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## Executive Summary

SCIROCCO aims to support the adoption and scaling-up of integrated care by facilitating effective knowledge transfer and exchange of good practices in integrated care at local, regional or country level. As such, it is important to consider the local context in which a good practice has been developed and conditions for the transferability of learning embedded in a good practice to different settings.

A key notion of the SCIROCCO Maturity Model is that of context and transferability. It is derived from work undertaken by the European Innovation Partnership on Active and Healthy Ageing B3 Action Group on Integrated Care. The SCIROCCO project has validated, tested and operationalised the Maturity Model in the form of an easy-to-use online self-assessment tool that focuses on helping regions to scale up integrated care.

SCIROCCO explores how European regions can:

- Receive practical support for the scaling-up of good practices that promote active and healthy ageing and participation in the community.
- Improve their capacity and readiness for the adoption and scaling-up of integrated care.
- Develop a strong basis for successful twinning and coaching that will facilitate their shared learning, exchange of good practices and scaling-up of integrated care.
- Improve informed decision-making on the future actions and priorities for the improvement of local conditions enabling the adoption and scaling up of integrated care.

## 1. Introduction

In 2012, the European Commission set up the B3 Action Group on Integrated Care as one of Action Groups of the European Innovation Partnership on Active and Healthy Ageing (EIP on AHA). The aim of this initiative was to increase healthy life years of European citizens through **scaling up of innovative active and healthy ageing solutions**. Scaling up describes the process of **enlarging the coverage of health and care interventions**; it can also refer to increases in the financial, human and capital resources needed to expand this enlargement<sup>1</sup>.

**The successful adoption and / or transfer of a complex integrated care innovation involves several steps**. It needs organic evolution, responsiveness and adaptability to the local healthcare system, driven by support from front-line staff and management. Generally, the shift requires all stakeholders to adapt a long journey of change, strong and committed leadership and on-going capacity-building support.

As a result, it is **vital to determine how good practices in different contexts and regions materialise**, and act on this, to speed up the adoption and scaling-up of integrated care in Europe. This is where the **SCIROCCO project** and **its outcomes** can help regions to progress and advance implementation of integrated care solutions.

SCIROCCO's aim was to develop a validated and tested **self-assessment tool** that will facilitate the **successful scaling-up and transfer of good practices** in integrated care across European regions. The SCIROCCO project explored how, by matching the complementary strengths and weaknesses in integrated care of different regions, **regions can**:

- **Receive practical support for the scaling-up of good practices** that promote active and healthy ageing and participation in the community.
- **Improve their capacity and readiness for integrated care** through effective knowledge transfer and successful twinning and coaching activities.

To address these ambitions, the SCIROCCO tool was developed, validated and tested in order to help regions to identify:

- The **contextual requirements of a good practice** for its adoption and transferability.
- The **level of maturity** needed in a health and social care system for it to adopt a particular good practice.
- The **actions that more progressive regions have taken** to progress integrated care and **assess to what extent, and under which circumstances, these actions can be transferred** to accelerate the uptake and scaling up of integrated care.

Ultimately, the **SCIROCCO tool was applied in five SCIROCCO regions**; Basque Country, Spain; Olomouc, Czech Republic; Puglia, Italy; Norrbotten, Sweden; and Scotland,

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<sup>1</sup> Mangham LJ, Hanson K. Scaling up in international health: what are the key issues? Health Policy Plan. 2010;25(2):85-96

United Kingdom. In addition, over 60 other regions and organisations in Europe and beyond tested the Tool and informed its refinement and improvement.

## 2. What is the SCIROCCO tool?

The SCIROCCO tool for integrated care is an online self-assessment tool designed to address the challenges of adopting and scaling-up integrated care solutions. It builds on the conceptual Maturity Model<sup>2</sup> which was developed by the B3 Action Group on Integrated Care of the EIP on AHA.

The original investigatory work undertaken in 2014-2015 was based on a series of interviews with 12 national and regional healthcare authorities<sup>3</sup> responsible for the design and implementation of integrated care. The objective of these qualitative interviews was to capture the experience of European regions in implementing integrated care, including main successes, failures and also future plans. The outcomes of the interviews were captured in the form of a Maturity Model as follows:



*Figure 1: SCIROCCO Maturity Model*

In the Maturity Model, the many activities that need to be managed in order to deliver integrated care have been grouped into 12 dimensions, each of them addressing part of the overall effort. Each dimension needs to be considered, the current situation assessed, and a measure of maturity allocated to the domain.

However, further validation and testing was required in order to develop the Maturity Model as an online user-friendly tool which can support the regions and organisations in implementing integrated care. This work was undertaken by the SCIROCCO project in 2016-2018.

<sup>2</sup> <https://www.scirocco-project.eu/maturitymodel/>

<sup>3</sup> These were namely; Attica, Basque Country, Catalonia, Galicia, Netherlands, Northern Ireland, Olomouc Region, Puglia Region, Saxony, Scotland, Skane and Southern Denmark.



*Figure 2: From B3 Maturity Model to SCIROCCO self-assessment tool*

As a result, the SCIROCCO online self-assessment tool was designed and can be accessed using the following link <http://scirocco-project-msa.inf.ed.ac.uk/login/>.

The objective of the SCIROCCO tool is to assess the readiness and capacity of a particular organisation, country and/or region to adopt and scale-up integrated care solutions by capturing stakeholders' perceptions of current progress with integration. Specifically, the SCIROCCO tool helps local leaders and organisations to:

- Understand the local conditions enabling the adoption and scaling-up of integrated care solutions to address the challenges of an ageing population;
- Understand the strengths and weaknesses of the local environment for integrated care and inform national, regional and local policy-makers about system barriers and potential areas for improvement;
- Facilitate multi-stakeholder dialogue on progress towards the improvement of the implementation and delivery of integrated care;
- Facilitate knowledge transfer and capacity-building activities that help leaders, countries, regions and/or organisations to better understand the local conditions that enable the successful deployment of integrated care.

### 3. How to use the SCIROCCO Tool

A region can use the SCIROCCO tool in four main ways, to:

- Understand the strengths and weaknesses of their regional context in integrated care and inform local, regional, and national policy-makers about potential areas of improvement.
- Adopt and transfer integrated care good practices by identifying their requirements for transferability, thus facilitating knowledge exchange.
- Make possible multi-stakeholder dialogues focused on making progress towards the implementation and delivery of integrated care.

- Facilitate twinning and coaching activities between regions by helping to understand the local conditions that enable the successful deployment of integrated care.

SCIROCCO tool users are supported in their work by an on-line questionnaire which:

- Is organised in 12 domains with the assessment scale of 0 to 5;
- Results in a radar diagram that summarises all the assessment outcomes given by a particular user;
- Offers the possibility to compare the radar diagrams (assessment outcomes) of different users to support building a consensus and/or establish effective twinning and coaching activities on a shared (final) radar diagram<sup>4</sup>.

In addition, a number of supportive illustrative materials were developed to help potential users to use the SCIROCCO tool for:

- Assessing the **maturity** of a health and care system towards integrated care: <https://www.scirocco-project.eu/maturitymodel/>
- Assessing the maturity requirements of a particular **good practice** relevant to integrated care: <https://www.scirocco-project.eu/good-practices/>
- Facilitating knowledge transfer and **twinning and coaching** between regions with the objective of enabling the visiting region to define an action plan that describes the conditions for creating integrated care and transferring a good practice from one region to another: <https://www.scirocco-project.eu/twinning-and-coaching/>

## 4. Added value of the SCIROCCO tool

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 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 for 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.

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<sup>4</sup> For more detail, see: <https://www.scirocco-project.eu/maturity-model-in-practice-scirocco-assessment-tool/>.



- The tool provides reassurance and guidance on what is happening in local regions and organisations and confirms future areas for 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 by 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*.

## 5. Key findings using the SCIROCCO tool

**Use of SCIROCCO tool to assess the maturity requirements of Good Practices**

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

- The use of a fully integrated EHR that is accessible to all professionals
- The use of tele-consultations between primary care and the hospital
- The use of a Personal health folder, accessible for the entire population, which allows intercommunication between them and the health professionals
- Have cohesive structures between primary and specialized care and common communication channels and tools.
- It would be desirable to have integrated the social sector.
- The Personal health folder is used as a tool for patient empowerment. Using it, patients can interact with the clinicians. This procedure replaces some face-to-face consultations



**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.

## Use of 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.

### Use of the SCIROCCO tool to facilitate twinning and coaching

#### Twinning & Coaching Process - Outcomes



#### Main findings:

1. Knowledge transfer is an enabler of capacity-building support and improvement in the adoption and scaling-up of integrated care.
2. Effective knowledge transfer requires dedicated support to ensure that the flow of appropriate information and learning between receiving and transferring entities is tailored to the local context and maturity of the particular healthcare system seeking support.
3. The maturity of healthcare systems and requirements of the good practice (for its adoption and transferability) need to be recognised in order to facilitate effective evidence-based knowledge transfer.
4. The SCIROCCO tool can help to match regions with complementary strengths and weaknesses and tailor knowledge transfer to address a particular need and/or gap in integrated care.
5. The SCIROCCO tool can help potential adopters to understand the actions that more progressive regions have taken in order to be successful and the contextual requirements for the transferability of these actions.

6. The SCIROCCO tool can guide potential adopters through the learning process and identify commonalities and differences in the maturity of their local context for 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.

## 6. Impact and outcomes of the project in SCIROCCO regions

A brief description of the impact and outcomes of the project in the five SCIROCCO regions is summarised in the Table below:

IMPACT AND OUTCOMES				
Basque Country	Norrbottn	Scotland	Olomouc	Puglia
<p>The SCIROCCO tool has helped to:</p> <ul style="list-style-type: none"> <li>• Inform a <b>comprehensive understanding of progress</b> towards integrated healthcare system.</li> <li>• <b>Reflect on the system and its evolution</b> but may not produce a short-term impact.</li> <li>• <b>Generate knowledge</b> on the maturity of the healthcare system and <b>raises awareness</b> of the readiness and areas of improvement for the adoption of integrated care.</li> </ul>	<p>The SCIROCCO tool has helped to:</p> <ul style="list-style-type: none"> <li>• <b>Build a commitment to use the SCIROCCO tool locally more regularly</b> e.g., once a year; and analyse which dimensions improve, in terms of their maturity to adopt integrated care.</li> <li>• Identify the <b>use of the SCIROCCO tool for other purposes</b>; e.g. using it before new projects start to assess the progress.</li> <li>• <b>Help to present good arguments</b> about the rationale(s) for change to managers.</li> </ul>	<p>The SCIROCCO tool has helped to:</p> <ul style="list-style-type: none"> <li>• Re-emphasise the importance of looking at <b>“wider context”</b> enabling the adoption and scaling-up of integrated care rather than focusing on technology solutions only.</li> <li>• Provide reassurance on what is happening in local health and social care partnerships and inform about the areas of future improvement and change management.</li> <li>• <b>Build learning</b> about how to improve local conditions enabling integrated care in <b>step-by-step, consistent and coherent ways</b>.</li> </ul>	<p>The SCIROCCO tool has helped to:</p> <ul style="list-style-type: none"> <li>• <b>Increase awareness</b> about the need and importance of transforming the local system towards integrated care.</li> <li>• <b>Provide guidance</b> on important aspects of integrated care in the planning of implementation strategies.</li> <li>• <b>Shows the importance of collaborative working and sharing</b> when designing and implementing integrated care.</li> </ul>	<p>The SCIROCCO tool has helped to:</p> <ul style="list-style-type: none"> <li>• <b>Provide local decision-makers with useful arguments and evidence</b> on the need to change and/or improve particular aspect of integrated care.</li> <li>• <b>inform future improvement planning</b> across a number of dimensions of integrated care.</li> <li>• <b>Assist with constructive discussions and relationships-building</b> across a diversity of disciplines and stakeholders involved.</li> </ul>

## 7. Lessons learned

As a result of these project activities, there were two main lessons learned which informed the future improvement of SCIROCCO tool and its use:

- **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>5</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, one of SCIROCCO regions, was the most striking example. The concept of integrated care is very new there, hence the assessment process proved to be a very complex task for the region, especially when it came to engagement with local stakeholders.

## 8. Policy recommendations

As a result of discussions with the SCIROCCO project's policy-makers, and representatives of regional and international policy-making in not-for-profit associations, a number of potential policy recommendations were drawn. They apply in the first instance to local or regional settings, but they may also have much wider (global) implications.

SCIROCCO's lessons learned, findings, and conclusions, indicate that in Europe – and possibly more widely – there is a need to:

- **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.

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<sup>5</sup> Guillemain, 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.

### “Get ready!”

- **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.

### “Speed up”

- **Use tools and methodologies that support the process of scaling-up**  
SCIROCCO is one of a bundle of tools that can support the scaling-up of integrated care. SCIROCCO enables the gathering of good practices in integrated care across Europe.

### “Use SCIROCCO”

- **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 the SCIROCCO tool helps the process of building evidence.

### “Build the 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.

### “Learn from others”

- **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.

### “Work together”

## 9. What is next?

While the SCIROCCO project itself has ended:

- The Tool will continue to be used by SCIROCCO regions and other interested stakeholders;
- The Tool will be further refined and developed through new EU Health Programme project SCIROCCO Exchange that started on 1 January 2019.



The SCIROCCO Exchange project will support the readiness and capacity of health and social care authorities for the adoption and scaling-up of integrated care by facilitating their access to tailored, evidence-based assets on integrated care and supporting personalised knowledge transfer and improvement planning.

SCIROCCO Exchange will maximise the value and impact of the SCIROCCO Model and the SCIROCCO validated online self-assessment tool for integrated care by:

- Facilitating the assessment of the maturity of regions' local environment(s) and readiness for the adoption and scaling-up of integrated care.
- Developing a Knowledge Management Hub to facilitate regions' access to capacity-building support.
- Co-designing personalised assistance for European regions involved in integrated care.
- Using the outcomes of knowledge transfer and capacity-building activities to co-design Improvement Plans.
- Exploring the potential expansion of the SCIROCCO Maturity Model and its online self-assessment tool for integrated care to other relevant areas of active and healthy ageing.