

Action Plan to create conditions for the adoption of integrated care in Basque Country - Improvement of engagement of third sector in the provision of integrated care in Scotland

Background: The objective of the Action Plan is to reflect on the possibility to transfer and adopt the learning about the role and involvement of third sector in the provision of integrated care in Scotland to local settings in the Basque Country, including the feasibility of the transfer and recommendations on policy priority actions that would enable the creation of local conditions for the adoption of integrated care.

The Action Plan builds on the outcomes of the study visit organised in Scotland on 4-5 September 2018. The study visit was an opportunity to learn about the role of the third sector in the provision of integrated care in Scotland and discuss a potential transferability of learning by comparing and contrasting the maturity of the healthcare system in Scotland with the maturity of local health and social care system in the Basque Country. As such, the Action Plan can inform the health and social care authorities about the future strategies and policies related to the role of third sector in the provision of integrated care in the Basque Country. This process was facilitated by SCIROCCO self-assessment tool which provided the basis for the twinning and coaching activities.

The Action Plan is co-designed jointly by Scotland as the transferring region and the Basque Country as the receiving region 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 adoption of integrated care solution - **Receiving region**
- **Section 7:** Priority actions to enable conditions for the adoption of integrated care solution: **Receiving region**

1. Needs of the receiving region - The Basque Country

In 2010, the Basque Country has started developing the Osakidetza's Care Integration Plan¹ with an objective to transform the healthcare system and respond to increased challenges of ageing, chronicity and dependency. The ambition of the Plan is to provide a coherence, promote changes in healthcare management and seek synergies between the different levels of care (primary and hospital) in order to ensure less fragmented, more efficient and higher quality care. On 3 July 2018, the Department of Health formalised the 100/2018 DECREE of the Osakidetza Integrated Care Organisation (ICO)². As a result, a total of 13 Integrated Care Organisations (ICOs) have been established which bring together public primary and hospital care structures of a specific geographical area. The provision of social services is out of scope of the ICOs.

The health and social sectors are managed by two separate Ministries with different competences, budgets and government structures. In order to respond to social and healthcare needs, the Basque Government is committed to a model of social and health coordination which is essential to ensure that organisations work together to guarantee the continuum of care for citizens. The model promotes the coordination of professionals and different levels of care in order to provide an integrated response to the population needs.

Social initiative and social intervention organisations are a fundamental asset of the Basque's society. Their contribution is essential to build a society that is both fair and supportive, egalitarian and cohesive, democratic and participative. These organisations are also very well placed to respond to social needs in a more appropriate way by promoting integral, close and personalised collaborations between the sectors, people, families, collectives or communities.

Basque's society has an extensive and active social fabric made up of organisations that arise from citizens' initiatives and channels promoting solidarity and the social participation of citizens and communities affected by a particular situation, problem or need of a social nature. This is what is referred to as Third Social Sector (TSS) in the Basque Country. It is composed of entities of social initiatives, voluntary actions and non-profit organisations with the objective to promote and protect rights and social needs of the Basque population. It is estimated that the Basque's TSS is made up of 3,500 organisations in which 36,000 people work under contracts (4% of the population employed) and 125,000 are volunteers. There has been some progress with aligning TSS organisations which resulted in the development of TSS network called Sareen Sarea³. The budget managed by these organisations in 2013 was €1,451mil. which represents 2.2% of the Basque's GDP⁴.

Regarding the relationship of the TSS with the Basque's public sector, these organisations have participated and continue to participate in a number of areas related to public responsibility initiatives, social services, employment, income guarantee, social inclusion and in the areas of where the systems are linked to social intervention e.g. education, health or house policies. The scope of these activities is around the consolidation and deployment of these services. As a result, the TSS and the public sector collaborate in the provision of social services of general interest, as defined in the European regulations of

¹ http://www.euskadi.eus/contenidos/informacion/buen_gob_planes/es_def/adjuntos/Plan_de_atencion_integrada_en_Euskadi.pdf

² <http://www.euskadi.eus/gobierno-vasco/-/decreto/decreto-1002018-de-3-de-julio-de-las-organizaciones-sanitarias-integradas-del-ente-publico-osakidetza-servicio-vasco-de-salud>

³ <https://www.sareensarea.eus/es/>

⁴ http://www.3sbizkaia.org/archivos/documentos/enlaces/1823_1_libroblancotsseuskadi2015.pdf

reference, as well as in other social activities of general interest other than the provision of services.

However, the public sector needs to contemplate new forms of relationship with civil society that allow progress in a model of open administration and participatory governance and society. In this sense, the organisations of the third social sector must collaborate with the public sector to a greater extent in the provision of integrated care to citizens, particularly at the meso and micro levels. It is necessary to act upon and address a lack of a culture of working together, a lack of shared objectives and a need for a common language. In conclusion, there is a need to involve the Third Social Sector in the provision of integrated care in order to tackle the challenge of ageing population and its consequences, in particular in relation to financial sustainability of the services and lack of resources.

2. *Aspects of integrated care that addresses the needs of the Basque Country*

2.1 *Transferring region: Role of the third sector in the provision of integrated care in Scotland*

The “third sector” in Scotland is made up of non-governmental and non-profit organisations, from grassroot community groups and village hall committees to social enterprises and registered national charities. It is often also described as the voluntary sector, not-for-profit, charity sector, social economy, social enterprise sector, NGOs (non-government organisation) or civil society. It has an annual turnover of €5.96 billion. As of December 2017, Scotland’s third sector was made up of over 40,000 organisations, including:

- 23, 300 registered charities;
- 20, 000 grassroot community groups, sports and art clubs
- 163 housing associations
- 5,2000 Social enterprises
- 432 community interest companies
- 107 credit unions.

The traditional idea of charities as benevolent organisations simply there to help the poor is being replaced by a modern, progressive, third sector which carries out an enormous range of activities to improve people’s lives. It does it by:

- Supporting people through social care, health services and employability programmes;
- Empowering people by campaigning and advocating for minority and disadvantaged groups in our society;
- Bringing people together through social activities, local clubs and community centres;
- Enabling better health and wellbeing through medical research, addiction services, sport facilities and self-help groups;

⁵ Please note that “aspect” in this case refers to a particular part/feature of the healthcare system.

- Improving our environment through conversation of our land and heritage, and regeneration of our communities.

There are 130,000 directly paid staff in the third sector - a figure comparable with NHS Scotland - collectively making it one of the Scotland's biggest employers. In relation to the health and social care agenda in Scotland, there are 5 main national membership organisations that represent third sector interests:

- Coalition of Care and Support Providers (CCPS) - to represent, promote and safeguard the interests of third sector and non-for-profit social care and support providers in Scotland.
- The Alliance - to support people of all ages who are disabled or living with long terms conditions to have a strong voice and enjoy their right to live well, as equal and active citizens.
- Voluntary Health Scotland - organisation working to improve health and address health inequalities
- Scottish Council for Voluntary Organisations (SCVO) - championing Scotland's vibrant charities, voluntary organisations and social enterprises.
- Scottish Federation of Housing Associations and Glasgow and West of Scotland Housing Forum
- Third Sector Interfaces (TSIs) - local voluntary sector umbrella organisations in each of the 32 local health and social care partnerships.

In Scotland, there is a legal framework in place for the engagement of third sector in the provision of integrated care. The Public Bodies (Joint Working) (Scotland) Act 2014 is the legislative framework for the integration of health and social care services which requires the integration of the governance, planning and resourcing of adult social care services, adult primary care and community health services and some hospital services. Other areas such as children's health and social care services, and criminal justice social work can also be integrated. As a result, the Act creates a number of new public organisations, known as integration authorities (31 integration authorities) and aims to break down the barriers to joint working between NHS boards and local authorities. Under this model an Integration Joint Board (IJB) is set up and the NHS boards and local authorities delegate the responsibility for planning and resourcing service provision for delegated adult health and social care services to the IJBs.

The IJB must include representatives of the local authority, NHS Board, a carer representative, a GP representative, a nurse representative, a secondary medical care practitioner, a service user representative, a staff-side representative, a third sector representative, an officer who is responsible for financial administration the Chief Officer and the Chief Social Worker. As such, a third sector organisation is directly involved in the strategic planning and locality planning of the integrated care provision, however, the representatives of third sector do not have voting rights which often creates some uncertainty.

The third and independent sectors are contributing to the success of integration in range of ways:

- Delivering health and/or social care support
- Enabling access to people who use services and their communities, to support their engagement
- Providing access to data, and our ability to gather intelligence useful for monitoring and evaluation, and planning purposes
- Bringing expertise around barriers and needs from the wide diversity of groups of people who use services
- Facilitating communications and the gathering and collating of intelligence via umbrella groups and intermediaries.

In relation to service delivery, the third sector provide 69% of the total social services. The task is to harness this capacity, and to help the third sector grow in order to achieve the “radically reformed way of working and to make the most of the third sector contribution to the integration agenda.

2.2 *Transferring region:* Current progress in the involvement of third sector in the provision of integrated care in Scotland

Challenges/problems addressed by the involvement of third sector in the provision of integrated care:

A key driver towards integration and the engagement of third sector in the provision of integrated care has been the projected increase in demand for health and social care as a result of an increasingly ageing population, in particularly those who will be aged 75 and older. Older people make more use of hospital services than the rest of the population. An aim of the integration agenda is to help reduce unnecessary admissions to hospital, delayed discharges and shift the provision of care to local communities (Audit Scotland, 2016). Integration across the health, social, housing and third sector is seen as a way to make more efficient and effective use of limited resources and is believed to be central to the challenge of improving outcomes for patients and service users.

key innovative elements highlighting how the involvement of the voluntary sector in the provision of integrated care in Scotland improved the situation compared to previous status-quo

The introduction of legislation and legal framework for the integration of health and social care services has improved the engagement of the third sector in the provision of integrated services in a number of ways:

- It has enabled greater awareness and understanding of the role of the third sector in public service provision, particularly among integration authorities;
- It has improved the position of third sector as an equal partner in the planning and provision of integrated care services; there is a framework in place to build more strategic relationships among the third sector and the statutory service providers built on trust, partnership and genuine understanding of the benefits of these relationships to both service delivery and community wellbeing.

- It has secured greater connectivity and collaboration around the delivery of community-based care; the services are perceived less fragment from the perspective of service users;
- It has promoted wider knowledge of how community assets can be better used to co-produce the national health and wellbeing outcomes, particularly in relation to integration outcomes;

impact/outcomes observed

The engagement of the third sector in the provision of integrated care in Scotland is showing a number of benefits such as better quality of life, less isolated people, better care integration and reduced admissions to hospitals.

In principle, the success of engagement of the third sector is measured by its contribution to National Health and Wellbeing Outcomes Framework:



To access full national data resources with data for partnership areas please see the following link: <https://www.gov.scot/Resource/0047/00473499.pdf>

For more information about the involvement of third sector in the provision of integrated care in Scotland please see the following links:

- <https://scvo.org.uk>
- Alliance - [We need to talk about integration](#) - a collection of sector perspectives on progress of integration and what difference it has made so far
- [Scottish Parliament: Health and Sport Committee report on third sector engagement with](#) integration after the first couple of years
- [Audit Scotland - Integration inquiry](#) - early review of progress from 2015 (a second report is expected in November 2018)
- CCPS/SCVO/Alliance MSG paper on third sector engagement (copy provided); CCPS [digital event link](#) - CCPS digital showcase event - demonstrating the range of digital technology care and support providers are using
- <http://www.newcarestandards.scot/> - <https://www.blackwoodgroup.org.uk/clevercogs> - connecting service users with the internet, communications, and managing their care all from an iPad at home.
- <https://irocwellbeing.com/> - online mental wellbeing recovery measurement tool
- <http://www.ccpscotland.org/hseu/information/better-futures/>
- [http://www.parliament.scot/ResearchBriefingsAndFactsheets/S5/SB_16-70 Integration of Health and Social Care](http://www.parliament.scot/ResearchBriefingsAndFactsheets/S5/SB_16-70_Integration_of_Health_and_Social_Care)

3. *Maturity requirements of third sector involvement in Scotland*

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



Figure 1: Maturity requirements of third sector engagement in Scotland

Dimension	Score	Description	Justifications & Reflections
Readiness to Change	3	Vision or plan embedded in policy; leaders and champions emerging	There is a legislation in place to support integration of health and social care which sets a legal framework for the engagement of third sector in the provision of integrated care services. However, pace of change is a bit slower and the policy is not really fully implemented yet. There is a lot of dialogue and partnership building going on between the third sector and statutory care providers, there is also growing awareness and recognition of the expertise and experience of third sector, however the challenge remains how to make the real shift from the continued focus on health.
Structure & Governance	3	Governance established at a regional or national level	The legislation on health and social care integration provided the basis for better positioning and engagement of the third sector by making the representatives of the third sector part of the Integration Joint Boards (new integration authorities planning and delivering integrated care). However, there is a continuous uncertainty around the role of the third sector as the representatives do not have voting rights on the Board. The third sector is also well represented in the Ministerial Strategic Group for Health and Community Care to facilitate the contributions of third sector in improving people's well-being. There is also a number of umbrella third sector organisations representing the voice of local volunteers, charities, social enterprises etc. in the process of decision-making.
eHealth Services	2	There is mandate and plan(s) to deploy regional/national eHealth services across the healthcare system but not widely implemented	There is new Digital Health and Care Strategy to address the challenge of ICT solutions and infrastructure to support information sharing. The third sector is very well positioned in the Strategy, acting as one of the actors responsible for the design and delivery of these services. However, current experience shows that the integrated information systems are not fully developed or widely spread across Scotland. Overall engagement is still lacking. There is an extensive data sets in the third sector which needs to be integrated to the statutory platforms such as SOURCE and SPIRE.
Standardisation & Simplification	3	A recommended set of agreed information standards at regional/national level; some shared procurements of new systems at regional/national level; some large-scale consolidations of ICT underway	Similarly, as it is in case of eHealth services, the systems and standards are in place but not joined up at the point of delivery. The third sector has not been very much engaged in the discussion around the standards until recently, so it is difficult to measure the progress.

Dimension	Score	Description	Justifications & Reflections
Funding	2	Consolidated innovation funding available through competitions/grants for individual care providers and small-scale implementation.	The funding of the third sector activities remain the challenge, in most cases it is very short-term funding and inconsistent. There is a continuous focus of funding on health rather than social care, shift of care to community and prevention initiatives needs to be followed by an appropriate budget. There is not much evidence of this happening except for demonstration work.
Removal of Inhibitors	1	Awareness of inhibitors but no systematic approach to their management is in place	There is a great awareness about the need to remove inhibitors and third sector plays a pivotal role in raising this awareness but there is still a big gap between the theory and [practice. From a voluntary sector perspective, there is a need to join up efforts to remove the inhibitors.
Population Approach	4	Population-wide risk stratification started but not fully acted on	There is a SPARRA in Scotland used in all GPs practices. The third sector also collects a vast majority of the data and there is a need to ensure better use of this data for sound decision-making and planning within health and social care integration. It is a shared responsibility of the third sector and statutory sector to gather analyse and report data and evidence on healthcare delivery. There is a group established “Third Sector Data in Health and Social Care Working Group” to support building the partnerships and increase the capacity of data collection and data analytics.
Citizen Empowerment	2	Citizen empowerment is recognised as important part of integrated care provision, effective policies to support citizen empowerment are in place but citizens do not have access to health information and health data.	The third sector facilitates a number of programme and initiatives related to the citizen empowerment; however, it still remains a challenge to involve citizen in co-design and co-production processes. For example, Self-directed support legislation and rights of the citizens exists but still not widely implemented across Scotland. Access to health data is a critical issue which as yet has not been systematically addressed. Examples of third sector initiatives to improve access to data is e.g. Our Voice Programme.
Evaluation Methods	4	Most integrated care initiatives are subject to a systematic approach to evaluation; published results	There is a Care Inspectorate in place which oversees the quality of the provided integrated care services, including the provision of third sector services.

Dimension	Score	Description	Justifications & Reflections
Breadth of Ambition	4	Integration includes both social care service and health care service needs	There is a strong ambition of the full integration of health, social, housing and third sector services, supported by legislation and dedicated funding however the Integration Act is not yet fully implemented.
Innovation Management	2	Innovations are captured and there are some mechanisms in place to encourage knowledge transfer	The third sector is very active in promoting the innovation agenda, in particularly the digital agenda, but the sector struggles to get proposed innovative approaches implanted. It is still more or less through the pilots and demonstration work that innovation in the third sector services is adopted.
Capacity Building	3	Systematic learning about integrated care and change management is in place but not widely implemented	There is a strong culture of the learning and sharing of experience. Third sector representatives play vital role in the knowledge transfer and embedding the learning about successful service provision. Capacity-Building is a key success factor of the third sector activities, but the investments are lacking e.g. for the capacity-building of data managers in the third sector.

4. *Benefits and opportunities of improving involvement of third sector in the provision of integrated care in the Basque Country*

There is a clear need to create a framework that defines the relationship between the health, social and third sectors in the Basque Country, including:

- Agreement on common objectives and creating a vision of “working together”
- Prioritisation of activities
- Involvement of sectors in the decision-making bodies related to integrated care
- Identification of added value of “working together” approach and breaking down the silos
- Promotion of intersectoral communication and collaborations
- Promotion of citizen participation in health matters.

Involving the third sector in the provision of integrated care would guarantee the most appropriate response to the needs of citizens at a right time; providing the citizens with resources and capacity to make and act upon their own decisions. In addition, involving the third sector in the provision of integrated care would also mean greater efficiency and use of resources and capacities in the Basque’s society.

The Third Social Sector benefits from a better knowledge of people needs due to its proximity, empathy and active listening of citizens and promoting their active participation in the society. In turn, this would mean bringing citizens closer to the administration which would potentially lead to an improvement in the provision of coordinated and integrated care.

5. *Conditions for involvement of third sector in the provision of integrated care in the Basque Country*

5.1 *Maturity of local health and social care system in the Basque Country*

Receiving region: Maturity of the Basque Country’s health and social care system, highlighting the strengths and weaknesses of the local system in integrated care:



Figure 2: Maturity of the Basque Country’s healthcare system

5.2 *Conditions enabling the improvement of involvement of third sector in the provision of integrated care in the Basque Country*

Receiving region: Maturity of healthcare system in the Basque Country and maturity requirements of the involvement of third sector in Scotland is captured in the spider diagram below:



Figure 3: Comparison of maturity requirements with maturity of the Basque Country’s healthcare system

5.3 Feasibility of transferring the learning from Scotland to Basque Country's local context

Dimension	Score Scotland	Features of Scotland's healthcare system for engagement of third sector	Score Basque Country	Features of the Basque Country's healthcare system	Feasibility of transfer and rationale
Readiness to Change	3	Legislation to support integration of health and social care; A legal framework for the engagement of third sector; Dialogue and partnership building; Growing and recognition of the expertise of third sector.	3	Integration policies are clearly defined; Integrated Care Management Plan is incorporated into the policies and structures, but change management is poorly implemented. The Third Social Sector (TSS) law 6/2016 of the 12 May ⁶ provides legal framework for the TSS, including its collaboration with the public sector and reinforces greater recognition of the TSS's social role.	<u>Yes; the transferability is feasible with some efforts</u> There is a legal framework in place recognising the need for coordination of health and social care. There is also an increased recognition of added value and contribution of TSS to the Basque's society, however the involvement of the TSS in the delivery of integrated care remains a challenge, in particular at the meso or micro level.
Structure & Governance	3	Third sector is represented in the planning, commission and delivery of integrated care services at different levels of governance; Existence of a number of umbrellas organisations representing the third sector in the process of decision-making.	3	There is a clear roadmap for change to an integrated system, but the progress is hampered, as the health and social Departments are managed separately. The inclusion of the third sector in the provision of integrated care is in progress, for example representatives from social, health and third sectors participate in the "Basque Volunteer Council" that meets at least once a year. There is also a Basque Volunteer Strategy 2017/2020 ⁷ which aims to empower and increase social participation of all agents who have competences and obligations to carry out any type of social participation intervention.	<u>Yes; the transferability is feasible with some efforts:</u> There is a strategy and structure in place to facilitate the dialogue between health, social and third sectors, However, there is no umbrella organisation in place as in case of Scotland to promote and represent the third sector organisations. There are some networks/federations such as Sareen Sarea or subsidised entities which are contracted to provide services. Other entities compete for funding. In addition, the involvement of the TSS in the care delivery is not formally regulated and in principal their involvement at the meso or micro level does not exist.

⁶ <http://www.euskadi.eus/gobierno-vasco-/ley/ley-62016-de-12-de-mayo-del-tercer-sector-social-de-euskadi/>

⁷ http://www.euskadi.eus/contenidos/informacion/estrategia_voluntariado_2017/es_def/adjuntos/estrategiavascadelvoluntariado_es.pdf

Dimension	Score Scotland	Features of Scotland's healthcare system for engagement of third sector	Score Basque Country	Features of the Basque Country's healthcare system	Feasibility of transfer and rationale
Information & eHealth Services	2	Digital Health and Care Strategy addresses the need for ICT infrastructure to support information sharing; the third sector is recognised as an actor responsible for the data collection. Integration of third sector data with the statutory platforms remains a challenge.	3	There is a wide development of eHealth services for the healthcare professionals but not so much for citizens; Currently, the eHealth structure consists of Integrated Health Record, Health folder, eHealth Call Center and Betion ⁸ . Some work has been done to include social data in the eHealth structure.	<u>Yes; the transferability is feasible with no need for major adaptation:</u> There is eHealth infrastructure and services in place to support information sharing; the third sector is involved in the discussions and current work related to the inclusion of social data in the eHealth infrastructure.
Standardisation & Simplification	3	Engagement of the third sector in the discussion around the standards	3	Broad development of corporate platforms e.g. databases, platforms for clinical history, public procurement of Innovative solutions; ICT standardisation is still in process, lack of sufficient solutions and initiatives to integrate social and health sectors.	<u>Yes; the transferability is feasible with some efforts:</u> The TSS does not participate in the definition of indicators used in the Framework Programme or the Integrated Care Organisations (ICO)'s Preference Offer. However, professionals from the health, social, educational and the TSS sectors have worked together to set a minimum set of data for the future health and social data collection.
Funding	2	Dedicated funding for third sector, however mostly inconsistent and short-term funding.	3	Insufficient funding for integration agenda; Osakidetza's Framework Programme devotes only 5% of the budget to integrated care. The budget of the third sector is close to €5 mil. and it can be accessed in two ways: entities are subsidised and thus contracted to provide the services or they compete for funding (subsidies).	<u>No, the transferability is not feasible:</u> The healthcare sector has no funding for the activities of the TSS. It is also not planned in future to provide the funding as the TSS is the responsibility of the Department of Employment and Social Policies.
Removal of inhibitors	1	A great awareness about the need to remove inhibitors and third sector plays a pivotal role	3	From a legal and structural point of view, the TSS role in removing inhibitors is already in place.	<u>Yes; the transferability is feasible with no need for major adaptation:</u>

⁸ <http://www.euskadi.eus/sociosanitario/-/equipamiento/teleasistencia-beti-on/>

Dimension	Score Scotland	Features of Scotland's healthcare system for engagement of third sector	Score Basque Country	Features of the Basque Country's healthcare system	Feasibility of transfer and rationale
		in raising this awareness, however implementation is still an issue.		However, from a cultural point of view, the implementation is a challenge.	Some improvements need to be done around the implementation and change of culture.
Population Approach	4	Existence of risk stratification tool; Existence of "Third Sector Data in Health and Social Care Working Group" to support building the partnerships and increase the capacity of data collection and data analytics.	4	The whole population has been stratified based on their morbidity risk. The socio-health stratification is not implemented. Frailty is not considered in the current risk stratification, but there is a deprivation index in place.	<u>Yes, the transferability is feasible with lot of efforts:</u> Risk stratification is in place, however, data collected by the TSS are not considered. There is no platform to facilitate the access to the TSS data. In general, the third sector is not involved in the stratification of population.
Citizen Empowerment	2	A number of programmes and initiatives related to the citizen empowerment facilitated by third sector, e.g. Self-directed support legislation.	3	It is important to recognise the dichotomy between patient and citizen. Patients with high burden disease(s) are highly empowered which is not necessarily truth for the citizens. The citizens do not participate to the co-creation of care delivery.	<u>Yes, the transferability is feasible with lot of efforts:</u> The TSS does not participate in the design and implementation of citizens/patients' empowerment services. There are some empowerment initiatives in the social area e.g. empowerment of women who are victims of gender violence, empowerment of people who are at risk of social exclusion and others.
Evaluation Methods	4	A Care Inspectorate in place which oversees the quality of the provided care services, including the provision of third sector services.	3	The "Framework Programme" is the evaluation tool for integrated care, using the questionnaires such as D'amour ⁹ and IEMAC ¹⁰ . Some other initiatives have been considered but they are not in place. The Framework Programme includes social and health indicators, but there are no indicators related to the third sector.	<u>Yes, the transferability is feasible with lot of efforts:</u> The activities of the TSS in the provision of integrated care are not evaluated at all. There is some evaluation in place for the subsidised entities which need to report on their activities, both technically and financially to justify the future funding.

⁹ Nuño-Solinis R, Berraondo Zabalegui I, Sauto Arce R, San Martín Rodríguez L, Toro Polanco N (2013), "Development of a questionnaire to assess interprofessional collaboration between two different care levels", Int J Integr Care. 2013 Apr 12

¹⁰ <http://www.iemac.es/>

Dimension	Score Scotland	Features of Scotland's healthcare system for engagement of third sector	Score Basque Country	Features of the Basque Country's healthcare system	Feasibility of transfer and rationale
Breadth of Ambition	4	A strong ambition of the full integration of health, social, housing and third sector services, supported by legislation and dedicated funding.	4	Health and social services are the responsibility of different governance levels. Once a complete structural integration is accomplished, a functional integration, including health and social coordination is expected.	<u>No, the transferability is not feasible:</u> There is no formal joint structure for the delivery of health and social care services; the social services are the responsibility of provinces.
Innovation Management	2	Active role of the third sector in promoting the innovation agenda, however there is still existence of small pilots rather than systematic involvement.	2	There is a research and innovation strategy in place; bottom-up approach to promote innovation, in some of ICOs innovation units have been created. Innovation is supported directly by the Health Department, BIOEF and Kronikgune. However, the innovation management is not fully systematised.	<u>Yes, the transferability is feasible with lot of efforts:</u> The TSS does not appear in the innovation strategy of the Health Department but there are some initiatives such as Euskadi Lagunkoia ¹¹ or "Adinberri Gipuzkoa" ¹² . However, there is a "Strategy for the Promotion of the Third Social Sector in the Basque Country" developed by the Department of Employment and Social Policies.
Capacity Building	3	A strong culture of learning and sharing of knowledge with a vital role of third sector; capacity-building is a key success factor of the third sector activities but remains a challenge.	3	Integrasarea ¹³ and the Framework Programme promote the change management and the learning on integration, but there is a need of a systematic method to standardise the capacity building within Osakidetza ICO.	<u>Yes; the transferability is feasible with some efforts:</u> Some improvements need to be done in making the capacity-building more systematic.

¹¹ <http://www.euskadilagunkoia.net/es/>

¹² <https://www.gipuzkoa.eus/es/etorkizunaeraikiz/adinberri>

¹³ <http://www.integrasarea.eus/index.php>

5.4 Priority areas for the transferability of learning

Receiving region: List of the prioritised features to be considered for the transferability of learning in order to improve third sector’s involvement in the provision of integrated care in the Basque Country are outlined in the Table below:

List of prioritised features
<p>Structure & Governance</p> <ul style="list-style-type: none"> • Involvement and representation of third sector at different governance levels responsible for the planning and commission of integrated care delivery.
<p>Evaluation Methods</p> <ul style="list-style-type: none"> • Existence of Care Inspectorate which oversees the quality of the provided care services, including the services provided by third sector.
<p>Innovation Management</p> <ul style="list-style-type: none"> • Active role of the third sector in promoting the innovation agenda.

6. Adaptation of local environment to enable transferability of learning

Receiving region: List of suggested changes to enable the creation of conditions for the involvement of third sector in the provision of integrated care services in the Basque Country, informed by the learning about the features of Scotland’s healthcare system, is provided in the Table below:

Features of Scotland’s healthcare system	Adaptation of features to the Basque Country’s context
<p>Structure and Governance</p> <p>Involvement and representation of third sector at different governance levels responsible for the planning and commission of integrated care delivery.</p>	<p>At the macro level, the third sector is represented in the Basque Volunteer Council, which includes representatives of the health and social sectors, including the Third Social Sector (TSS).</p> <p>At the meso and micro levels the situation is different. There are a series of Integrated Care Organisations’ (ICOs) participation bodies, such as the Social Councils and the Social Health Commissions. The Social Council is the consultative body which provides an advice on social and community issues in each ICO. The Social Health Commission is the advisory body for the professionals responsible for the management of health and social issues in each ICO. They all include representatives of the ICOs, public health, town councils, provincial councils and representatives of the social health sector. The third sector is not represented.</p> <p>One of the main integrating initiatives of the Osakidetza is the creation of Integrated Care Directorates in the ICOs. The Directorate of Integrated Care is the body in charge of coordinating its activity with the community and social and health bodies, with the aim of promoting the link with each other through the health and social promotion and prevention activities. The objective of the Directorate is to:</p>

Features of Scotland's healthcare system	Adaptation of features to the Basque Country's context
	<ul style="list-style-type: none"> • develop integrative mechanisms between professionals in order to direct and coordinate the commission of health and social care in each ICO. • direct, promote and coordinate social and citizen participation in health and social care and thus enhancing citizens' co-responsibility and self-management of their health.
<p>Evaluation methods</p> <p>Existence of Care Inspectorate which oversees the quality of the provided care services, including the services provided by third sector.</p>	<p>There is a powerful evaluation tool for the health sector in place - the Framework contract. It includes health and social indicators but not necessarily indicators which would refer to the third sector. In principal, there is no tool to evaluate the involvement/provision of third sector services.</p> <p>Therefore, one option of how to improve evaluation of the third sector activities would be the creation of a working group, coordinated by the Integration and Chronicity service of the Osakidetza's General Directorate and the Basque Government. The Group would consist of representatives from public health, the Integration Directorates of the ICOs, socio-health coordination and the TSS. The objective of this group would be to identify a set of indicators to measure participation of the TSS in the provision of integrated care which could be then included in the Osakidetza's Framework Contract.</p> <p>Another aspect to consider would be the possibility to include these indicators in the Preferential Offer of primary care in each of the ICOs. The Offer is a simple and very useful operative tool that assesses the services offered by the ICOs in the primary care. These are the services which are prioritised by the Basque's Health Plan.</p>
<p>Innovation Management</p> <p>Active role of the third sector in promoting the innovation agenda.</p>	<p>Euskadi Lagunkoia is an initiative promoted by the Department of Employment and Social Policies of the Basque Government and launched by the Matia Foundation¹⁴. It aims to encourage the participation of older people and the general public to improve neighbourhoods and environments in the municipalities of Euskadi in order to continue living active life as we age. The initiative is based on the "Age-friendly Environments Programme" and the paradigm of Active Ageing promoted by WHO. An elderly-friendly environment reorganises and adapts its structures and services in order to be accessible and tailored to the needs and capacities of ageing population. The objective is to:</p> <ul style="list-style-type: none"> • To take advantage of the potential of older population as generators of well-being in the Basque Country • To create and promote community participation processes • To create a network of friendly initiatives in the Basque Country • To facilitate the introduction of changes in the environments in order to improve the citizens' quality of life. <p>In the Gipuzkoa province, the Adinberri initiative will work in collaboration with public administrations, universities, companies, the</p>

¹⁴ <http://www.matiaindazioa.net>

Features of Scotland's healthcare system	Adaptation of features to the Basque Country's context
	<p>third sector, innovative agents and the bio sanitary sector. It will act as a rallying point for all the companies, organisations and institutions involved in the healthcare sector in order to generate the most innovative person-centred care solutions. Its objective is to support research, development and innovation activities with potential impact on the framework of healthy ageing, the excellence of the social-sanitary system and the competitiveness of the industry in this field. As a result, the province aims to identify, design and develop new fields of actions related to a promotion of new ways of working which improve the quality of life, quality and efficiency of healthcare systems and make a decisive contribution to the excellence and sustainability of the social and health care models for older people.</p> <p>A possible action is to reinforce the Euskadi Lagunkoia initiative in the three Basque provinces and extend Adinberri Gipuzkoa to the whole Basque Country, involving the TSS's organisations in the process.</p>

7. Priority actions to enable conditions for the transferability of learning

Receiving region: List of the proposed actions to enable conditions for improved involvement of third sector engagement in the provision of integrated care in the Basque Country, including objectives, anticipated outcomes and policy implications is outlined in the Table below:

Priority Action	Objective of the Action	Anticipated outcomes	Policy implications, including the responsible actor and anticipated duration.
Strengthen the representation of the third sector in various participation bodies at Integrated Care Organisations (ICOs)' level	Encourage the third sector to participate in decision making processes, regarding population's care in the area where the ICOs operate.	<ul style="list-style-type: none"> Reduce the current healthcare fragmentation between the health and social sectors, especially in relation to the third sector. Promote a common vision and objectives, detailing the activities to be carried out by each of the stakeholders involved in integrated care delivery. 	<p>It will be necessary to extend health strategic lines of both the Department of Health and Osakidetza's Health Plan¹⁵, to involve third sector's representatives in the Osakidetza's ICOs.</p> <p>Responsible actors:</p> <ul style="list-style-type: none"> Department of Employment and Social Policies Formal Deputations of the three provinces Department of Health Osakidetza's Executive. <p>Anticipated duration - 2020.</p>
Include indicators on participation of third sector in the provision of integrated care into the Osakidetza's Framework Contract and the Preferred Offer of ICOs	Promote communication between the ICOs and the third sector, agree common objectives and involve the third sector as an active agent in the provision of integrated care.	Analyse the extent to which the third and the health sectors work together in each ICO territory to allow the analysis of gaps and the definition of corrective measures and objectives needed.	<p>It will be necessary to reinforce transversal evaluation to fortify horizontal integrated care and strengthen the coordination between stakeholders involved.</p> <p>Anticipated duration - during 2019.</p>

¹⁵ <http://www.euskadi.eus/informacion/politicas-de-salud-para-euskadi-2013-2020/web01-s2osa/es/>

Priority Action	Objective of the Action	Anticipated outcomes	Policy implications, including the responsible actor and anticipated duration.
<p>Reinforce the Euskadi Lagunkoia initiative in the three Basque provinces and extend Adinberri Gipuzkoa to the whole Basque Country</p>	<p>To extend an innovative initiative that encourages the participation of all the actors involved in the care continuum of older people, promotes and environment of cooperation towards the common objectives.</p>	<p>Jointly develop new fields of action aimed at promoting innovative ways of care throughout the Basque Country, in an innovative and coordinated manner.</p>	<p>It will be necessary to extend innovation in the health sector to include the Third Social Sector (TSS) organisations.</p> <p>Responsible actors:</p> <ul style="list-style-type: none"> • Department of Employment and Social Policies • Formal Deputations of the three provinces • Department of Health • Osakidetza's Executive. <p>Anticipated duration - 2020.</p>

8. Contact details for the receiving region - the Basque Country

Name: Esteban de Manuel Keenoy
Position: Director
Region: The Basque Country
Organisation: Kronikgune
Contact details: edemanuel@kronikgune.org

9. Contact details for the transferring region - Scotland

Name: Andrea Pavlickova
Position: International Engagement Manager
Region: Scotland
Organisation: Scottish Government, Technology Enabled Care and Digital Healthcare Innovation
Contact details: andreapavlickova@nhs.net