

Action Plan to create conditions for the adoption of integrated care in Puglia Region - 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 Puglia Region, 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 Puglia Region. 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 Puglia Region. 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 Puglia Region 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 transferability of learning - **Receiving region**
- **Section 7:** Priority actions to enable conditions for the transferability of learning - **Receiving region**

1. *Needs of the receiving region - Puglia Region*

The Puglia Region is very active in implementation of integrated care and policies in favour of elderly and disabled people. Helping people with disabilities and their families can be addressed in several ways; e.g. by providing simple income support, direct support in the form of services such as community centres, school integration, transport, rehabilitation therapies or by adopting a more ambitious approach. This includes a provision of dedicated services, tools and opportunities for social inclusion and improvement of the autonomy and quality of everyday life. Although much has been done in this area in the past, there is still a number of challenges which need to be addressed in Puglia Region.

One of the upcoming challenges is to adopt a new working methodology that brings together social and health care system, both organisationally and financially, in order to create a welfare system that is increasingly integrated and able to better respond to the needs of the citizens.

Health and social care seem to be often fragmented, with services based on professional and institutional boundaries rather than being co-ordinated around the needs of citizens. A number of policy initiatives in Puglia have been designed to tackle this fragmentation, however integration of health and social care still remains a challenge.

The three main barriers to integration have been identified in Puglia:

- misaligned financial incentives; the incentives of those involved in integration are not aligned to outcomes;
- resistance of workforce to information sharing;
- lack of engagement of the “Third Sector” in participating in the delivery of integrated care services.

2. *Aspect¹ of integrated care that addresses the needs of Puglia Region*

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.

¹ Please note that “aspect” in this case refers to a particular part/feature of the healthcare system.

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;
- Improving our environment through conservation 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:

National Health and Wellbeing Outcomes: Information Framework

People are able to look after and improve their own health and wellbeing and live in good health for longer.	People, including those with disabilities, long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.	People who use health and social care services have positive experiences of those services, and have their dignity respected.
Health and social care services are centred on helping to maintain or improve the quality of life of service users.	Health and social care services contribute to reducing health inequalities.	People who provide unpaid care are supported to reduce the potential impact of their caring role on their own health and well-being.
People who use health and social care services are safe from harm.	People who work in health and social care services are supported to continuously improve the information, support, care and treatment they provide and feel engaged with the work they do.	Resources are used effectively in the provision of health and social care services, without waste.

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.pdf

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 wooden 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.
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.

Dimension	Score	Description	Justifications & Reflections
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 Puglia Region*

In Puglia, there are several third sector organisations (TSOs), however, their activities seem to be rather fragmented and not strongly aligned with a common integrated care vision. Scotland's experience can help the Puglia Region to systematise the activities of the third sector by creating a more homogeneous regulatory and organisational framework in order to improve the involvement of TSOs.

In Scotland there are many TSOs working in social care, providing support for vulnerable and marginalised groups who frequently face poverty, social care needs and poor health. There are also organisations working in prevention, particularly in the area of food and healthy eating initiatives. Working closely with communities is a key remit of the third sector approach. In many cases, organisational structure and aims are defined by the needs of a particular community in order to fill the gaps in the service provision. Third sector initiatives are very often based on the development of social networks which are a very powerful tool to improve social capital and reduce isolation. This in turn results in the improvement of health outcomes.

There is now a consensus that health and social care services in Puglia Region need urgent attention. Knowledge and ability to respond to this need is often hampered due to complicated communication channels. As organisations embedded in service users' communities, TSOs are often able to overcome these communication barriers. This Action Plan will aim to demonstrate that TSOs have the potential to meet the growing needs and positively contribute to the improvement of integrated care services in Puglia region.

5. Conditions for involvement of third sector in the provision of integrated care in Puglia Region

5.1 Maturity of local health and social care system in Puglia Region

Receiving region: Maturity of Puglia's health and social care system, highlighting the strengths and weaknesses of the local system in integrated care:



Figure 2: Maturity of Puglia's healthcare system

5.2 Conditions enabling the improvement of involvement of third sector in the provision of integrated care in Puglia Region

Receiving region: Maturity of healthcare system in Puglia Region 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 Puglia's healthcare System

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

Dimension	Score Scotland	Features of Scotland's healthcare system for engagement of third sector	Score Puglia	Features of Puglia'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.	2	The regional system is ready for change, but there are still some critical issues: training, technical, generational gap and cultural gap	<u>Yes; the transferability is feasible with lot of efforts.</u> There is a need to embed reorganisation of third sector in Puglia' regional policies and planning. Involvement of voluntary networks in decision-making process need to be fostered in order to facilitate a change of culture.
Structure and 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	Governance is mature for the integrated chronicity system. There is a structure and governance in place but the integration among Social and Health care system is still a challenge.	<u>Yes; the transferability is feasible with lot of efforts.</u> A roadmap for a change programme that would integrate funding for health and social care needs is needed in order to deliver tailored solutions for chronic complex citizens, including the solutions provided by voluntary sector.
Information & eHealth Services	2	Digital Health and Care Strategy in place to address the challenge of ICT solutions and infrastructure to support information sharing; the third sector is recognised as one of the actors responsible for the data collection. Integration of third sector data with the statutory platforms remains a challenge.	2	There are problems with the infrastructure. There are some local solutions but there is not a fully integrated Information System.	<u>Yes; the transferability is feasible with lot of efforts.</u> There would need to be a change in current legislation regarding the integration of ICT platform in order to achieve interoperability between health and social care systems platforms.
Standardisation & Simplification	3	Engagement of the third sector in the discussion around the standards	2	There is still not full integration between hospital and community settings. However, the situation is not	<u>Yes; the transferability is feasible with lot of efforts.</u>

Dimension	Score Scotland	Features of Scotland's healthcare system for engagement of third sector	Score Puglia	Features of Puglia's healthcare system	Feasibility of transfer and rationale
				homogeneous in the entire region. Some areas are more developed than others.	The requirements for the transferability of these features are directly linked to the domains 1, 2 and 3.
Funding	2	Dedicated funding for third sector, however mostly inconsistent and short-term funding.	3	In the recent years, there has been considerable investments at regional level in this subject.	<u>Yes; the transferability is feasible with no need for major adaptation.</u> Funds are available to support the engagement of third sector in the provision of care.
Removal of inhibitors	1	A great awareness about the need to remove inhibitors and third sector plays a pivotal role in raising this awareness, however implementation is still an issue.	2	It is necessary to increase information technology, and organise training courses for the staff (rise awareness) to support the removal of inhibitors	<u>Yes; the transferability is feasible with some efforts.</u> There is a need for continuous training sessions for the stakeholders involved in the third sector. Information campaigns about the role and benefits of involving third sector in the care provision should be promoted.
Population Approach	4	Existence of risk stratification tool; "Third Sector Data in Health and Social Care Working Group" to support building the partnerships and increase the capacity of data collection and data analytics.	2	There is a stratification of the population, but it is necessary to integrate data with environmental factors.	<u>Yes; the transferability is feasible with some efforts.</u> The algorithm used for population stratification will be in future integrated with social data which would facilitate the data analytics.
Citizen Empowerment	2	A number of programme and initiatives related to the citizen empowerment facilitated by third sector, e.g. Self-directed support legislation.	1	There is a need to invest more in communication/structured involvement of citizen/third sector in order to improve the knowledge about the availability of services (both social and health services). At the moment there is little awareness about this.	<u>Yes; the transferability is feasible with some efforts.</u> There is a need to invest more resources in communication and social media in order to support citizens' access to information about the availability of health and social care services and thus overcoming the issues of inequalities.
Evaluation Methods	4	A Care Inspectorate in place which oversees the quality of the provided care services,	2	The region has an active monitoring and evaluation service.	<u>Yes; the transferability is feasible with some efforts.</u>

Dimension	Score Scotland	Features of Scotland's healthcare system for engagement of third sector	Score Puglia	Features of Puglia's healthcare system	Feasibility of transfer and rationale
		including the provision of third sector services.			The focus of the evaluation methods would need to shift to better focus on chronicity.
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.	2	Services are not yet fully integrated into the territory. There is a need for greater linkage between hospital and territorial care	<u>Yes; the transferability is feasible with some efforts.</u> There is a need to define integrated health and social care pathways.
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	The region is mature about innovation, now it needs to spread more information on the territory and train the staff involved.	<u>Yes; the transferability is feasible with some efforts.</u> Continue with the training programmes for all stakeholders involved in the delivery of health and social care, including third sector. Twinning and coaching mechanisms can help to facilitate the access to and implementation of innovative ideas.
Capacity Building	3	A strong culture of learning and sharing of experience; Third sector representatives play vital role in the knowledge transfer; Capacity-Building is a key success factor of the third sector activities but remains a continuous challenge.	3	The regional programming capacity for chronicity is adequate, future public policies should be geared towards greater involvement of the population and greater spread of eHealth in the region.	<u>Yes; the transferability is feasible with no need for major adaptation.</u> There is already an organisational structure in place to facilitate the training.

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 Puglia is outlined in the Table below:

List of prioritised features of Scotland's healthcare system for engagement of third sector
<p>Readiness to Change</p> <ul style="list-style-type: none"> • Importance of culture; third sector activities need to be embedded in the society • Need of the regulatory framework, policies and vision to better organise and align the activities of third sector organisations • Partnership approach <p>Structure and Governance</p> <ul style="list-style-type: none"> • Existence of legislation to support the involvement and the equal role of third sector • Equal distribution of resources across the sectors to coordinate the services around the needs of citizens <p>Breath of Ambition</p> <ul style="list-style-type: none"> • Full integration of health and social care services with a recognised role of third sector • Self-Directed Support service • Existence of shared protocols to facilitate the funding around the needs of citizens

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 Puglia, informed by the learning about the features of Scotland's healthcare system is outlined in the Table below:

Features of Scotland's healthcare system for engagement of third sector	Adaptation of features to Puglia's context
<p>Readiness to Change</p> <ul style="list-style-type: none"> • Importance of culture • Regulatory framework, policies and vision to better align the activities of third sector organisations • Partnership approach 	<ul style="list-style-type: none"> • Embed Third Sector reorganisation in the regional policies and planning. • Foster voluntary workers involvement in institutional initiatives and in decision making in order to facilitate and favour cultural change.
<p>Structure and Governance</p> <ul style="list-style-type: none"> • Existence of legislation to support the involvement and equal role of third sector • Equal distribution of resources across the sectors to coordinate the services around the needs of citizens 	<ul style="list-style-type: none"> • Develop a roadmap for a change programme to unify social and health funding in order to deliver tailored solutions for chronic complex citizens.
<p>Breadth of Ambition</p> <ul style="list-style-type: none"> • Full integration of health and social care services with a recognised role of third sector • Existence of shared protocols to facilitate the funding around the needs of citizens 	<ul style="list-style-type: none"> • Need to adapt and reform third sector legislation in order to remove an organisational and financial fragmentation and deliver full integrated services.

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 Puglia, 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.
Reform of the third sector at a regional level	<ol style="list-style-type: none"> 1. Embed third sector collaboration in the regulation and policies related to health and social care service delivery. 2. Map and coordinate third sector initiatives including at a regional level and thus facilitate the partnership building in order to systematically share strategies and co-design the Action Plans. 	Extension of the existing pilots at a regional level and embracement of innovation; e.g. improvement of the “ <i>Buoni Servizio</i> ” experience carried out in Puglia with a similar methodology for Self-Directed Support as applied in Scotland, including testing of the digital platform in use (Car Gomm).	<p>The regional Agency for Health and Social Service (ARESS) provides the technical support for Department for Health Promotion, Social Affair and Sports for all.</p> <p>The Agency main role is to foster health and social Innovation processes in the region.</p> <p>As such, the Agency will be involved in developing these priority actions further, e.g. by forecasting the skills, competences and knowledge needed for their implementation, including the development of feasibility study and SWOT analysis</p>
Integration of funding system	<ol style="list-style-type: none"> 1. Overcome the fragmentation of funding for integrated care service 2. Promote the scaling up of existing pilots (e.g. <i>Buoni Servizio</i>) carried out in Puglia on the definition of “Health and Social Care Pathways” (PDTA) and related co-payment system “concept” to be shared between health and social sector (integration of funds) 	More effective distribution of resources	<p>As a result, the Agency might consider useful to propose to the Department for Health Promotion, Social Affair and Sports for all to develop a Memorandum of Understanding with Scotland as a coaching region in order to support the transferability, adaptation and embedment of this successful experience</p>
Improved data collection and information sharing	<ol style="list-style-type: none"> 1. Make possible the full implementation of the concept of personalise medicine and “big data” in order to inform the definition of the Health and Social Care Pathways and protocols (PDTA). 	Better management of citizens needs and reduction of inappropriate use of health and social care services	

Priority Action	Objective of the Action	Anticipated outcomes	Policy implications, including the responsible actor and anticipated duration.
	2. Accelerate the integration of ICT platform in order to share data (across health and social care settings)		of Scotland in engaging the third sector in the provision of integrated care.

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