of a healthcare system is shaped by the local conditions enabling the adoption of integrated care solutions. A flexible and easy-to-use approach to assess the readiness of local environment enabling integrated care should be applied.
3. The understanding of local conditions enabling integrated care and maturity gaps, in particular, should become much more available to potential adopters in order to speed up the scaling-up and exchange of good practices in integrated care.
4. The SCIROCCO tool can help potential adopters to assess their capacity and readiness for integrated care by providing a comprehensive understanding of the current state of art in integrated care and facilitating collaborations and consensus-building.
5. To conduct the assessment process in a particular healthcare system and/or organisation requires a minimum knowledge of integrated care concept and some early stages of implementation.
6. The assessment process needs to be easy to perform, and it needs to demonstrate the outcomes in order to show benefits and added-value of this process to the local stakeholders.
7. To assess the maturity of a particular healthcare system and/or organisation, understanding of the objectives of the assessment is critical. The objectives of the assessment process define the scope of the assessment and local assessment team.
8. The assessment process should be conducted in the local language of a particular healthcare system and/or organisation. However, the translation of the tool is not sufficient and adaptation of the terminology to fit with the local understanding of the concept of integrated care is necessary.



9. The assessment outcomes should be visualised in order to stimulate discussion and capture the attention of local stakeholders, thus encouraging them to engage in the process and reflect on its outcomes.
10. The assessment process should be supported by clear guidance on how to apply the SCIROCCO tool, including illustrative videos and other educational materials, in the local language.

**Table 3: Use of the SCIROCCO tool to facilitate twinning and coaching**



integrated care. This is critical to assess the feasibility of transfer and the degree of adaptation required.

7. The twinning and coaching process offers participating regions valuable reflections and learning on how to implement a particular good practice and/or improve particular aspect of integrated care.
8. The twinning and coaching should be considered as a mutual process of learning rather than a one-way relationship. The learning process inspires potential adopters on what can be done to make the progress with their existing systems and services, but it also provides the re-assurance and prestige for transferring regions.
9. The twinning and coaching process is a complex process involving different layers, cultures and stakeholders of the system. The SCIROCCO tool can help to facilitate multi-disciplinary discussions and build constructive relationships enabling mutual learning and improvement.
10. The twinning and coaching process, if managed effectively, can inform priority actions that are necessary in order to create the right local conditions for the adoption and scaling-up of integrated care, including policy implications.

In terms of the uptake of the SCIROCCO tool, the tool was tested in more than 60 European regions and organisations in Europe and beyond and there is a continuous interest in further use and development of SCIROCCO tool and its methodologies. This has emphasised that there is a great appetite for collaborative tools and methodologies that can help regions and organisations to transform their health and social care systems and improve their capacity to implement and scale up integrated care. These findings are very much in line with a number of the European Commission's instruments and initiatives focusing on capacity-building support and improvement of know-how on how to design and implement integrated care.

Wider implications for the future use of the SCIROCCO tool were also discussed with stakeholders. Stakeholders agreed that the tool can be used by a great diversity of organisations, at different organisational and system levels, and with various types of stakeholders. Particularly, the tool has been seen as being useful when it is used at a high organisational level, for example from a strategic perspective, with managers and decision-makers. In this regard, several discussions pointed out that the tool offers reasons and support to justify initiatives and decisions in relation to the scaling-up of integrated care. The tool has also been described as potentially useful in terms of determining areas of policy-making. Regarding other uses of the SCIROCCO tool, and the process of using the tool, at least four other uses were proposed during the duration of the project:

- To follow up on the progress towards integrated care or scaling-up of good practices.
- As a management tool for health and social care authorities.
- In areas of change management.

- For the development of digitisation strategies and for testing developments in digitisation.

Further use of the project's results is explained in more detail in [Section 3.3 Further use of project results](#) below.

### 3.2 Target groups and added value

There is no single primary target group defined for the SCIROCCO project. The intention was to engage all the potential stakeholders involved in integrated care who are united by a single common objective, which is to achieve the transformation of the health and care system(s) in a particular European region or country.

SCIROCCO also set out to influence policy change and improve informed decision-making at European, national and local levels. SCIROCCO, therefore, targeted multiple stakeholders at both policy level and health and social care system level. At the policy level, those stakeholders were politicians at European, national and regional levels, including national and regional governments, city councils, CEOs of healthcare organisations, finance directors, operations directors/managers, implementation bodies and health and social care commissioners. At the health and social care system level, those were hospitals, primary and secondary care doctors, nurses, pharmacists, social workers, other social care workers and voluntary sector providers. As the regions in Europe vary in terms of the organisation of their health and care systems, this shortlist of categories of stakeholders should not be considered exhaustive as the range of involved stakeholders varies from region to region.

The added value of these target groups is:

- These stakeholders are most likely to be involved in using the SCIROCCO tool and are in the position to influence the change.
- The transformation and change of health and care system structure requires both bottom-up initiatives combined with top-down support. Therefore, there is a strong need to bring stakeholders from both levels together.

### 3.3 Further use of the project results

The objective of SCIROCCO' exploitation activities was to ensure continuity in using the SCIROCCO tool and its methodologies beyond the duration of the project and identify any support measures that may be required to accelerate the use of the tool in the future. The main rationale was the continuous demand to use the tool and also consideration to expand the Maturity Model and the tool to additional areas of active and healthy ageing.

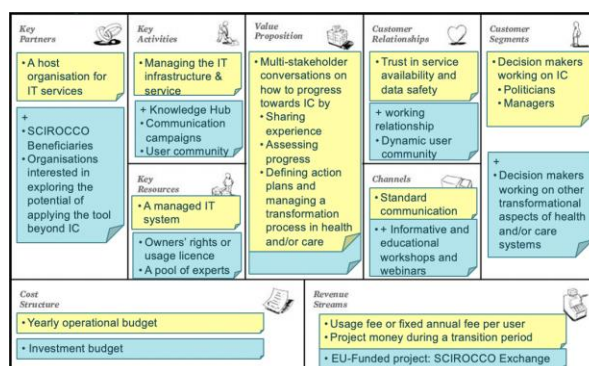
An overarching principle for the future use of SCIROCCO's results is that the project was set up for serving the "common good" and, as such, operation and expansion plans should not serve a commercial interest but may operate on a revenue generation basis for cost recovery.

The SCIROCCO Consortium identified the following [exploitable project results](#) defined as those project outcomes that can be used by third parties for delivering facilitation and maturity assessment services after the end of SCIROCCO project, namely:

- The final (fourth) refinement of the SCIROCCO Maturity Model which provides the conceptual model for the development of online SCIROCCO self-assessment tool.
- The online SCIROCCO tool accessible at <http://scirocco-project-msa.inf.ed.ac.uk/login/> at the date of 30 November 2018.
- The deliverable D5.1 “Guidance on how to use the SCIROCCO online tool” which outlines the use of the SCIROCCO tool, including the methodology and description of processes as follows:
  - Assessment of maturity requirements of Good Practices
  - Assessment of healthcare systems for integrated care
  - Facilitation of multi-stakeholder discussions and consensus-building
  - Facilitation of the twinning and coaching processes.
- The project website [www.scirocco-project.eu](http://www.scirocco-project.eu)

Three types of project exploitation were identified, each of them linked to different types of exploitation resources. These were:

- **Internal exploitation:** each beneficiary may exploit the project outcomes internally, with its own resources. As a result, Norrbotten Region and Olomouc Region decided to further exploit the use of SCIROCCO tool internally.
- **Market Exploitation:** all or some beneficiaries may decide to join forces to develop a business model and business plan, defining a value proposition, targeted customers, delivery activities and associated costs. As a result, the following business model was developed by the SCIROCCO Consortium:



- **Exploitation through a new project:** all or some beneficiaries may decide to work on a new project proposal and seek the necessary funding. As a result, seven beneficiaries submitted a new project proposal SCIROCCO Exchange with the objective to continue developing and expanding the SCIROCCO tool and its methodologies to support capacity-building and knowledge transfer in integrated care in Europe. This project was approved for funding in August 2018 and it started in January 2019.

In terms of ownership of the project's results, a Joint Ownership Agreement was signed and annexed to the SCIROCCO Consortium Agreement to specify the transfer of the ownership of the jointly owned project results. The SCIROCCO beneficiaries recognised that the newly granted EU Health Programme funded project SCIROCCO Exchange intended to serve the “common good” and aimed at adopting the measures to ensure the necessary quality and consistency in exploiting the SCIROCCO results. **The transfer of ownership was agreed under**

the following conditions:

- The SCIROCCO tool and the support for its use are available 5 days a week during working hours to any organisations asking for it. The support is available to all 5 SCIROCCO regions or new users of the Tool provided they serve the “common good” with no commercial interest.
- The data collected by the Tool is safely collected and stored and will not be made available to any entities without prior consent of its owner.
- A proposal will be issued to users of the SCIROCCO online tool inviting them to migrate to a new updated version of the online tool (to be developed by the SCIROCCO Exchange project). The SCIROCCO project’s version of the tool will be phased out.
- Improvement and further development of a new version of the SCIROCCO online tool as required to allow:
  - i. Continuous access to both versions of the SCIROCCO online tool to run in parallel until the point of migration
  - ii. Transferring the hosting of the SCIROCCO tool to a third party at the end of SCIROCCO Exchange project
- Identification and adoption of necessary Intellectual Property Right measures.
- Development of a business plan and business model for the exploitation of these results beyond the duration of the SCIROCCO Exchange project.

### 3.4 Major problems and lessons learned

There were particularly two main issues which informed the future improvement of the SCIROCCO tool and its processes:

- **Language** - The experience of stakeholders in using the SCIROCCO tool underlined the need to improve the understanding of its domains and assessment scales. The language of the tool often did not reflect on the local organisation and understanding of the concept of integrated care. As a result, the SCIROCCO Maturity Model and its online self-assessment tool were translated into 4 additional languages (Czech, Hebrew, Italian and Spanish) in order to improve stakeholders’ experience with the tool. However, it was found that the translation of the tool was not enough. With the aim of improving comprehensibility of the SCIROCCO tool, cross-cultural adaptation was needed, including both linguistic and contextual aspects. Cross-cultural adaptation involves not only the linguistic aspects but also the contextual aspects of such a tool. The process of this type of adaptation is composed of four stages: translation, back-translation, preparation of a consensus version, commented pre-test, and creation of the final version of the tool<sup>31</sup>. However, this cross-cultural adaptation was not feasible in the duration of the project and should be considered as a potential improvement of the tool in the future.
- **Maturity of healthcare systems for integrated care** - The experience of a number of very diverse European regions and organisations showed that the use of the SCIROCCO tool in real-life settings requires a minimum knowledge of the integrated care concept and some early stages of implementation. Olomouc Region in the Czech Republic, as one of SCIROCCO regions, was the most striking example. The concept of integrated

<sup>31</sup> Guillemin, F., Bombardier, C., & Beaton, D. (1993). Cross-cultural adaptation of health-related quality of life measures: literature review and proposed guidelines. *J Clin Epidemiol*, 46(12),1417-32.

care is very new there, hence the assessment process proved to be a very complex task for the region, especially when it came to the engagement with local stakeholders.

### 3.5 Future recommendations

Two major recommendations can be concluded based on the lessons learned described in [Section 3.4 Major problems and lessons learned](#):

- [Language](#) - to improve the experience of stakeholders in using the SCIROCCO tool, it is critical to consider both the translation and cross-cultural adaptation of the Maturity Model and its online self-assessment tool.
- [Maturity of healthcare systems for integrated care](#) - to improve the experience of stakeholders in using the SCIROCCO tool it is critical to consider a minimum level of maturity of local stakeholders in understanding and implementing integrated care.

### 3.6 Dissemination activities during and after the project

The main objective of SCIROCCO's dissemination activities was to raise awareness about the project's activities and engage with its target audience in order to test the SCIROCCO tool and exploit its future refinement and improvement. A variety of dissemination channels and activities were applied:

#### 3.6.1 Networking

The SCIROCCO project actively engaged with various European, national and regional networks to disseminate the project findings and increase the impact of project's activities. The engagement with these networks is described in detail in [Section 1 "Description of the activities carried out by the beneficiaries and overview of the progress"](#).

In addition, collaboration with other EU funded projects was established in order to align the activities of the SCIROCCO project and maximise the impact of these projects. Engagement with EU funded projects is also described in detail in [Section 1 "Description of the activities carried out by the beneficiaries and overview of the progress"](#).

#### 3.6.2 Participation at events

The SCIROCCO project actively sought opportunities for participation in relevant European, national and regional events in order to raise awareness about the progress and achievements of the project. SCIROCCO partners contributed to the following events in this reporting period:

- a) Workshop "Meeting the Challenge of Ageing" at European Week of Region and Cities in Brussels, Belgium on 10 October 2017.
- b) Presentation "Scaling Integrated Care in Context" at WHINN Week, Odense, Denmark on 11 October 2017.
- c) Workshop "Meeting the Challenge of Ageing" at European Week of Regions and Cities (Local event) in Glasgow, Scotland on 21 November 2017.
- d) Presentation "SCIROCCO-Terzo Programma Salute Pubblica" at 12th Forum Risk Management in Sanita, Italy on 28 November 2017.
- e) Presentation "Assessment of Good Practices in Czech Republic" at MEFANET 2017 in



- Brno in Czech Republic on 29 November 2017.
- f) Presentation “Scaling Integrated Care in Context” at Integrated Care Summit in London, England on 6 December 2017.
  - g) Presentation “SCIROCCO Tool for Integrated Care” at Optimity Advisors Workshop in Brussels, Belgium on 21 January 2018.
  - h) Presentation “SCIROCCO Tool for Integrated Care” at Global Integrated Care Conference in Singapore on 1-3 February 2018.
  - i) Exhibition and live demonstration of the SCIROCCO tool at EIP on AHA Conference of Partners in Brussels, Belgium on 27-28 February 2018.
  - j) Presentation on “SCIROCCO Tool for Integrated Care” at Reference Sites Workshop in Brussels, Belgium on 1 March 2018.
  - k) Presentation on “SCIROCCO Tool for Integrated Care and its use in the Basque Country” at Congreso Nacional de Atencion Sanitaria al Paciente Cronico in Zaragoza, Spain on 1-2 March 2018.
  - l) Presentation on “SCIROCCO Tool for Integrated Care” at Development in ICT and Healthcare Legal, Ethical and Social aspects in Hendon, United Kingdom on 8 March 2018.
  - m) Presentation on “SCIROCCO Tool for Integrated Care” at AER Spring Plenaries in Arad, Romania on 21 March 2018.
  - n) Presentation on “SCIROCCO Tool for Integrated Care: Lessons Learned” at the Workshop “Healthy Ageing in Europe: Opportunities and the way ahead” in Valencia, Spain on 13 April 2018.
  - o) Joint Webinar “How to accelerate integrated care in Europe” organised by SCIROCCO, EHTEL and EHMA (European Health Management Association)<sup>32</sup> on 18 April 2018.
  - p) Presentation on “SCIROCCO Tool for Integrated Care” at HIS (Healthcare Improvement Scotland) Research Conference in Edinburgh, Scotland on 24 April 2018.
  - q) Presentation on “Use of SCIROCCO Tool in Norrbotten Region” at the International Forum on Quality and Safety in Healthcare in Amsterdam, Netherlands on 4 May 2018.
  - r) Presentation on “Using SCIROCCO Tool to Support Twinning and Coaching” at the B3 Action Group on Integrated Care of the EIP on AHA in Brussels, Belgium on 16 May 2018.
  - s) Presentation on “SCIROCCO Project” to DG SANTE, Brussels, Belgium on 17 May 2018.
  - t) Two workshops and one poster at International Conference on Integrated Care in Utrecht, Netherlands on 23-25 May 2018.
  - u) Exhibition and workshop “Self-assessment Tool for Integrated Care” at EHMA 2018 Annual Conference in Budapest, Hungary on 21 June 2018.
  - v) Presentation on “SCIROCCO Tool for Integrated Care and Lessons Learned” at the Bevan Commission International Conference in Newport, Wales on 3 July 2018.
  - w) Exhibition and presentation on “SCIROCCO Tool and Lessons Learned” at FORITAAL in Lecce, Italy on 2-4 July 2018.
  - x) Presentation on “SCIROCCO Tool and Lessons Learned” at High Level Action of the Ministry of Health of the Czech Republic” in Prague, Czech Republic on 12 and 13 July 2018.
  - y) Exhibition and presentation on “SCIROCCO Project” at Fierra del Levante (trade fair) in Bari, Italy on 9-17 September 2017.

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<sup>32</sup> <https://ehma.org>

- z) SCIROCCO Final Conference “How to Accelerate Scaling-up of Integrated Care in Context” Brussels, Belgium on 24 October 2018.
- aa) Educational seminar on “SCIROCCO Tool, Functionalities and Lessons Learned” at 11<sup>th</sup> European Public Health Conference “Winds of Change: towards new ways of improving public health in Europe” in Ljubljana, Slovenia on 29 November 2018.
- bb) Workshop “Use of SCIROCCO Tool in Scotland” at Scotland’s Annual Digital Health and Social Care Conference in Glasgow, Scotland on 28 November 2018.
- cc) Workshop “Use of SCIROCCO Tool to Support Twinning and Coaching” at EHTEL Symposium in Brussels, Belgium on 5 December 2018.
- dd) One workshop and three presentations on “SCIROCCO and next steps” at International Conference on Integrated Care in San Sebastian, Basque Country on 1-4 April 2019.

All presentations are available on the SCIROCCO website and can be accessed here <https://www.scirocco-project.eu/resources/>.

As a result of SCIROCCO's participation in these dissemination events the project was able to reach more than 1, 000 beneficiaries.

### 3.6.3 Social media

A Twitter account was created for the project: @SCIROCCO\_EU to:

- Raise and maintain awareness of the project’s activities and progress;
- Deliver project messages to people who did not participate in project awareness events;
- Create interaction between the project and its target audience;
- Expand the project reach and impact.

The SCIROCCO account had 348 followers and can be accessed here: [https://twitter.com/SCIROCCO\\_EU](https://twitter.com/SCIROCCO_EU).

### 3.6.4 Video channels

A dedicated YouTube channel was created to share the videos relevant to the project. These include:

- videos that demonstrate the functionalities and use of the online SCIROCCO tool;
- videos that illustrate the good practices from SCIROCCO regions;
- EIP on AHA videos (as a contextual element);
- video recording of the event “Meeting the Challenge of Ageing” in Glasgow on 21 November 2017.
- video recording of the SCIROCCO Final Conference “How to scale-up integrated care in context?” in Brussels on 24 October 2018.
- Interviews from the SCIROCCO Final Conference provided by key partners and stakeholders involved in the development and testing of the SCIROCCO tool and its processes.



All video materials are accessible on the SCIROCCO website: <https://www.youtube.com/channel/UCYTx-n2i5hdgZT6LhQ-5FJA>.

### 3.7 Project website

The development of the website specification was initiated in Month 1 (April 2016) of the project. A call for tender was launched to 3 companies, the contract was awarded and the SCIROCCO website in its basic structure has been live since 30 June 2016 - [www.scirocco-project.eu](http://www.scirocco-project.eu). The project website works as a project related repository of information. The website is updated regularly and includes all of the major activities and findings of the project. The project website includes:

- A section on the SCIROCCO tool and its application in real-life settings;
- A repository of good practices and assessment of their potential for transferability;
- The outcomes of the self-assessment process in 5 SCIROCCO regions;
- The twinning and coaching between SCIROCCO regions.

### 3.8 Publications

While use of social networks, Twitter in particular, was a very effective way of targeting the SCIROCCO audience, articles published in magazines and peer-reviewed journals have a much longer life-span. In addition, well established scientific channels have an audience that is complimentary to SCIROCCO's targeted stakeholders. Scientific dissemination resulted in 13 SCIROCCO publications that can be accessed here <https://www.scirocco-project.eu/resources/publications/>.

## 4 Overview of evaluation activities and results

### 4.1 Participant or partner feedback

The feedback of the project partners and other partners involved in the development and use of the SCIROCCO tool is outlined in the [Section 3.1 “Major results and key findings, their uptake and future potential use”](#). In addition, a series of interviews were conducted with the SCIROCCO community to capture the feedback and experience of wide range of stakeholders with the project. The interviews can be accessed here <https://www.youtube.com/channel/UCYTxx-n2i5hdgZT6LhQ-5FJA>.

### 4.2 Process, Outputs and Outcomes Evaluation

The following process, output and outcome indicators apply for the SCIROCCO objectives in this reporting period:

Specific Objective Number	2	
Specific Objective	Local integrated care interventions with the maturity requirements for scaling-up are identified	
Process Indicator(s)	Target	Results
Number of interventions (good practices) with viability assessment done in participating regions	30	30
Number of good practices selected for maturity assessment	15	15
Output Indicator(s)	Target	Results
Number of maturity dimensions assessed	180	360
Outcome/Impact Indicator(s)	Target	Results
Number of interventions (good practices) considered as transferable and scalable after the application of the B3-MM and level of maturity required assessed	13	15

Specific Objective Number	3	
Specific Objective	The B3-MM applied as a tool to assess the readiness of a regional health and care system to adopt a good practice	
Process Indicator(s)	Target	Results
Number of dimensions of the B3-MM assessed	12	12
Number of interventions tested	Min 60 and max 120	60
Output Indicator(s)	Target	Results
Number of completed and documented assessments	Min 60 and max 120	190
Outcome/Impact Indicator(s)	Target	Results
Tested underlying structure and internal consistency of B3-MM	Factor loading >0.35; Cronbach's alpha $\geq$ 0.70	Factor loading >0.35; Cronbach's alpha $\geq$ 0.92

Specific Objective Number	4	
Specific Objective	European regions evaluated to assess their readiness to adopt integrated care interventions	
Process Indicator(s)	Target	Results
Number of regions evaluated	5	5
Output Indicator(s)	Target	Results
Number of completed and documented assessments	5	5
Outcome/Impact Indicator(s)	Target	Results
Level of readiness assessed for regions	5	5

Specific Objective Number	5	
Specific Objective	Complete transfer and scaling-up process using B3-MM (twinning and coaching to facilitate knowledge transfer)	
Process Indicator(s)	Target	Results
Number of twinning and coaching processes implemented	≥5	5
Output Indicator(s)	Target	Results
Agreed Action Plans to transfer and/or scale up interventions	≥5	7
Outcome/Impact Indicator(s)	Target	Results
Number of successful twinning/coaching processes implemented	≥5	5
Administered B3-MM tool and think-aloud sessions with respondents who were invited to test the B3-MM	≥5	16

Specific Objective Number	6	
Specific Objective	Decision-makers informed about the potential and benefits of B3-MM to facilitate process of scaling-up	
Process Indicator(s)	Target	Results
Number of stakeholders reached	>30	>1000
Use of website	300-500 unique users	200 daily unique visitors on average; total visitors to date is 76,777
Scientific communications	>10	12
Participation in international expert events	>20	59
Output Indicator(s)	Target	Results
Number of regions expressing interest in the Tool	>30	77
Outcome/Impact Indicator(s)	Target	Results
Numbers of regions engaged	>30	117
Numbers of regions applying the Tool (from outside the Consortium)	>5	60

Specific Objective Number	7	
Specific Objective	Knowledge transfer process evaluated	
Process Indicator(s)	Target	Results
Number of processes evaluated	≥5	5
Output Indicator(s)	Target	Results
Number of transfer/scaling-up documented	≥5	7
Outcome/Impact Indicator(s)	Target	Results
Number of transfer/scaling-up documented	≥5	7

## 5 Overview of dissemination activities

### 5.1 Strengths of SCIROCCO's dissemination activities

- SCIROCCO's ambitions are very well aligned with the strategic priorities of European regions and organisations which is to support scaling-up of innovative integrated care solutions to address the challenge of ageing population.
- There is a high level of interest among European regions and organisations to exchange learning and share experience on how to best design and implement integrated care. The SCIROCCO project helped to facilitate effective knowledge transfer and thus attract stakeholders involved in the design and delivery of integrated care in Europe.
- There is a demand for collaborative tools that can help us to understand how to move towards sustainable integrated health and social care. The SCIROCCO tool attracted stakeholders interested to learn about its potential to facilitate systematic change in health and social care systems.
- There is a demand for evidence that can inform decision-making on future priorities and actions in integrated care. The SCIROCCO project produced such evidence in a collaborative way that gained the attention of a wide spectrum of stakeholders.
- SCIROCCO formulated clear messages for its communication with its target audience.
- SCIROCCO widened its dissemination channels beyond written reports and publications by developing a number of videos to demonstrate how to use the SCIROCCO tool - this helped to facilitate engagement with its target audience.
- The iterations of the SCIROCCO tool were visualised in a way that was attractive to its target audience.
- SCIROCCO website is updated regularly to increase the visibility of project findings.
- SCIROCCO engaged with a number of European and international networks that facilitated access to and networking with its target audience.
- There was a strong commitment by SCIROCCO's project partners to raise awareness and visibility of SCIROCCO regionally and locally.

### 5.2 Weaknesses of SCIROCCO's dissemination activities

- There is a need to involve more regional, national and European policy-makers in SCIROCCO dissemination activities in future.
- There is a need for better communication of SCIROCCO's objectives locally, especially in regions lacking the concept of integrated care.

## 6 Objectives

The following specific objectives were delivered during this reporting period for the SCIROCCO project, as defined in the Grant Agreement:

### 6.1 Local integrated care interventions with the maturity requirements for scaling up are identified

This objective was executed by the identification of local integrated care interventions (good practices) and the assessment of their maturity requirements.

Data on 30 good practices in integrated care was collected in five SCIROCCO regions followed by a viability assessment. As a result, 15 good practices were prioritised based on their potential for transferability and scalability in different health and social care settings. The assessment of maturity requirements of all 15 good practices was performed in all five SCIROCCO regions, reaching the assessment of 180 dimensions.

Following recommendations on the improvement of the assessment methodology after the review of [D4.1 Guide on Maturity Requirements of Good Practices Viable for Scaling-up](#), the assessment process was repeated in June-October 2018 and an additional 180 dimensions were assessed and documented. The detailed measurable outcomes for this specific objective are provided in [Section 4.2 Process, outputs and outcomes evaluation](#).

### 6.2 The B3-MM applied as a tool to assess the readiness of a regional health and care systems to adopt a good practice

This objective was executed through the development of methodology for the self-assessment process supported by the SCIROCCO tool. New functionalities of the tool were developed such as visualisation of the outcomes, sharing of the questionnaires or comparing and contrasting the assessment outcomes. The self-assessment process was launched in five SCIROCCO regions and it consisted of individual assessments and follow-up consensus-building workshops. All the outcomes were analysed in terms of the strengths and weaknesses of the SCIROCCO regions to inform the knowledge transfer and twinning and coaching activities, with the objective of addressing a particular gap and/or need identified in the assessment process.

Additionally, 60 European regions were actively involved in the testing of the self-assessment process and the SCIROCCO tool.

In terms of the evaluation activities and testing of the underlying structure and internal consistency, this task was executed through the following activities:

- [Structural validity of the SCIROCCO tool](#); the objective was to evaluate if all 12 dimensions of the B3-MM contribute to the assessment of maturity of integrated care. Qualitative factor analysis was performed in order to examine the structure of the tool on the basis of collected data. The outcomes of this evaluation activity showed that all 12 dimensions contribute to assessing maturity for integrated care.
- [Convergent validity of the SCIROCCO tool](#); the objective was to evaluate whether the SCIROCCO tool relates with other assessment tools for integrated care. The SCIROCCO

tool was compared with 10 tools for this purpose and the outcomes of this evaluation activity showed some support for convergent validity.

- **Reliability of the SCIROCCO tool;** the objective was to evaluate if the responses of stakeholders to all 12 dimensions of the B3-MM are consistent with each other. Quantitative analysis was performed in order to examine the reliability of the tool. 50 baselines and two follow-up measures were collected from the participating experts. The outcome of this evaluation activity showed good internal consistency.

The detailed measurable outcomes for this specific objective are provided in the [Section 4.2 Process, outputs and outcomes evaluation](#).

### 6.3 European regions evaluated to assess their readiness to adopt integrated care interventions at scale

This objective was executed through the organisation of the focus group meetings, qualitative interviews, collections of lessons learned and development of policy recommendations.

Focus groups are one of the most common methods used for gathering information on collective views, and the meanings that lie behind those views (Gill et al., 20085), including their use in health and care-related settings. In the SCIROCCO project, focus groups were conducted with stakeholders from the five regions participating in the project (the Basque Country, Spain; Norrbotten, Sweden; Olomouc, Czech Republic; Puglia, Italy; and Scotland, United Kingdom). These focus groups enabled the capturing of experiences from the five regions in their use of the SCIROCCO tool.

The methodology used to collect lessons learned was designed in three steps, following the three different stages of the project and uses of the SCIROCCO tool:

- Use of the SCIROCCO tool to assess maturity requirements of Good Practices
- Use of the SCIROCCO tool to assess maturity of healthcare systems
- Use of the SCIROCCO tool to facilitate twinning and coaching.

A matrix was designed to enable the analysis of the outcomes and classification of lessons learned as follow:

- Experience on the assessment and knowledge transfer process
- Outcomes and impacts of the assessment and knowledge transfer process
- Suggestions for enhancement of the SCIROCCO tool
- Comparison of the SCIROCCO tool with other tools.

The findings were then consulted with a wide range of representatives of regional and international policy-making, not-for-profit associations, networks and other experts in order to inform the development of policy recommendations. For more detail on policy recommendations please see [Section 2.6.8 D8.1 White Paper on the issues of scaling-up](#).

In total, fifteen focus group meetings were organised during the project lifespan. The detailed measurable outcomes for this specific objective are provided in the [Section 4.2 Process, outputs and outcomes evaluation](#).



## 6.4 Complete transfer and scaling-up process using B3-MM (twinning and coaching to facilitate knowledge transfer)

This objective was executed through the development of methodology for twinning and coaching supported by the SCIROCCO tool. New functionalities of the tool were developed such as identification of the features of healthcare systems and/or Good Practice for the transferability and capturing the outcomes of the knowledge transfer process in the form of the Action Plans. The twinning and coaching process was organised in five SCIROCCO regions. The process focused either on the transfer of a particular Good Practice and/or improvement of particular aspect of integrated care. An overview of the twinning and coaching activities is provided in the Table below:

Objective of knowledge transfer	Receiving region	Transferring region
Improvement of innovation management	Norrbottnen Region	Scotland
Improvement of eHealth services	Olomouc Region	Norrbottnen Region
Transferability of Good Practice “Advanced Care Planning in Integrated Care Organisation”	Norrbottnen Region	Basque Country
Transferability of Good Practice “Hospital@Home”	Olomouc Region & Scotland	Puglia Region
Transferability of Good Practice “Building Healthier and Happier Communities”	Puglia Region & Basque Country	Scotland

The outcomes of the twinning and coaching were captured in the form of Action Plans which were co-designed by the transferring and receiving regions. In total, there are 7 Action Plans structured as follows:

- **Section 1:** Needs of the adopting region - Receiving region
- **Section 2:** Description of the integrated care solution - Transferring region
- **Section 3:** Maturity requirements of the integrated care solution - Transferring region
- **Section 4:** Benefits and opportunities of integrated care solution - Receiving region
- **Section 5:** Conditions for the adoption of integrated care solution - Receiving region
- **Section 6:** Adaptation of local environment to enable the transferability of learning - Receiving region
- **Section 7:** Priority actions to enable conditions for the transferability of learning - Receiving region

The detailed measurable outcomes for this specific objective are provided in the [Section 4.2 Process, outputs and outcomes evaluation](#).

## 6.5 Decision-makers informed about the potential and benefits of B3-MM to facilitate process of scaling-up

This objective was executed through a number of activities and channels:

- Logo and graphical identity of the project
- SCIROCCO project website
- Project leaflets and roll-up
- Video channels

- Social networks
- Publishing articles on the SCIROCCO project
- Networking
- Participation at dissemination events

The detailed description on the awareness raising activities and channels is provided in [Section 3.6 Dissemination activities during and after the project](#).

The detailed measurable outcomes for this specific objective are provided in [Section 4.2 Process, outputs and outcomes evaluation](#).

## 6.6 Knowledge transfer process evaluated

This objective was executed through a qualitative approach in the form of focus groups and a follow-up survey. One focus group was organised as part of each twinning action with the objective of capturing the experience of stakeholders in this process and assessing the added value of the SCIROCCO tool facilitating this process. The focus groups were structured according the following key topics:

- Expectations from twinning and coaching
- Engagement process for twinning and coaching
- Role of the SCIROCCO tool and its application in twinning and coaching
- Potential benefits arising from the twinning and coaching, including key learning and outcomes to be considered for the potential transferability
- Future use (impact) of the outcomes of twinning and coaching activities
- Enhancement of the SCIROCCO twinning and coaching process.

In total, five focus groups were organised, and 45 surveys were collected. The detailed measurable outcomes for this specific objective are provided in [Section 4.2 Process, outputs and outcomes evaluation](#).

## 7 Description of the activities carried per WP

### 7.1 Project Coordination (WP1)

WP1 aimed at managing the project effectively, making sure that the project was implemented on time and as planned, through the establishment of regular communication processes and channels for and between the consortium partners. This WP was led by NHS 24 and all project partners actively contributed to its activities.

The main activities of this Work Package (WP) in the reporting period of August 2017–November 2018 focused on the provision of support to consortium partners in the delivery of the project with respect to their obligations as defined in the SCIROCCO Grant Agreement (710033). This included day-to-day support to WP leaders in order to manage and implement the tasks of the individual WPs, including the consolidation of the final deliverables and other communication materials. In addition, the Project Co-ordinator worked very closely with all five SCIROCCO regions to ensure the consistency of the implementation process and its outcomes. This was facilitated by regular bi-weekly WP leaders telecoms and Consortium virtual meetings. In addition, three project assembly meetings were organised during this reporting period.

#### 7.1.1 Third Project Assembly Meeting, Lulea, 6-7 March 2018

This Third Project Assembly Meeting was hosted by Norrbotten Region. The objective of this meeting was to review the project progress, share the learning on the outcomes of the maturity assessment of healthcare system and agree on the next steps. In particular the meeting focused on the development of methodology for twinning and coaching informed by the outcomes of the maturity assessment. Progress was also reported on the evaluation activities, the refinement and development of the SCIROCCO tool and emerging lessons learned. For more information about the meeting <https://www.scirocco-project.eu/2018/07/18/from-self-assessment-to-twinning-coaching-scirocco-third-project-assembly-meeting/>.

#### 7.1.2 Fourth Project Assembly Meeting, Edinburgh, 27-28 June 2018

This Fourth Project Assembly Meeting was hosted by the Scottish Government. The objective of this meeting was to review the project's progress, share learning on the outcomes of the twinning and coaching activities and agree on the next steps. In particular, the meeting focused on the development of Action Plans capturing the outcomes of knowledge transfer activities. Progress was also reported on the evaluation activities, final refinement and development of the SCIROCCO tool and emerging lessons learned. For more information about the meeting: <https://www.scirocco-project.eu/2018/09/18/nearly-at-the-end-scirocco-final-project-assembly-meeting-in-scotland/>.

#### 7.1.3 Final Project Assembly Meeting, Brussels, 23 October 2018

This final Project Assembly Meeting was hosted by Scotland House. The objective of this meeting was to finalise the preparations for the SCIROCCO final conference on 24 October 2018. The second part of the meeting then focused on the closure activities of each WP in order to inform the inputs for the final reporting for SCIROCCO project.

## 7.2 Work Package 2 (WP2) - Communication and Exploitation

### 7.2.1 WP2 main objectives

WP2 had two main objectives:

1. Dissemination: raising awareness at European and national / regional level about the project's ambitions, lessons learned during the testing and validation phase of the B3 Maturity Model (B3-MM) and finally the project end results / outcomes.
2. Exploitation: creating the necessary organisational elements to enable the use of the B3-MM beyond the project's end by regions seeking to scale-up services or benefit from relevant good practices in other regions.

This WP was led by European Health Telematics Association (EHTEL) and all project partners actively contributed to this WP. The project carried the following activities in this reporting period of the project:

### 7.2.2 Project website and branding

The SCIROCCO website has been live since 30 June 2016 - [www.scirocco-project.eu](http://www.scirocco-project.eu). The project website works as a project-related repository of information. Its purpose was to create a reference point for all SCIROCCO dissemination activities. The website has been updated regularly and reflects all the major activities and findings of the project.

### 7.2.3 Project leaflets

Two versions of the leaflet were produced in this reporting period:

- Postcard leaflet with the objective of encouraging regions and organisations to use the SCIROCCO tool.
- Leaflet outlining the use of the SCIROCCO tool to assess the maturity requirements of Good Practices and maturity of healthcare systems, including the testimonials from the stakeholders on their experience with SCIROCCO tool and its process.

### 7.2.4 Dissemination Strategy and Action Plan

SCIROCCO Dissemination Strategy and Communication Action Plan was updated on a quarterly basis. This Dissemination Strategy combines several axes of activities such as regional and European dissemination as well as operational and policy-oriented dissemination. It also includes details on liaison with other EU projects, the EIP on AHA community and other networks.

The Action Plan describes in detail SCIROCCO's participation in European, national and regional events. SCIROCCO has actively participated in International, European and regional dissemination events, reaching an audience of approximately 1,000 beneficiaries. All dissemination activities are listed in detail in [Section 5 "Overview of Dissemination Activities"](#).

### 7.2.5 Project presentations to conferences, workshops and other meetings

A full list of SCIROCCO presentations in this reporting period is provided in [Section 3.6.2 Participation at events](#).

### 7.2.6 Final conference

The Final Conference was organised as a stand-alone event on 24 October 2018 in Scotland House in Brussels. The Conference was “the final milestone for presenting the lessons learned, and the project’s final results.

The objectives of the SCIROCCO Final Conference were:

- To showcase the uses and benefits of the SCIROCCO Maturity Model and its online self-assessment tool to European regions and organisations interested in implementation and scaling-up of integrated care. The uses and benefits included: helping regions and organisations with the assessment of their readiness for the adoption of integrated care; identification of the elements which should be considered for the transferability of a particular integrated care solution; and assistance with effective knowledge transfer through tailored twinning and coaching activities.
- To launch the Exploitation phase of the SCIROCCO project.

The main purpose of the Final Conference was to present SCIROCCO tool as a participatory tool which helps regions to:

- Understand the strengths and weaknesses of their regional context and inform national, regional and local policy-makers about potential areas of improvement;
- Adopt and transfer integrated care good practices by identifying their maturity requirements, thus facilitating knowledge transfer;
- Facilitate multi-stakeholder dialogue focused on progress towards the implementation and delivery of integrated care;
- Facilitate twinning and coaching activities between regions by helping them to understand the local conditions that enable the successful deployment of integrated care.”

The Conference brought together 72 participants in person and 30 participants joined the conference via web-streaming. All presentations, including a series of 16 interviews with project partners, are available on SCIROCCO website and can be accessed here: <https://www.scirocco-project.eu/resources/final-conference/>

### 7.2.7 Exploitation organisation

The objective of SCIROCCO’ exploitation activities was to ensure continuity in using the SCIROCCO tool and its methodologies beyond the duration of the project and identify any support measures that will be required to accelerate the use of the tool in the future. The main rationale was the continuing demand to use the tool and also the consideration to expand the Maturity Model and the tool to additional areas of active and healthy ageing. The organisation of the exploitation consisted of the following phases:

- Identification of exploitable outcomes
- Objectives and overarching principles of SCIROCCO’s exploitation
- Requirements for exploiting the project results.

All these phases are detailed in [Section 3.3 Further use of the project results](#).

## 7.3 Work Package 3 (WP3) - Evaluation

### 7.3.1 WP3 main objectives

WP3 had four key objectives:

1. To test the validity and reliability of the B3-MM as an instrument to measure the level of maturity of integrated care;
2. To measure the level of maturity of integrated care in selected sites at baseline and after scaling up activities;
3. To measure the level of knowledge translation in selected sites at baseline and after scaling up activities;
4. To assess to what extent SCIROCCO adheres to programme fidelity i.e. is implemented as intended and according to the goals that underlie its conception.

This WP was led by Vrije Universiteit Brussels (VUB) and all five SCIROCCO regions actively contributed to the tasks of this WP. The following tasks were carried out in this reporting period in the SCIROCCO project:

### 7.3.2 Testing of validity and reliability of the B3 Maturity Model for Integrated Care (B3-MM)

Following the validation of the B3-MM through the Delphi study, the objective of the validation activities was to measure the level of maturity of integrated care at baseline and one follow-up measurement, quantitative data-analysis was performed to assess the underlying structure, test-retest reliability and internal consistency of the B3-MM as described in [Section 6.2 The B3-MM applied as a tool to assess the readiness of a regional health and care systems to adopt a good practice](#).

### 7.3.3 Measuring of knowledge transfer

The construct validity of the B3-MM was assessed by using a corresponding instrument measuring the same concept. The DMIC Quick Scan based on the validated Development Model of Integrated Care (Minkman et al.) was used to test the construct validity of the SCIROCCO tool. The survey was translated into three languages (Czech, Italian and Spanish) to increase the response rate from the local sites. All stakeholders who participated in the local self-assessment processes in 5 SCIROCCO regions were to fill out the DMIC survey at baseline and one follow-up measurement. The follow-up measurement took place after completing the twinning and coaching activities among the SCIROCCO regions. In addition, a qualitative approach to capture the experience of stakeholders in knowledge transfer activities was applied as described in [Section 6.6 Knowledge transfer process evaluated](#).

### 7.3.4 Assessing implementation fidelity

The most complete conceptual framework for implementation fidelity (Carroll et al.) was used for evaluating what mechanism and factors influenced the implementation of the SCIROCCO step-based strategy. Data was collected for each of the participating sites during the entire

intervention period (April 2016-November 2018) and a multi-method approach was applied. Data collection methods included key informant interviews, non-participant observations, questionnaire studies, analysis of participants' logbooks and other project document analysis.

## 7.4 Work Package 4 (WP4) - Maturity Assessment of Good Practices

### 7.4.1 WP4 main objectives

WP4 had two main objectives:

1. Identify 30 good practices with a potential for scaling-up in five European regions by means of viability assessment.
2. Define the maturity requirements of a minimum of 15 selected good practices for their adoption in Europe.

This WP was led by Kronikgunne with an active contribution from NHS 24, AReSS Puglia, NLL, FNOL and Osakidetza as the representatives of the regional health and social care authorities. Their primary role was to collect data on 30 good practices and to assess their maturity requirements, using the validated B3-MM. The methodology and refinement of the B3-MM was actively co-designed by the UEDIN.

The following activity was performed in this reporting period:

### 7.4.2 Identification of the maturity requirements of 15 good practices for adoption in Europe

The B3 Maturity Model (B3-MM) and its online tool was tested and applied to each of these good practices to assess their maturity requirements for the potential adoption across Europe along each of the dimension of the B3-MM. Following the review of [D4.1 Guide on the Maturity Requirements of Good Practices Viable for Scaling-up](#), and the recommendations to improve the proposed methodology, the re-assessment of 15 Good Practices viable for scaling-up was conducted in the period of June-October 2018. The main findings of this revised process are outlined in [Section 3.1 Major results and key findings, their uptake and future potential use](#), [Table 1: Use of SCIROCCO tool to assess the maturity requirements of good practices](#) and also on the SCIROCCO website <https://www.scirocco-project.eu/good-practices/>.

## 7.5 Work Package 5 (WP5) - Refinement of the B3 Maturity Model (B3-MM)

### 7.5.1 WP5 main objectives

WP5 had 4 objectives:

1. To refine the B3-MM as a tool enabling multi-dimensional assessment of the capacity of health and care systems for adoption of good practice.
2. To develop a guide on how to use the B3-MM as a self-assessment tool.
3. To further refine the B3-MM as a tool to facilitate knowledge transfer activities.
4. To provide a final, validated and tested B3-MM tool to facilitate scaling-up and knowledge transfer amongst European member states.



This WP was led by the University of Edinburgh (UEDIN) and all partners actively contributed to the activities of this WP. The following activities were performed in this reporting period:

#### 7.5.2 Two refinements of the B3-MM

The B3-MM was refined in terms of the changes to the descriptions of domains and improvements in the definitions of the assessment scales. There were two rounds of refinement in this reporting period which followed two different applications of the SCIROCCO tool:

- Use of the SCIROCCO tool to assess maturity requirements of healthcare systems
- Use of the SCIROCCO tool to facilitate twinning and coaching.

The refinement process was informed by the analysis of the experience of stakeholders using the SCIROCCO tool.

#### 7.5.3 Online self-assessment tool

The first prototype of the SCIROCCO online self-assessment tool has been available since December 2016 and can be accessed by all stakeholders interested in using the tool here: <http://scirocco-project-msa.inf.ed.ac.uk/login/>. The early introduction of the tool allowed for the implementation of real user-centred design, focusing on the needs, expectations and also limitations of its end-users. The users of the tool were involved throughout all iterative phases of the tool development in the form of feedback questionnaires or direct interviews which resulted in continuous refinement and improvement. The outcomes then informed the technical development of the tool which progressed on a regular basis to reflect the different requirements for the improvement and refinement. The design options were regularly presented to the Consortium partners to inform improvements to the tool.

This co-designed, bottom-up approach was a critical success factor in the high interest in, and uptake of, the SCIROCCO tool. Information on the added value and use of the SCIROCCO tool is provided in [Section 3.1 Major results and key findings, their update and future potential use](#).

#### 7.5.4 Methodology / Guide on how to use the SCIROCCO online self-assessment tool

Three sets of methodologies were designed for the use of the SCIROCCO tool:

- Methodology to assess the maturity requirements of good practices for the purpose of WP4;
- Methodology to assess the maturity of health and social care systems that was being tested for the purpose of WP6;
- Methodology to facilitate the twinning and coaching processes.

A detailed guide on how to use the SCIROCCO tool for these three purposes was developed. The full set of instructions is also included directly in the online version of the SCIROCCO tool. In addition, a number of supportive training materials and demo videos were developed that can be accessed here: <https://www.scirocco-project.eu/scirocco-tool/>.

## 7.6 Work Package 6 (WP6) Self-assessment

### 7.6.1 WP6 main objectives

This WP has three objectives:

1. Assess five European regions in terms of their maturity for the adoption of good practices in integrated care provision.
2. Identify strengths and weaknesses of the five European regions in the adoption of integrated care interventions (good practices).
3. Test the B3 Maturity Model (B3-MM) as the tool enabling multi-dimensional comparison.

This WP was led by the Norrbotten Region with an active contribution of the regional health and social care authorities AReSS Puglia, FNOL, NHS 24 and Osakidetza. The methodology for the self-assessment and capturing the experience of regions with the SCIROCCO tool was designed with the support of UEDIN, EHTEL and UVEG.

The following tasks were performed during this reporting period:

### 7.6.2 Self-assessment process in five SCIROCCO regions

The objective of the self-assessment was to assess the maturity of regional health and social care systems in integrated care, using the SCIROCCO online tool. The self-assessment process in all five SCIROCCO regions consisted of the following steps:

#### a) Identification of national / regional stakeholders

Based on initial stakeholder analysis carried out in each region, it was agreed that a self-assessment team should consist of a maximum 10 people. They should be representatives of various disciplines (e.g. decision-maker, healthcare profession, IT specialists, regulators, payers, user group, etc.), sectors (e.g. healthcare, social care, housing and voluntary sector) and position in the organisation (seniority level). In total, more than 50 national and regional participants were identified in the SCIROCCO regions. A range of supportive documents were provided to the local stakeholders about SCIROCCO's objectives and methodology for the self-assessment.

#### b) Self-assessment survey

All identified stakeholders were invited to register to use the SCIROCCO online tool and construct their individual responses using the tool. As this is a self-assessment process, the respondents were asked to provide their individual perceptions / opinions on the way integrated care is designed and deployed in their regions.

#### c) Data collection / data analysis

The outcomes of the survey were captured in the form of individual spider diagrams. The involvement of the multi-disciplinary team in the assessment process implied the different spider diagrams for each stakeholder. The local project co-ordinators then mapped and analysed these preliminary findings to inform the preparation of the local stakeholder workshop.

#### d) Stakeholders workshop

At this stage, the full multi-disciplinary team was invited for a face-to-face meeting to discuss the preliminary self-assessment findings. The objective of this workshop was to negotiate and find the consensus on the final spider diagram, reflecting the strengths and weaknesses in integrated care of a particular region. The discussion was mainly focused on the dimensions with the greatest diversity of scoring. The group's decisions were recorded as a single response questionnaire / spider diagram. The tool overlaid the individual responses and illustrated the justifications of all stakeholders in each of the 12 dimensions of the B3-MM

#### e) Summary of results and feedback on the process

Analysis of the outcomes (gap analysis) of the self-assessment process was conducted to identify the strengths and weaknesses of a particular region in integrated care. The outcomes of this self-assessment process then informed the following twinning and coaching activities with the objective of addressing a particular gap or need.

The outcomes of the self-assessment process also directly informed further improvement and refinement of the B3-MM and its online self-assessment tool. The experience of stakeholders in the self-assessment process were captured through the focus group meetings which were organised as part of stakeholders' workshops. Further details on the experience and findings of the self-assessment process are provided in [Section 3.1 Major results and key findings, their uptake and future potential use](#) and also on the SCIROCCO website <https://www.scirocco-project.eu/regions-self-assessment/>.

## 7.7 Work Package 7 (WP7) Knowledge Transfer

### 7.7.1 WP7 main objectives

WP7 had two main objectives:

1. Facilitate the process of scaling-up using the B3 Maturity Model (B3-MM) in the twinning and coaching activities across five European regions.
2. Test the B3-MM in real life settings to facilitate the process of information sharing and knowledge transfer across five European regions.

This WP was led by the AReSS Puglia with active contributions from FNOL, NHS 24, Norrbotten Region and Osakidetza as the representatives of national and regional authorities. In addition, VUB, UVEG and EHTEL were actively involved. The following tasks were performed during this reporting period:

### 7.7.2 Twinning and coaching process

The objective of this task was to:

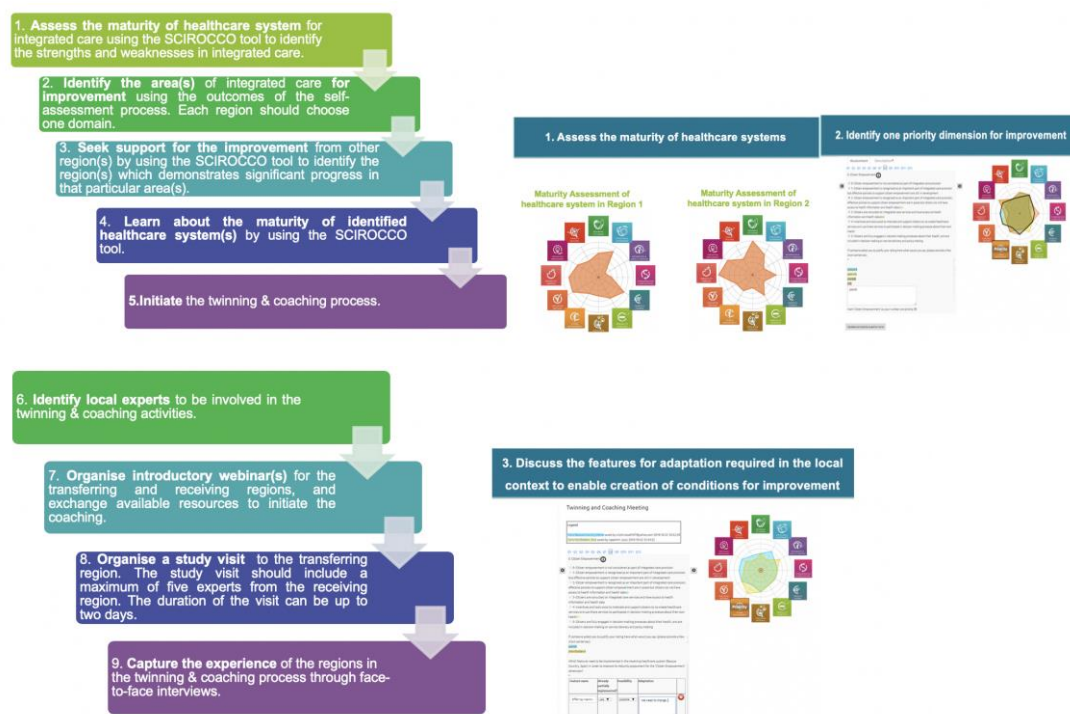
- [Facilitate the process of knowledge transfer](#) and information sharing among the European regions and organisations using the SCIROCCO tool;

- Facilitate multi-disciplinary dialogues between transferring<sup>33</sup> and receiving<sup>34</sup> regions and organisations to inform the transferability of learning;
- Capture learning about the local conditions enabling adoption of integrated care and assess feasibility of transferring the learning to different local contexts;
- Provide the basis for improving the maturity of a particular healthcare system for the adoption of integrated care;
- Inform about the priority actions, including policy recommendations on how to create and/or improve local context for integrated care.

For this purpose, methodology for twinning and coaching was designed and informed by:

- Understanding of the maturity requirements of good practices for their adoption and transferability informed by the SCIROCCO tool;
- Understanding of the maturity of local context for adoption of a particular good practice and/or improvement of a particular domain of integrated care informed by the SCIROCCO tool.

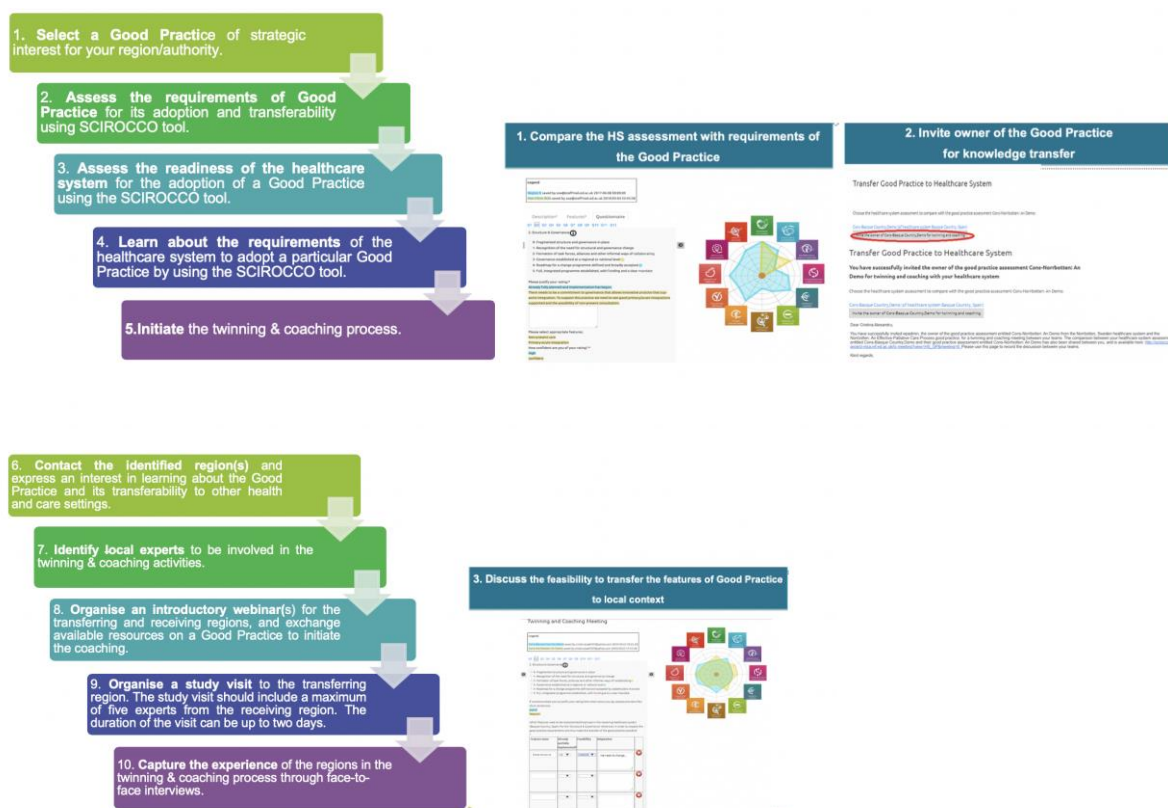
The following figures illustrates the methodology process for twinning and coaching informed by the maturity assessment of the healthcare system:



<sup>33</sup> For the purpose of SCIROCCO project the transferring region is defined as a region/authority which has already made progress on implementing integrated care and which possesses essential know-how and good practice. This region/authority will act as a “coaching” partner in the knowledge transfer activities.

<sup>34</sup> For the purpose of SCIROCCO project, the receiving region is defined as a region/authority which is ready to embark on the transition to integrated care and seek support and know-how in order to deploy a particular good practice and/or improve a specific domain of integrated care. This region/authority will act as the “learning” partner in the knowledge transfer activities.

The following figures illustrates the methodology process for twinning and coaching informed by the maturity requirements of good practices:

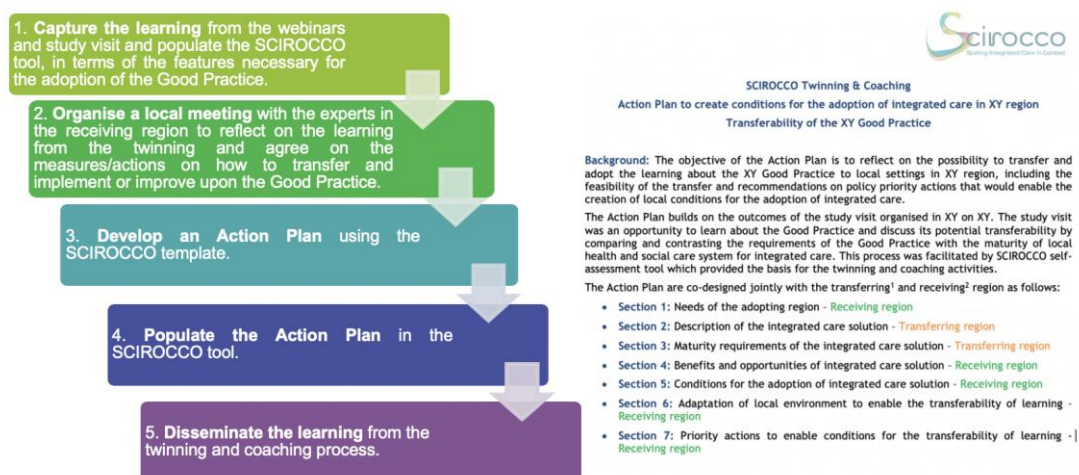


In total, five twinning and coaching actions were conducted as described in Section 6.4 Complete transfer and scaling-up process using the B3-MM (twinning and coaching to facilitate knowledge transfer).

### 7.7.3 Action Plans

The outcomes of the twinning and coaching were captured in the form of Action Plans which were co-designed by both transferring and receiving regions. In total, 7 Action Plans were developed and they are all uploaded into the SCIROCCO tool. The figure below illustrates the process and structure of the Action Plans.





For more details on the main findings and use of the SCIROCCO tool in the process of twinning and coaching please see [Section 3.1 Major results and key findings, their uptake and future use](#) and also the SCIROCCO website: <https://www.scirocco-project.eu/twinning-and-coaching/>.

## 7.8 Work Package 8 (WP8) Lessons Learned and Policy Implications

### 7.8.1 WP8 main objectives

WP8 had four main objectives:

1. Collect lessons learned on the process of knowledge transfer using the B3-MM.
2. Inform decision-makers about the potential of the B3-MM to facilitate the scaling-up and exchange of good practices in the provision of integrated care in Europe.
3. Analyse the role of policy in facilitating the knowledge transfer.
4. Support preparation of the exploitation phase of the B3-MM as described in the WP2 Communication and Exploitation.

This WP was led by the University of Valencia (UVEG) with active support from all project partners. The following activities were performed in this reporting period:

### 7.8.2 Analysis of the experience of knowledge transfer

This activity aimed to monitor and analyse the activities of the WP4, WP6 and WP7, where the B3-MM and its online self-assessment tool was used for testing purposes in the process of self-assessment, and twinning and coaching. For this purpose, focus group meetings were organised with the local stakeholders who participated in the testing of the SCIROCCO tool. Detailed guidelines and methodology on how to run the focus group was developed and communicated with the project partners.

The objective of these meetings was to:

- capture the experience of stakeholders in using the tool;
- learn about the further improvement and enhancement of the tool;
- identify the main issues of adoption and scaling-up of integrated care;

- provide recommendations on how the SCIROCCO tool can support the adoption and scaling-up of integrated care
- provide useful insights on the exploitation of the tool in terms of its implications for policy-making.

In total, 15 focus group meetings were conducted in the SCIROCCO project. For more information about the process and outcomes of the analysis please see [Section 3.1 Major results and key findings, their uptake and future potential use](#) and [Section 6.3 European regions evaluated to assess their readiness to adopt integrated care interventions](#).

The outcomes of the focus group meetings then informed the development of policy recommendations. The Policy Advisory Group was established consisting of the representatives from a wide range of European networks and organisations as described in [Section 1.1.2 Coordination with other projects and activities at national, European and international level](#) and of representatives from national and regional healthcare authorities participating in the project. The objective of this work was to inform about the areas where policy support can act as an incentive or accelerator of knowledge transfer and exchange of good practices, using the B3-MM and its online self-assessment tool. The outcomes were then captured in the form of a White Paper outlining the main issues of adopting and scaling-up integrated care and how the SCIROCCO tool can help regions to overcome them. For more information on main findings please see [Section 2.6.8 White Paper on the issues of scaling-up](#).



## 8 Follow-up of recommendations and comments from previous review(s)

There was a recommendation to improve the assessment methodology for good practices in the review process of D4.1 Guide on Maturity Requirements of Good Practices Viable for Scaling Up in February 2017. This was due to ambiguous differences in the outcomes of the maturity assessment across the five SCIROCO regions. It was agreed to improve the methodology and re-assess all 15 Good Practices.

As a result, the following changes in the methodology were proposed:

- **Definition of the term “maturity requirements”** - the revised methodology specified that requirements refer to the features in the environment which are concrete “things” that are needed for the particular good practice to be adopted and implemented. Without these features the implementation of good practice would not be possible.
- **Introduction of multi-disciplinary teams** - compared to the initial methodology when the assessment was done by the individual owning the good practice, in the revised methodology the need for a multi-disciplinary team was introduced in order to get much more tangible assessment outcomes. The multi-disciplinary team needs to involve at least 4-8 stakeholders, comprising two sub-teams:
  - **The “practice team”** who know in detail about the particular good practice (ideally, they are involved in the operational delivery of the practice).
  - **The “system team”** who know about the healthcare system and who understand how the good practice is supported by the healthcare system, or at least know the characteristics of the healthcare system.
- **Refinement of the SCIROCCO tool** - a new functionality was developed in order to capture the need to identify the features of the good practices that are necessary for the good practice to be developed and scaled-up.
- **Consensus-building workshop** - the introduction of multi-disciplinary teams also required the need to organise face-to-face meetings to allow discussing the different perspectives and reaching consensus on the requirements of good practice for its adoption.

All 15 Good Practices we re-assessed using this refined methodology and the main findings are summarised in [Section 3.1 Major results and key findings, their uptake and future potential use](#); [Table 1: Use of SCIROCCO tool to assess the maturity requirements of good practices](#).

## 9 Deviations from Annex 1

All tasks and critical objectives as defined in the SCIROCCO Grant Agreement were fully implemented and achieved during the duration of the project. The only deviation was observed in terms of schedule and timeline of some of the project activities.

The following deviations were observed during this reporting period for SCIROCCO:

### 9.1 Re-assessment of good practices (WP4)

Due to the outcomes of the review of D4.1 Maturity requirements of Good Practices as described in the [Section 8 Follow-up recommendations and comments from the previous review](#), the Consortium committed to re-assess the maturity requirements of the 15 Good Practices. The re-assessment took place in June-October 2018, followed by the detailed analysis of the outcomes. As a result, the updated D4.1 deliverable was then re-submitted in October 2018.

The commitment to re-assess the Good Practices had a direct impact on the following tasks and Work Packages:

- WP3 Evaluation - the outcomes of this task served as the basis to inform the evaluation of the SCIROCCO Maturity Model and its online tool as a tool to facilitate the knowledge transfer and exchange of good practices. For this purpose, the follow-up measurement using DMIC survey was delayed until the end of twinning and coaching activities in September 2018 to allow the completion of the re-assessment.
- WP7 Knowledge Transfer - the outcomes of this task served as the basis to inform the twinning and coaching informed by the requirements of Good Practices as explained in [Section 7.7 WP7 Knowledge Transfer](#). To mitigate the delays in twinning and coaching activities, it was agreed to prioritise the re-assessment of the Good Practices that were of interest for the knowledge transfer process.
- WP8 Lessons Learned - The outcomes of this task provided the inputs for the analysis of stakeholders' experience in using the SCIROCCO tool to assess the maturity requirements of Good Practices. To mitigate the delays in collecting lesson learned, it was agreed that qualitative interviews would be conducted by local project co-ordinators rather than the leader of WP8 (UVEG) who was also responsible for the analysis of the outcomes.

### 9.2 Delays in analysing the outcomes of local self-assessment processes (WP6)

Planning for the WP6 and organisation of the self-assessment process started on time in December 2016, including the methodology for the self-assessment that was due in February 2017. However, the first completed draft of methodology was presented to the project partners in April 2017. These delays were caused by more in-depth discussions among the representatives of regions on the definitions of health and social systems and integrated care in their respective regions which had a direct impact on the planning of these processes locally. This became extremely critical for the Olomouc Region in the Czech Republic where the concept of integrated care was not strongly developed and implemented. As a result, further changes were introduced to the tool to allow the option to choose the health and

social care system to perform the self-assessment. To avoid further delays, local engagement was initiated to start communicating about the objectives and added value of the self-assessment in respective regions.

Other issues emerged during the engagement and communication with local stakeholders associated with inviting them to participate in the self-assessment process. It became obvious that the local stakeholders needed much more support from the local project co-ordinators in order to participate in this exercise. Language was reported as an on-going issue as the SCIROCCO tool was available only in English at that time. As a result, a set of educational and training documents were prepared as well as illustrative videos on how to use the SCIROCCO Maturity Model in the self-assessment process. It was also agreed to translate the tool into three additional languages (Czech, Italian and Spanish). This caused delays in organising the local self-assessment processes as the introduction of new languages required further testing and updating of a number of supportive documents and materials produced for this purpose. The partners started issuing the self-assessment surveys after a 2-3 month delay, depending on the project partner. Two regions, Basque Country and Norrbotten Region, completed the full self-assessment process in June 2017. The self-assessment processes in Puglia Region, Olomouc Region and Scotland were completed by November 2017. The outcomes of the self-assessment process were then analysed during the period of November 2017 - February 2018 which had an impact on a number of tasks and Work Packages:

- WP7 Knowledge Transfer - The outcomes of the self-assessment process should have informed the focus of the future knowledge transfer activities and focus of the regional Action Plans to reflect the gaps identified during the self-assessment. It should have also helped to cluster the regions for the purpose of twinning and coaching in terms of complementarity of the regions' strengths and weaknesses in integrated care. To mitigate the potential delays in activities of the WP7, it was agreed to progress with the design of the methodology for twinning and coaching so that the regions can start with their testing immediately after the completion of the analysis of their self-assessment outcomes.
- WP8 Lessons Learned - To capture the experience of regions in using the SCIROCCO tool to assess the maturity of health and social care systems, the concept of focus groups was introduced. The focus groups were organised after the consensus-building workshop. To mitigate further delays, it was agreed that the focus groups in Puglia Region, Olomouc Region and Scotland were organised on the same day as their local stakeholder workshops.

In addition, the delays in submitting the Deliverable in M17 were caused by delays in producing local reports on the outcomes of the self-assessment and focus group meetings which were the responsibility of local project co-ordinators as many of these activities were conducted in local languages. As a result, the completed self-assessment reports were available in September-October 2018.

### 9.3 Delays in organising twinning and coaching activities (WP7)

Planning of the activities of WP7 Knowledge Transfer were fully dependent on the outcomes of WP4 (Maturity requirements in selected good practices) and WP6 (Self-assessment). Specifically, this process was informed by the requirements of Good Practices viable for

scaling up and maturity of healthcare systems for integrated care. Due to delays explained in [Sections 9.1 Re-assessment of Good Practices](#) and [9.2 Delays in analysing the outcomes of the self-assessment process](#), the twinning and coaching processes were organised in February 2018 rather than August 2017, a delay of 6 months. This delay was mitigated through the parallel development of the SCIROCCO methodology for twinning and coaching which allowed an immediate start with the testing of the methodology and its implications for the refinement and development of the SCIROCCO tool. As a result, the use of the SCIROCCO methodology was executed in May-October 2018, including the development of regional Action Plans, which required the involvement of all stakeholders involved.

The outcomes of this task had an impact on the activities of two Work Packages:

- WP3 Evaluation - to measure the knowledge transfer and the role of the SCIROCCO tool, the DMIC survey with one baseline and follow-up measure was introduced. Due to delays in analysing the self-assessment outcomes and subsequent impact on the planning of knowledge transfer activities, the follow-up measurement took place in September 2018 rather than August 2017. In addition, the qualitative interviews were introduced. To mitigate the delays in launching the twinning and coaching activities, it was agreed to conduct the qualitative interviews as part of the study visit programme. The evaluation questions were embedded in the focus group guidelines and the focus group meetings were conducted jointly by the WP3 and WP8 leaders.
- WP8 Lessons Learned - to capture the experience of regions in using the SCIROCCO tool to facilitate the knowledge transfer activities, the concept of focus groups was introduced. To mitigate the delays in capturing the lessons learned, it was agreed that the focus groups will be embedded as part of the study visits and they will be organised on the day 2 of the programme. As a result, no additional planning was required.

## 9.4 Impact of delays on project budget allocations

The above delays had no impact on the allocation of resources.

In general, no major deviation in allocation of resources per Work Package as outlined in Annex 1 (Description of the Action) of the SCIROCCO Grant Agreement, was observed during this reporting period. The budget spending was in line with the anticipated efforts of the individual project partners. The SCIROCCO budget was constructed around the extensive skills available within the consortium of partners and their complimentary alignment with the aims and objectives of the proposed work. The highest distribution of effort was observed in WP6 Self-assessment, along with the efforts in the activities of the maturity assessment of good practices WP4 Maturity Assessment of Good Practices and WP7 Twinning and Coaching which was in line with anticipated spending.

The following Table outlines the actual use of resources per WP compared to initial planning:

Table 4: Use of resources in SCIROCCO project

Partner	WP 1	WP 2	WP 3	WP4	WP5	WP6	WP7	WP8	Total PM Planned	Total Actual PM
1 NHS 24	7	2	1	4	1	10	10	2	37	38.35
2 UEDIN	1	1	0	0	12	2	2	2	20	20.77
3 VUB	1	1	20	0	2	2	2	2	30	33.28
4 UVEG	1	1	7	0	0	0	4	7	20	21.47
5 Kronikgune	1	1	1	10	1	7	10	2	28	34.38
6 Osakidetza	0	1	0	4	1	10	10	2	23	32.32
7 ARES PUGLI	1	1	1	4	1	10	12	2	32	33.60
8 FNOL	0	1	1	4	1	10	10	2	29	40.89
9 NLL	1	1	1	4	1	12	10	2	32	33.27
10 EHTEL	1	7	0	0	0	0	0	4	12	14.56
Total PMs Planned	14	17	32	30	20	63	60	27	263	302.89
Total Actual PMs	22.79	30.51	50.31	22.78	30.31	56.28	55.91	34.00	302.89	

## 9.5 Unforeseen subcontracting

There was no subcontracting in SCIROCCO project.