SCIROCCO EXCHANGE – CAPACITY-BUILDING FOR INTEGRATED CARE

Co-funded by
the Health Programme
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Outline of the Workshop

► Welcome and introduction to the workshop

► SCIROCCO Exchange – EU Capacity-building action

► Maturity of integrated care in Scotland

► Maturity of integrated care in the Basque Country

► Facilitated discussion with the participants

SCIROCCO Exchange
EU Capacity-building action for integrated care

Dr Andrea Pavlickova
International Engagement Manager
Scottish Government

Who we are?

9 Health and Social Care Authorities:
- Flanders Agency for Health and Care, Belgium
- Optimedis, Germany
- AReSS Puglia, Italy
- Vilnius University Hospital, Latvia
- National Health Fund, Poland
- **TEC Division, Scottish Government (Coordinator)**
- Safarik University, Slovakia
- Social Protection Institute of the Republic of Slovenia
- Osakidetza, Basque Country, Spain

Budget: €2,649,587

Start: 1 January 2019

3 Universities and Competence Centers
- University of Edinburgh, Scotland
- University of Valencia, Spain
- Kronikgune, Basque Country, Spain

2 Membership Organisations
- EHTEL (European Health Telematics Association), Belgium
- AER (Assembly of European regions), France

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Scirocco
Exchange

Aim of SCIROCCO Exchange

"To 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"

Why Integrated Care?

The evidence suggests that developing more integrated person-centred care has the potential to generate significant improvements in the health and care of all citizens, including better access to care, health and clinical outcomes, health literacy and self-care; increased satisfaction with care; and improved job satisfaction for health and care professionals, efficiency of services and reduced overall costs.

crosscutting, connecting & engaging stakeholders across sectors, from private & public sector

Local context matters!

► What conditions enables the successful adoption and scaling-up of integrated care?

► How to change existing boundaries and behaviours to work differently; in more co-ordinated and integrated way?

► How to support leaders and all stakeholders involved to adopt a long journey of change towards the transformation and succeed in their efforts?

► How to share learning more widely to build sustainable integrated care systems?

Support is needed…

Maturity Model for Integrated Care
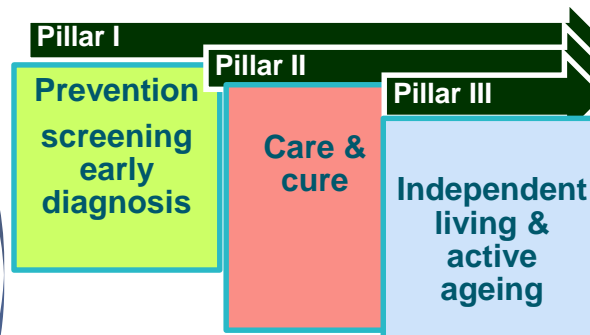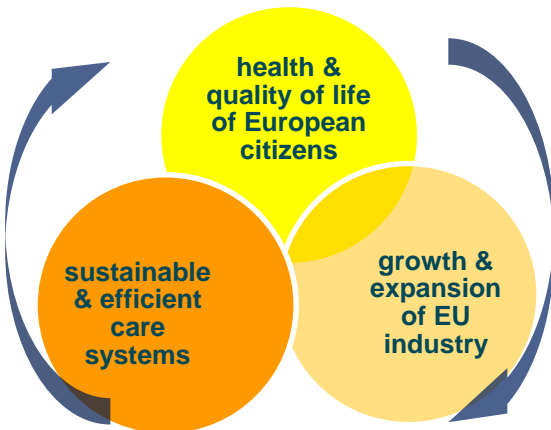
Start of SCIROCCO Exchange Journey (2012) European Innovation Partnership on Active and Healthy Ageing

crosscutting, connecting & engaging stakeholders across sectors, from private & public sector

Specific Actions

+2 HLY by 2020
Triple win for Europe

- health & quality of life of European citizens
- sustainable & efficient care systems
- growth & expansion of EU industry

Pillar I
Prevention screening early diagnosis

Pillar II
Care & cure

Pillar III
Independent living & active ageing

 Improving prescriptions and adherence to treatment

 Better management of health: preventing falls

 Preventing functional decline & frailty

 Integrated care for chronic conditions, including telecare

 ICT solutions for independent living & active ageing

 Age-friendly cities and environments

B3 Maturity Model for Integrated Care
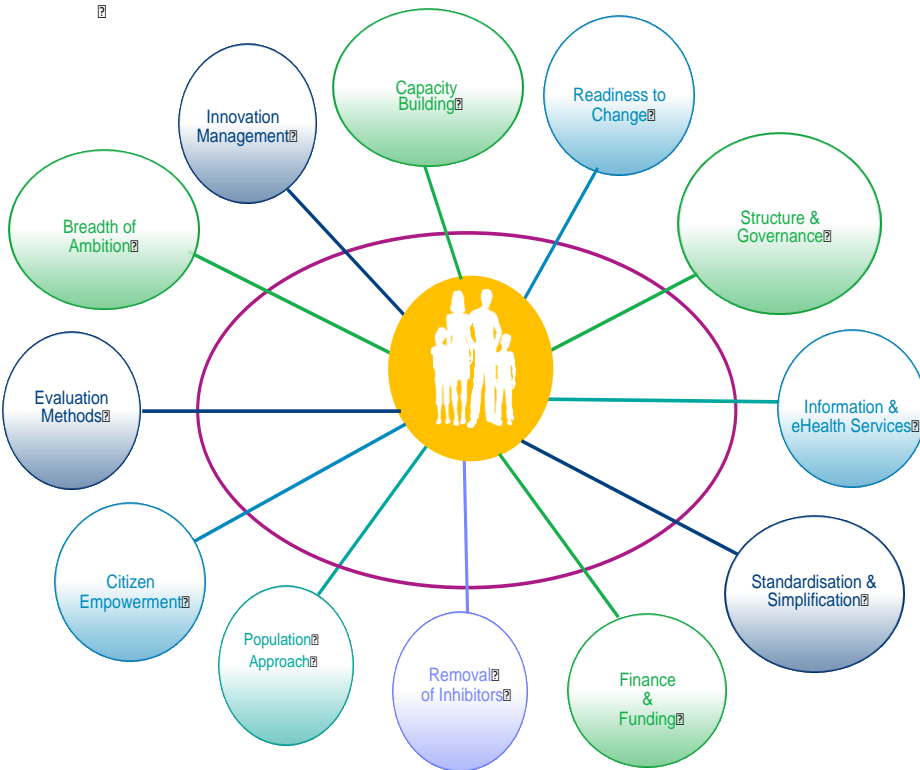
Qualitative assessment based on interviews and desk research

Phase 1: Interviews with 6 regions involved in EIP AHA (Feb – April 2014)

Athens; Basque Country; Catalonia; Galicia; N Ireland; Saxony

Phase 2 Interviews with 6 regions involved in EIP AHA (Jan– March 2015)

S Denmark; Skane; Scotland; Puglia; Medical Delta (Delft); Olomouc

Further Development of B3 Maturity Model

Finance & Funding

Objectives:

Changing systems of care so that they can offer better integration requires initial investment and funding; a degree of operational funding during transition to the new models of care; and on-going financial support until the new services are fully operational and the older ones are de-commissioned. Ensuring that initial and on-going costs ca uses the full range of mechanisms from regional/nation Union investment funds, public-private partnerships (PPP)

Indicators of maturity:

Use of regional/national stimulus funds; innovative procur multi-year contracts for IT service provision).

Assessment:

0 – No special funding allocated or available

1 – Fragmented innovation funding, mostly for pilots

2 – Consolidated innovation funding available through competitic

3 – Regional/national (or European) funding or PPP for testing an

4 – Regional/national funding for scaling-up and on-going operati

5 – Secure multi-year budget, accessible to all stakeholders, to en

European Innovation Partnership on Active and Healthy Ageing
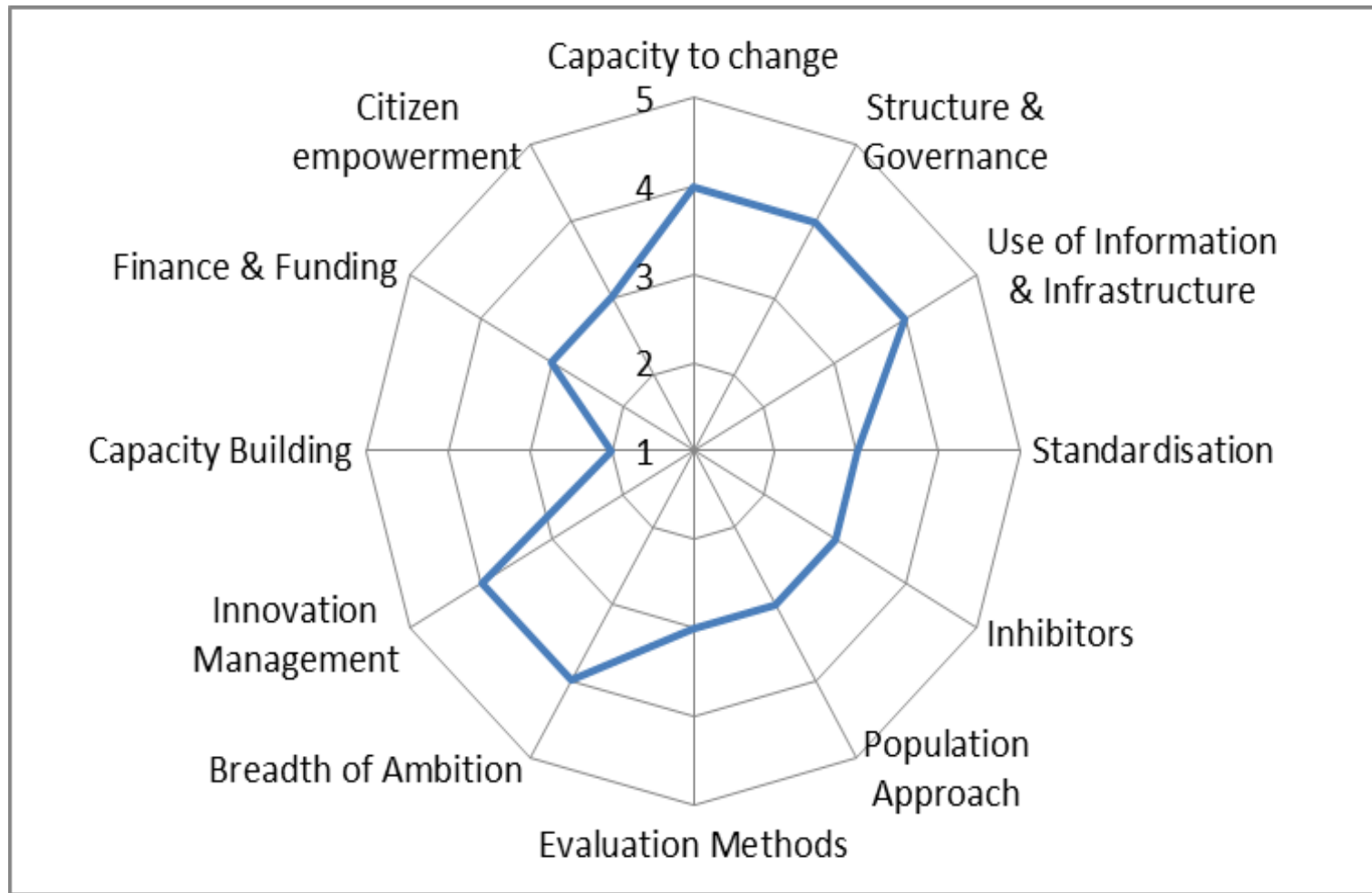
B3 Action Group on Integrated Care

Maturity Model for Adoption of Integrated Care Enabled by ICT
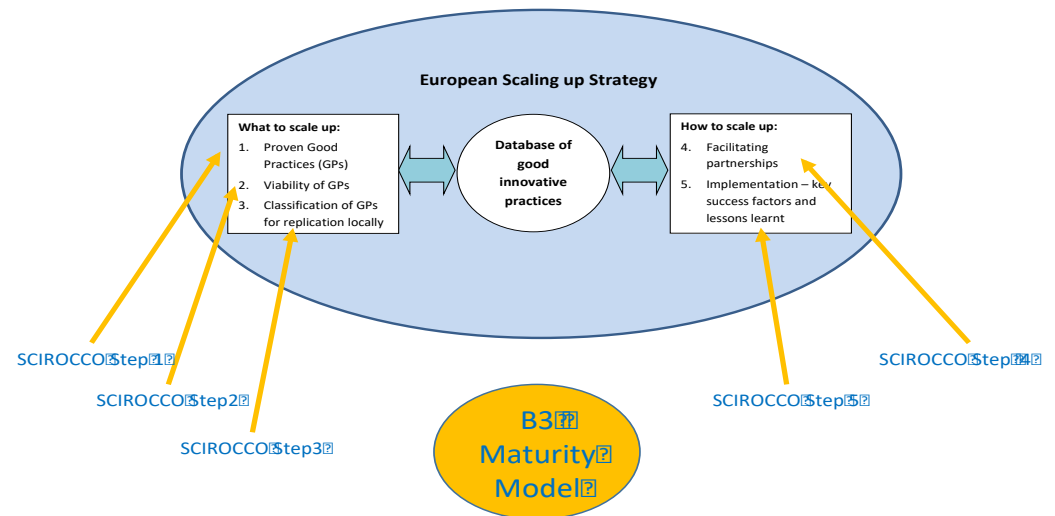
Quick Start Guide

The B3 Maturity Model is a conceptual model intended to show how healthcare systems are attempting to deliver more integrated care services for their citizens. It has been derived from interviews with 12 European countries, or regions within a country, responsible for healthcare delivery. The many activities that need to be managed in order to deliver integrated care have been grouped into 12 'dimensions', each of which addresses a part of the overall effort. By considering each dimension, assessing the current situation, and allocating a measure of maturity within that domain (on a 0-5 scale), it is possible for a country or region to develop a 'radar diagram' which reveals areas of strength, and also gaps in capability. Using these insights, and comparing the radar diagram with those of other regions/countries that have conducted the same exercise, it should be possible to find expertise to fill the gaps in capability, and to offer to others knowledge and experience from the sites' areas of strength.

This Quick Start Guide is intended to provide a simple description of the model and its dimensions, along with guidance on how to measure maturity, so that an assessment can be quickly carried out.

scirocco
Scaling Integrated Care in Context

Applying the B3 Maturity Model

European Scaling up Strategy

What to scale up:
1. Proven Good Practices (GPs)
2. Viability of GPs
3. Classification of GPs for replication locally

Database of good innovative practices

How to scale up:
4. Facilitating partnerships
5. Implementation – key success factors and lessons learnt

SCIROCCO Step 1

SCIROCCO Step2

SCIROCCO Step3

SCIROCCO Step 4

SCIROCCO Step 5

B3 Maturity Model

HOWEVER,

VALIDATION & TESTING WAS NEEDED

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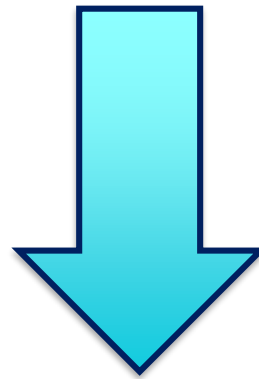
2016

SCIROCCO Tool for Integrated Care
https://scirocco-exchange-tool.inf.ed.ac.uk

Online

self-assessment tool

to address the challenge

of adoption and scaling-

up of integrated care

Validated and tested in over

65 regions/organisations

Available in 9 languages

CAPACITY BUILDING

READINESS TO CHANGE

INNOVATION MANAGEMENT

STRUCTURE & GOVERNANCE

BREADTH OF AMBITION

DIGITAL INFRA-STRUCTURE

EVALUATION METHODS

FUNDING

CITIZEN EMPOWERMENT

PROCESS COORDINATION

POPULATION APPROACH

REMOVAL OF INHIBITORS

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READINESS TO CHANGE

If the existing systems of care need to be re-designed to provide a more integrated set of services, this will require change across many levels, the creation of new roles, processes and working practices, and new systems to support information sharing and collaboration across care teams. This will be disruptive and may be viewed negatively by workers, press and public, so a clear case needs to be made for those changes, including a justification, a strategic plan, and a vision of better care.

Assessment scale

0– No acknowledgment of compelling need to change

1– Compelling need is recognised, but no clear vision or strategic plan

2– Dialogue and consensus-building underway; plan being developed

3– Vision or plan embedded in policy; leaders and champions emerging

4– Leadership, vision and plan clear to the general public; pressure for change

5– Political consensus; public support; visible stakeholder engagement

Using the SCIROCCO Tool

https://scirocco-exchange-tool.inf.ed.ac.uk

New Maturity Model Questionnaire

Please reply to all of the questions

Q1 Q2 Q3 Q4 Q5 Q6 Q7 Q8 Q9 Q10 Q11 Q12

2. Structure & Governance * **Required** (i)

○ Fragmented structure and governance in place
○ Recognition of the need for structural and gove
○ Formation of task forces, alliances and other inf
○ Governance established at a regional or nationa
○ Roadmap for a change programme defined and
○ Full, integrated programme established, with fu

If someone asked you to justify your rating here wh
short sentences):

How confident are you of your rating?

Who do you think could provide a more confident judgement?

Q2. Structure and Governance: Objectives

The broad set of changes needed to deliver integrated care at a regional or national level presents a significant challenge. It needs multi-year programmes with excellent change management, funding and communications, and the power to influence and (sometimes) mandate new working practices. This means alignment of purpose across diverse organisations and professions, and the willingness to collaborate and put the interest of the overall care system above individual incentives. It also means managing the introduction of eHealth services to enable integrated care in a way that makes them easy to use, reliable, secure, and acceptable to care professionals and citizens alike.

- Enabling properly funded programmes, including a strong programme, project management and change management; establishing ICT or eHealth competence centres to support roll-out; distributed leadership, to reduce dependency on a single heroic leader; excellent communication of goals, progress and successes.
- Managing successful eHealth innovation within a properly funded, multi-year transformation programme.
- Establishing organisations with the mandate to select, develop and deliver eHealth services.

Ok

Questionnaire name: *
ALEC DEMO

Save questionnaire

CAPACITY BUILDING
READINESS TO CHANGE
STRUCTURE & GOVERNANCE
INFORMATION & eHEALTH SERVICES
STANDARDISATION & SIMPLIFICATION
FINANCE & FUNDING
REMOVAL OF INHIBITORS
POPULATION APPROACH

New Maturity Model Questionnaire

Your questionnaire was successfully saved

1. Readiness to Change (to enable more integrated care) *ⓘ

- ◯ No acknowledgement of compelling need to change
- ◯ Compelling need is recognised, but no clear vision or strategic plan
- ◯ Dialogue and consensus-building underway; plan being developed
- ◯ Vision or plan embedded in policy; leaders and champions emerging
- ◉ Leadership, vision and plan clear to the general public; pressure for change
- ◯ Political consensus; public support; visible stakeholder engagement

If someone asked you to justify your rating here what would you say (please provide a few short sentences):

> There are policy documents in place, the minister is prepared to speak on this matter. However the organisations who will implement have not fully adopted the approach and it is patchily represented in their plans

How confident are you of your rating?

> Moderately confident

Who do you think could provide a more confident judgement?

> XXX who leads on Change Mar

Questionnaire name: *

ALEC DEMO

[Update questionnaire]

How can you use SCIROCCO Tool?

(1) Maturity Requirements of Good Practices

Implementation & Transferability – Key Requirements

- 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
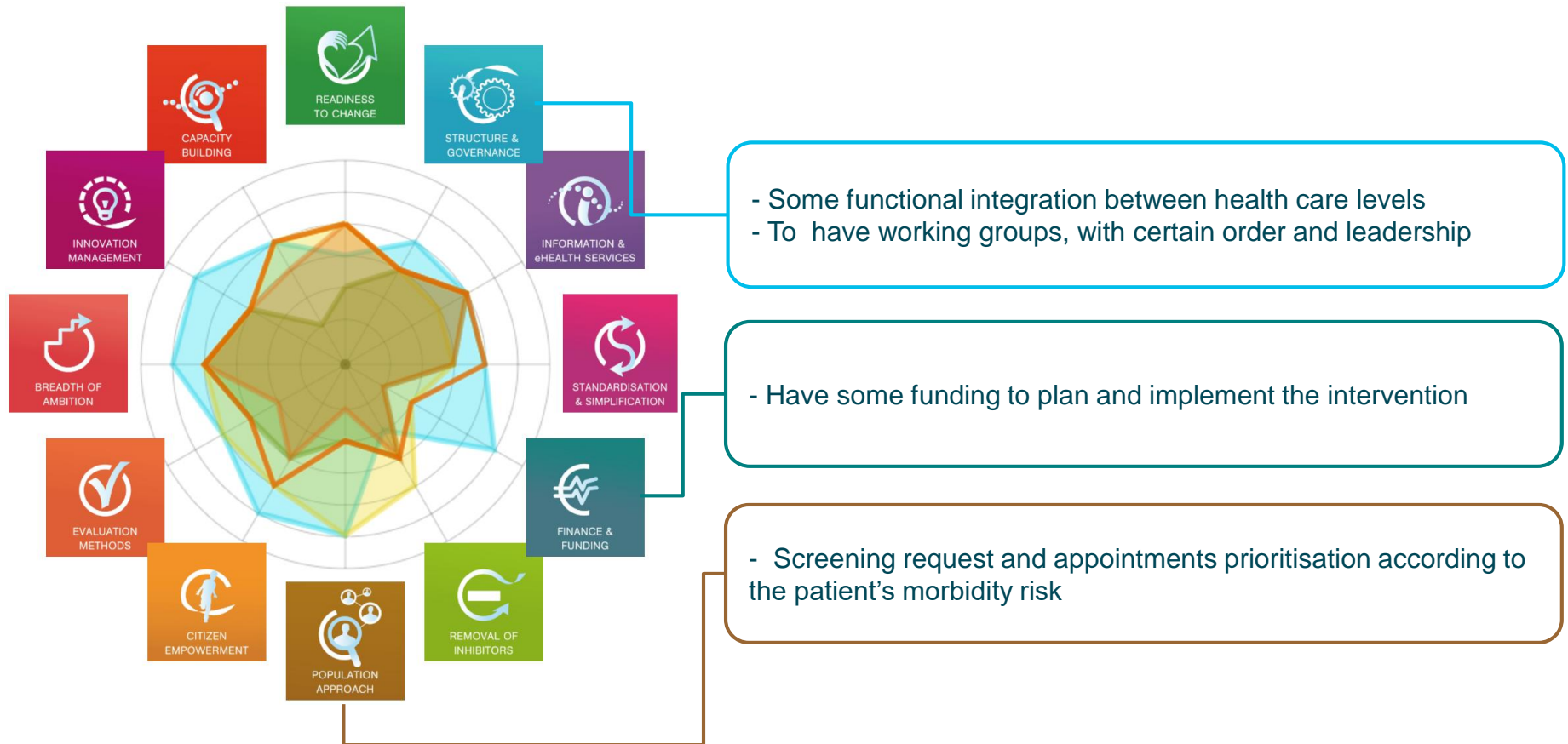
- Have cohesive structures between primary and specialized care and common communication channels and tools.
- It would be desirable to have integrated the social sector.

- 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

(1) Maturity Requirements of Good Practices

Implementation & Transferability – Not as Relevant Requirements

- Some functional integration between health care levels
- To have working groups, with certain order and leadership

- Have some funding to plan and implement the intervention

- Screening request and appointments prioritisation according to the patient's morbidity risk

(2)Maturity of Healthcare System

Get ready!

Strengths

READINESS TO CHANGE

STRUCTURE & GOVERNANCE

BREADTH OF AMBITION

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Scaling Integrated Care in Context

Weaknesses

FINANCE & FUNDING

INFORMATION & eHEALTH SERVICES

POPULATION APPROACH

READINESS TO CHANGE

STRUCTURE & GOVERNANCE

INFORMATION & eHEALTH SERVICES

STANDARDISATION & SIMPLIFICATION

FINANCE & FUNDING

REMOVAL OF INHIBITORS

POPULATION APPROACH

CITIZEN EMPOWERMENT

EVALUATION METHODS

BREADTH OF AMBITION

INNOVATION MANAGEMENT

CAPACITY BUILDING

(3) Facilitation of Discussions & Negotiations

(4) Consensus-building
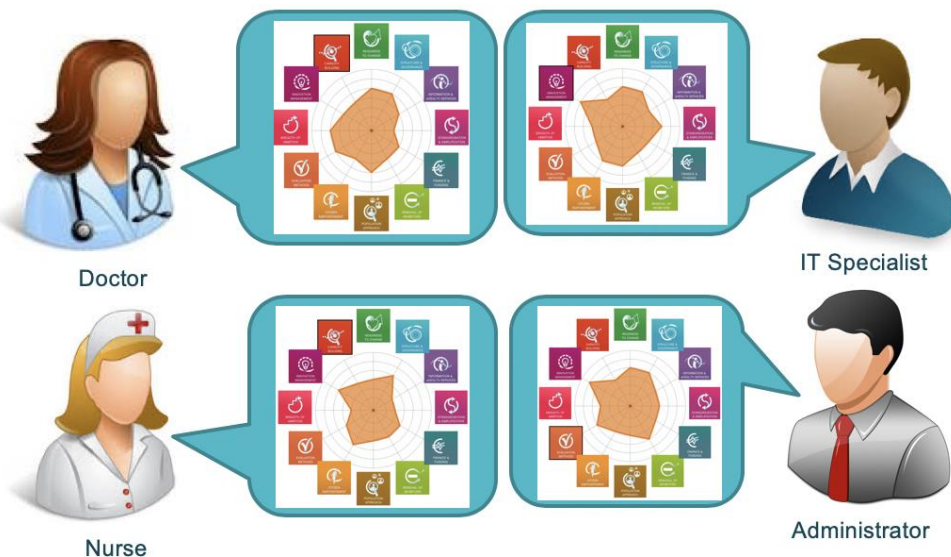
(5) Facilitation of Knowledge Transfer

Learn from others!

COMMONALITIES

Capacity building

Innovation Management

Structure and Governance

eHealth

Local conditions enable transferability of learning

STRENGTHS

5. Finance and funding

6. Removal of inhibitors

No need for adaptation except for Dimension 6 that needs further work

DIFFERENCES

Readiness to change

Standardisation & Simplification

Population approach

Citizen Empowerment

Evaluation methods

Breadth of ambition

Not feasible to transfer

What is next?
SCIROCCO Exchange Hub

Knowledge transfer as an enabler of capacity-building support

"Knowledge transfer is a "contact sport"; it works better when people meet to exchange ideas and spot new opportunities" – Tim Minshall

SCIROCCO Exchange Knowledge Management Hub

Integrator and facilitator of capacity-building support for integrated care

Speed up!

Dedicated support and infrastructure for capacity-building

Knowledge Management Hub

Evidence-based Capacity-building Support

1. Maturity assessment for integrated care
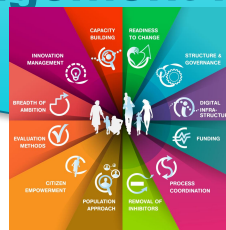
Priorities for improvement: strengths and weaknesses of local environment for integrated care

4. Improvement Plans

Co-designing technical assistance tailored to the maturity and local context
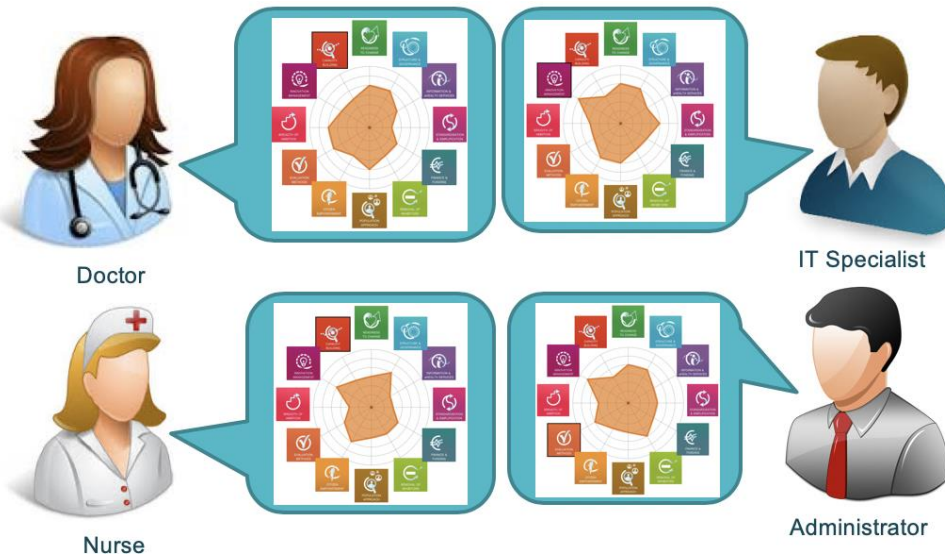
SCIROCCO Exchange Knowledge Management Hub

2. Capacity-building assets

Access to existing evidence

3. Knowledge transfer

Capacity-building support
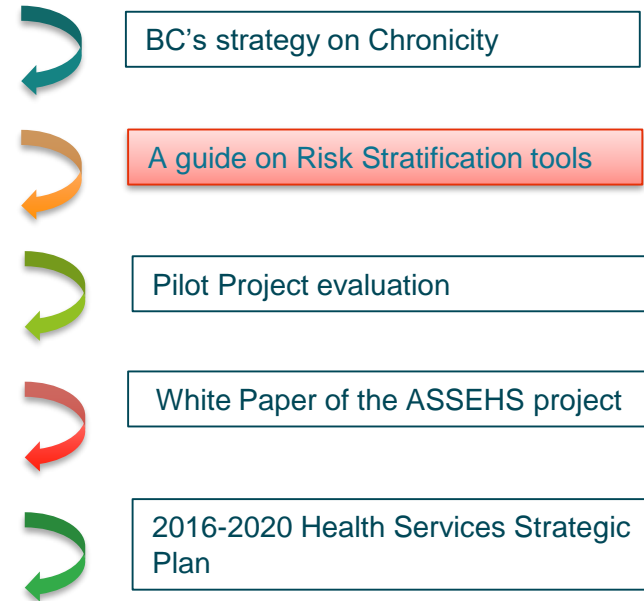
1. Maturity Assessment

2. Capacity-building Assets

What support is available?

Improvement of Population Approach dimension

Assessment scale:

0 – Population health approach is not applied to the provision of integrated care services

1 – Population-wide risk stratification considered but not started

2 – Risk stratification approach is used in certain projects on an experimental basis

3 – Risk stratification used for specific groups i.e. those who are at risk of becoming frequent service users –

4 – A population risk approach is applied to integrated care services but not yet systematically or to the full population

5 – Whole population stratification deployed and fully implemented.

BC's strategy on Chronicity

A guide on Risk Stratification tools

Pilot Project evaluation

White Paper of the ASSEHS project

2016-2020 Health Services Strategic Plan

3. Knowledge Transfer

Study visits
Mentoring
Exchange of staff
Educational webinars
Awareness raising events

How to access the support?

How to capture the learning?

Dimension		Score	Features
STANDARDISATION & SIMPLIFICATION	Maturity requirements of Good Practice	3	The activation of the remote monitoring doesn't need specific ICT standards to work interconnected with the Regional Platforms The Technology adopted answers to the most common standards normally in use nowadays in ICT systems.
	Maturity of healthcare system in receiving region - Scotland	1	Discussion of the necessity of ICT to support integrated care and of any standards associated with that ICT is initiated. There is a lot of recognition of the need of ICT to support integrated care, and of the need for standards. Nothing is in place for social care. Discussion is underway.

Features	Covered (yes/no)	Feasibility	Potential features for adaptation
Inter-connection to national/regional platforms to allow information sharing Scotland: There is no regional/national platform; standalone standards for clinical data rises the issue with scaling up; there is a good discussion in place about standards; existence of different standards for health and social care	No	Yes with lot of efforts	Single sign-in is needed Need for Digital first standards for the service design (operational standards)

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4. Improvement Plans

What can I do to improve my local conditions?

Is it feasible?

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	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 "*Buoni Servizio*" 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).	The regional Agency for Health and Social Service (ARESS) provides the technical support for Department for Health Promotion, Social Affair and Sports for all. The Agency main role is to foster health and social Innovation processes in the region.

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

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 of Scotland in engaging the third sector in the provision of integrated care. |
| Integration of funding system | 1. Overcome the fragmentation of funding for integrated care service 2. Promote the scaling up of existing pilots (e.g. *Buoni Servizio*) 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 | |
| Improved data collection and information sharing | 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). 2. Accelerate the integration of ICT platform in order to share data (across health and social care settings) | Better management of citizens needs and reduction of inappropriate use of health and social care services | |

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Expected Outcomes

Improved knowledge on local priorities and needs for support in implementing and scaling-up of integrated care.
Improved capacity to search for knowledge and capacity-building support for implementation and scaling-up of integrated care.
Improved capacity of healthcare authorities to adopt and scale-up integrated care.
Improved informed decision-making on the design, implementation and scaling-up of integrated care.
Increased use of the SCIROCCO Exchange Knowledge Management Hub in the process of adoption and scaling-up of active and healthy ageing solutions.

andreapavlickova@nhs.net

www.sciroccoexchange.com

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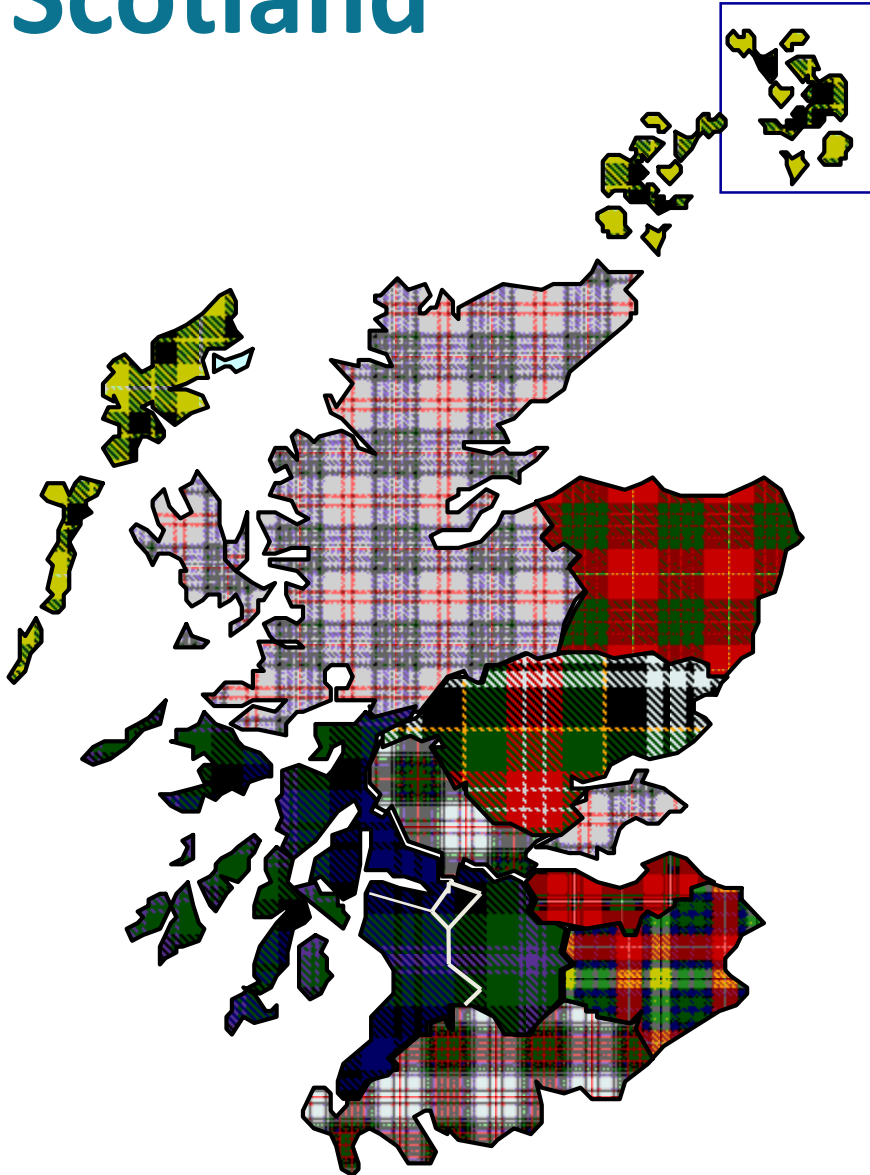
Maturity of integrated care in Scotland - What can we learn?

Donna Henderson
Head of International Engagement
Scottish Government

Scotland

- Devolved Parliament
- £13.1 billion budget
- Population 5.4 million
- Universal Healthcare
- Integrated health and social care delivery
- 14 + 8 NHS Health Boards
- 31 Integration Authorities
- Free personal care for 65+

The Challenge

- Higher public expectations of the health and care system

- More people living longer and into very old age

- Increasing prevalence of illness, particularly chronic conditions

- New medicines and technologies available to support people

- Inflation

Together, these make healthcare less financially sustainable each year.

This is not just a sustainability challenge, it is also a quality challenge.

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Reform of health and social care

We want to ensure that:

- adult **health and social care services** are firmly **integrated around the needs of individuals**, their carers and other family members;

- the providers of those services are held to **account jointly and effectively for improved delivery**;

- services are underpinned by **flexible, sustainable financial mechanisms** that give **priority to the needs of the people** they serve rather than the needs of the organisations through which they are delivered; and

- those arrangements are characterised by **strong and consistent clinical and professional leadership**.

Health and Social Care Integration

Supporting people to live well and independently at home or in a homely setting in their community for as long as possible

▷ www.scotland.gov.uk/HSCI
▷ follow us on twitter @scotgovIRC

The Scottish Government
Riaghaltas na h-Alba

There's no ward like home

Scottish Government commitments

- **By 2018**, we aim to reduce unscheduled bed-days in hospital care by up to 10% (i.e. by as many as 400,000 bed-days) by reducing delayed discharges, avoidable admissions and inappropriately long stays in hospital.

- **By 2021**, we aim to ensure that everyone who needs palliative care will get hospice, palliative or end of life care . . . The availability of care options will be improved by doubling the palliative and end of life provision in the community, which will result in fewer people dying in a hospital setting.

Key ingredients

- Nationally **agreed outcomes**, supported by **indicators**
- Primary care, community and social care together with those aspects of hospital care linked to unplanned admissions
- **New accountable Boards** that plan and commission all services, with a **focus on localities**
- **Single budget** for health and care services
- **Operational integration** of services

Public Bodies (Joint Working) (Scotland) Act 2014

9 national health and wellbeing outcomes

- 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 or 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 people who use those services

- Health and social care services contribute to reducing health inequalities

- People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing

- People using health and social care services are safe from harm

- People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide

- Resources are used effectively and efficiently in the provision of health and social care services
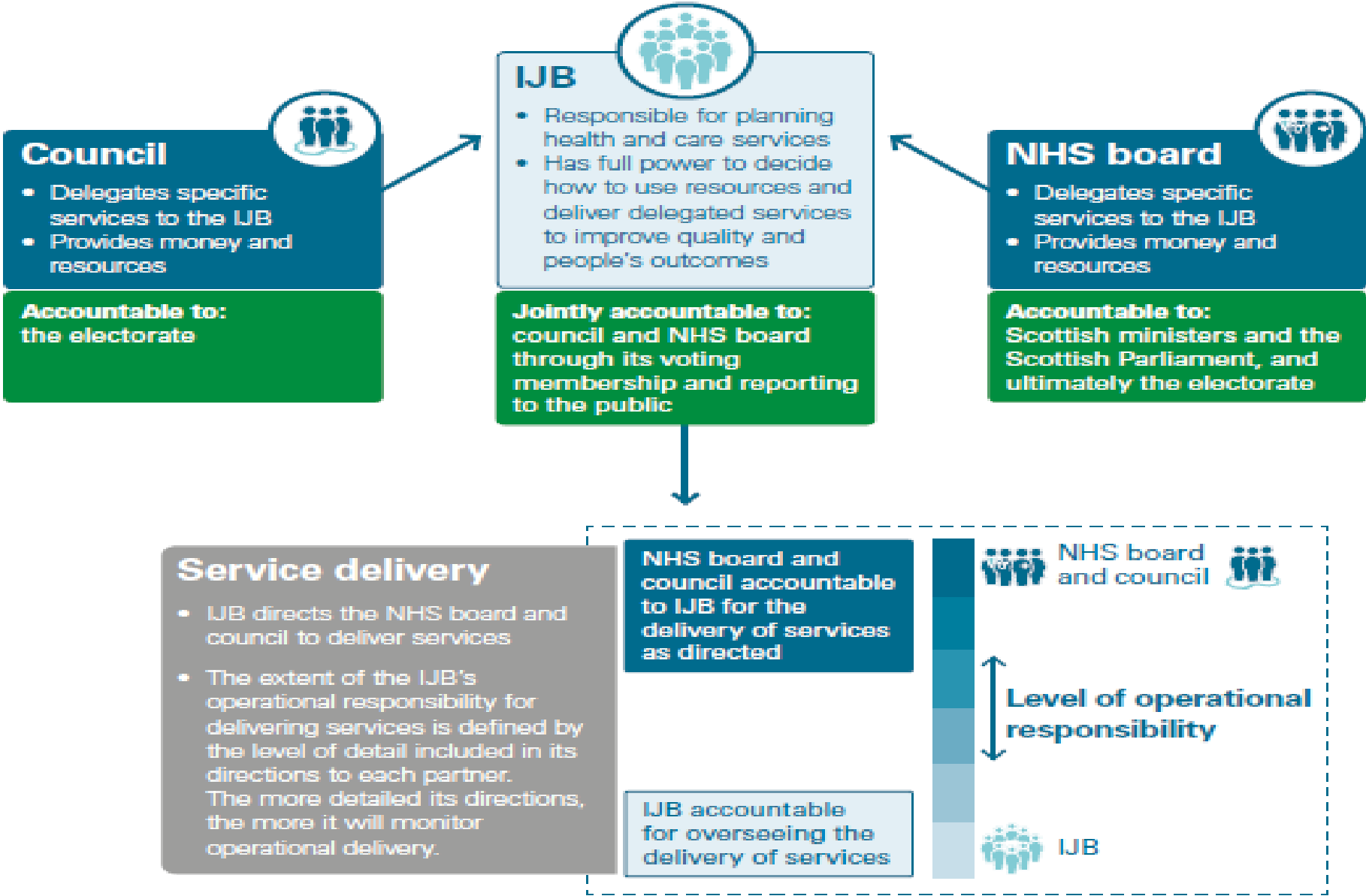
12 principles within the Act

- Be integrated from the point of view of the people who use services
- Take account of the particular needs of service users in different parts of the area in which the service is being provided
- Respect rights of service users
- Protect and improve the safety of service users
- Improve the quality of the service
- Best anticipate needs and prevent them arising
- Take account of the particular needs of different service users
- Take account of the particular characteristics and circumstances of different service users
- Take account of the dignity of service users
- Take account of the participation by service users in the community in which service users live
- Is planned and led locally in a way which is engaged with the community
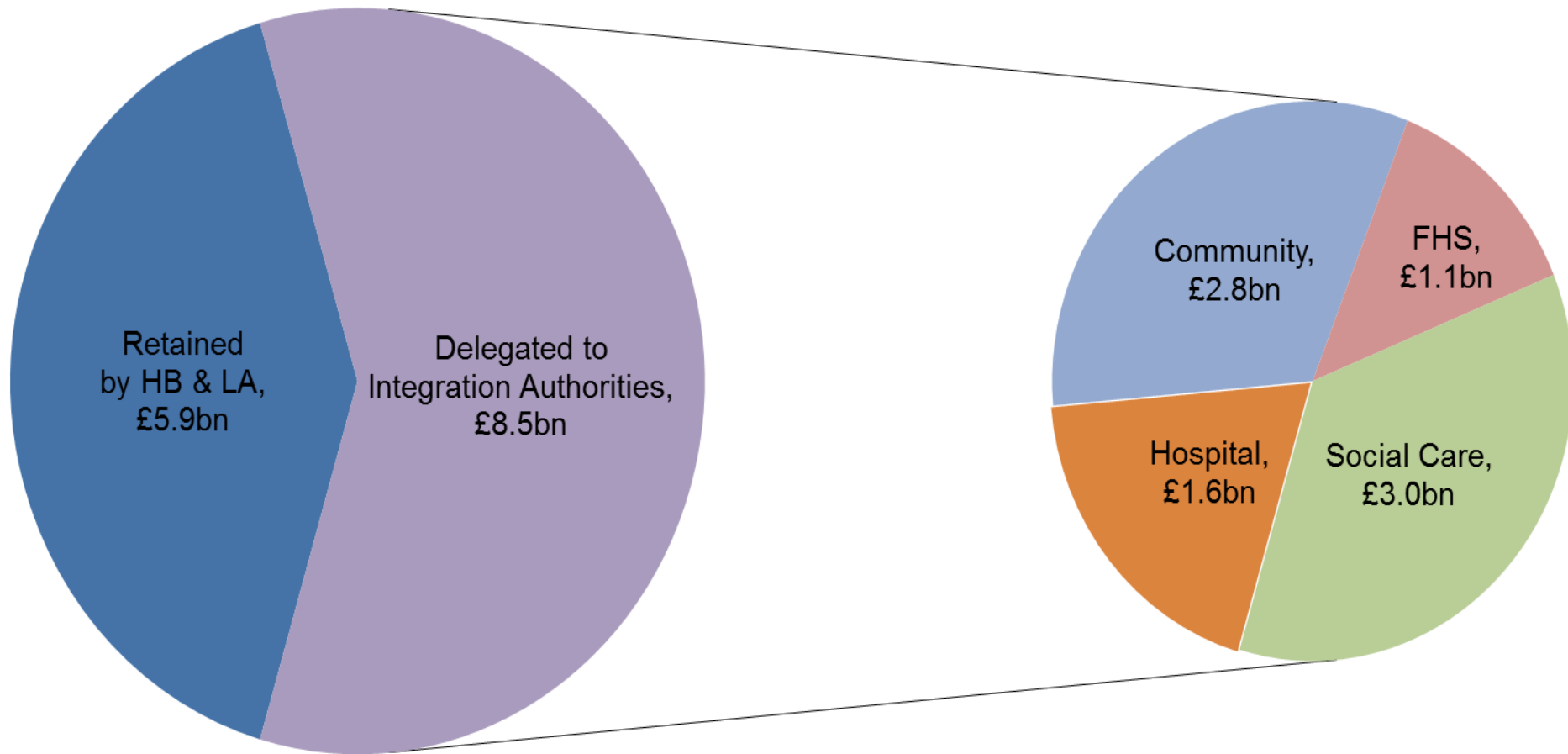- Make best use of the available facilities, people and other resources
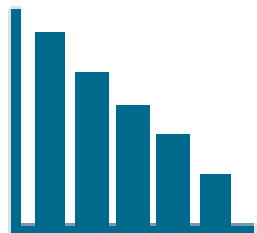
6 national indicators

- Acute unplanned bed days
- Emergency admissions
- A&E performance (including four-hour A&E waiting time and A&E attendances)
- Delayed discharge bed days
- End of life spent at home or in the community
- Proportion of over-75s who are living in a community setting

Integrated Joint Boards

Council
- Delegates specific services to the IJB
- Provides money and resources

Accountable to: the electorate

IJB
- Responsible for planning health and care services
- Has full power to decide how to use resources and deliver delegated services to improve quality and people's outcomes

Jointly accountable to: council and NHS board through its voting membership and reporting to the public

NHS board
- Delegates specific services to the IJB
- Provides money and resources

Accountable to: Scottish ministers and the Scottish Parliament, and ultimately the electorate

Service delivery
- IJB directs the NHS board and council to deliver services
- The extent of the IJB's operational responsibility for delivering services is defined by the level of detail included in its directions to each partner. The more detailed its directions, the more it will monitor operational delivery.

NHS board and council accountable to IJB for the delivery of services as directed

IJB accountable for overseeing the delivery of services

NHS board and council

Level of operational responsibility

IJB

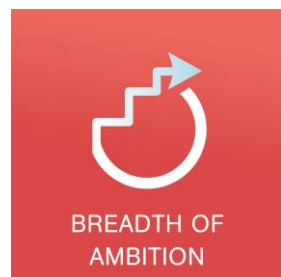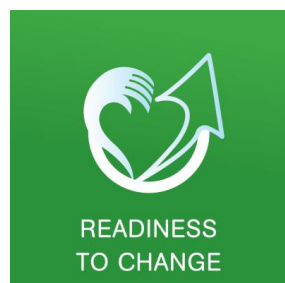Source: Audit Scotland

Delegated Budgets

Using the SCIROCCO tool in Scotland

- Self-assessment of the maturity of integrated care in Scotland

- Self-assessment of the maturity requirements of three good practices deployed in the system

- Twinning and coaching activities with other regions

Maturity Assessment of Integrated Care in Scotland

Strengths

READINESS TO CHANGE

STRUCTURE & GOVERNANCE

BREADTH OF AMBITION

Weaknesses

FINANCE & FUNDING

INFORMATION & eHEALTH SERVICES

POPULATION APPROACH
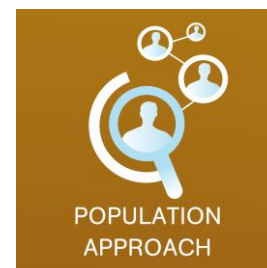
Twinning as an "originator" in SCIROCCO

Objective:

- Transfer integrated care solutions between Scirocco partners

Role of the regions in twinning and coaching:

- Basque Country, Spain – receiving region
- Puglia, Italy – receiving region
- Scotland – transferring region (originator)

Focus of the twinning and coaching:

- The role and engagement of third sector organisations in the provision of health and social care

Twinning as an originator in SCIROCCO

Rationale for Basque Country and Puglia:

- Culturally, **families are the ones that support** informal care of people at need.
  - Economic crisis increased the burden on families
- Coordination between health and social sectors
- **But** regarding the collaboration between health and third sector:
  - Lack of **culture of working together**
  - Lack of a **framework** for the coordination of third sector
  - **Roles** are not defined

There is a **need to further engage the third sector i**n the provision of integrated care to face the increasing aged population and limited resources

Objectives of the twinning

- ► Inquire **how to achieve greater involvement of the Third sector** as an active agent in creating a common vision of health and wellbeing
- ► **Learn from the Scottish system**, which has a strong Third sector, which carries out an enormous range of activities, including the provision of social care services.

Situation of Third Sector in Scotland

Legislation on health and social care integration provided the framework for the engagement of Third Sector; link to Scotland's vision and ambition of full integration

Dialogue; partnership-building approach
Existence of umbrella organisations to coordinate and align the activities

Third Sector Data in Health and Social Care Working Group to support building the partnerships and increase the capacity of data collection

Existence of Care Inspectorate which oversees the quality of services provided by third sector

Local conditions for the transferability of learning – Basque Country

Scottish maturity requirements

Maturity of the Basque Country's Health system

Priority actions to enable conditions for the adoption of learning in Basque Country

Priority actions to evaluate the quality of the provision of Third sector integrated care services:

- **Set up a group** with representatives from the Health and Social sectors, including representatives from the Third sector
- **Identify a set of indicators** of Third sector participation and activity and to include them in the:
  - Framework Contract of The Ministry of Health and Osakidetza
    The Framework Contract is set as the main tool of the Health system, and allows aligning funding, resources and services to health care priorities. It is evaluated annually.
  - Preferential Offer of the Integrated Care Organisations of Osakidetza.
    Includes a set of preventive and diseases control interventions to be deployed in Primary and Community Care

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Local conditions for the transferability of learning – Puglia region

DIFFERENCES

Readiness to change

Standardisation & Simplification

Population approach

Citizen Empowerment

Evaluation methods

Breadth of ambition

Not feasible to transfer

Priority actions to enable conditions for the adoption of learning in Puglia region

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	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 "Buoni Servizio" 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).	The regional Agency for Health and Social Service (ARESS) provides the technical support for Department for Health Promotion, Social Affair and Sports for all. The Agency main role is to foster health and social Innovation processes in the region. 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 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 of Scotland in engaging the third sector in the provision of integrated care.
Integration of funding system	1. Overcome the fragmentation of funding for integrated care service 2. Promote the scaling up of existing pilots(e.g. Buoni Servizio) 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	
Improved data collection and information sharing	1. Make possible the full implementation of the concept of personalise medicine and "big data" in order to inform the definition of the "PDTA" Health and Social Care Pathways and protocols. 2. Accelerate the integration of ICT platform in order to share data (across health and social care settings)	Better management of citizens needs and reduction of inappropriate use of health and social care services	

Twinning as an "adopter" in SCIROCCO

Type of twinning:

- Learn from a particular aspect of integrated care

Role of the regions in twinning:

- Scotland – receiving (adopter) region
- Puglia region, Italy – transferring (originator) region

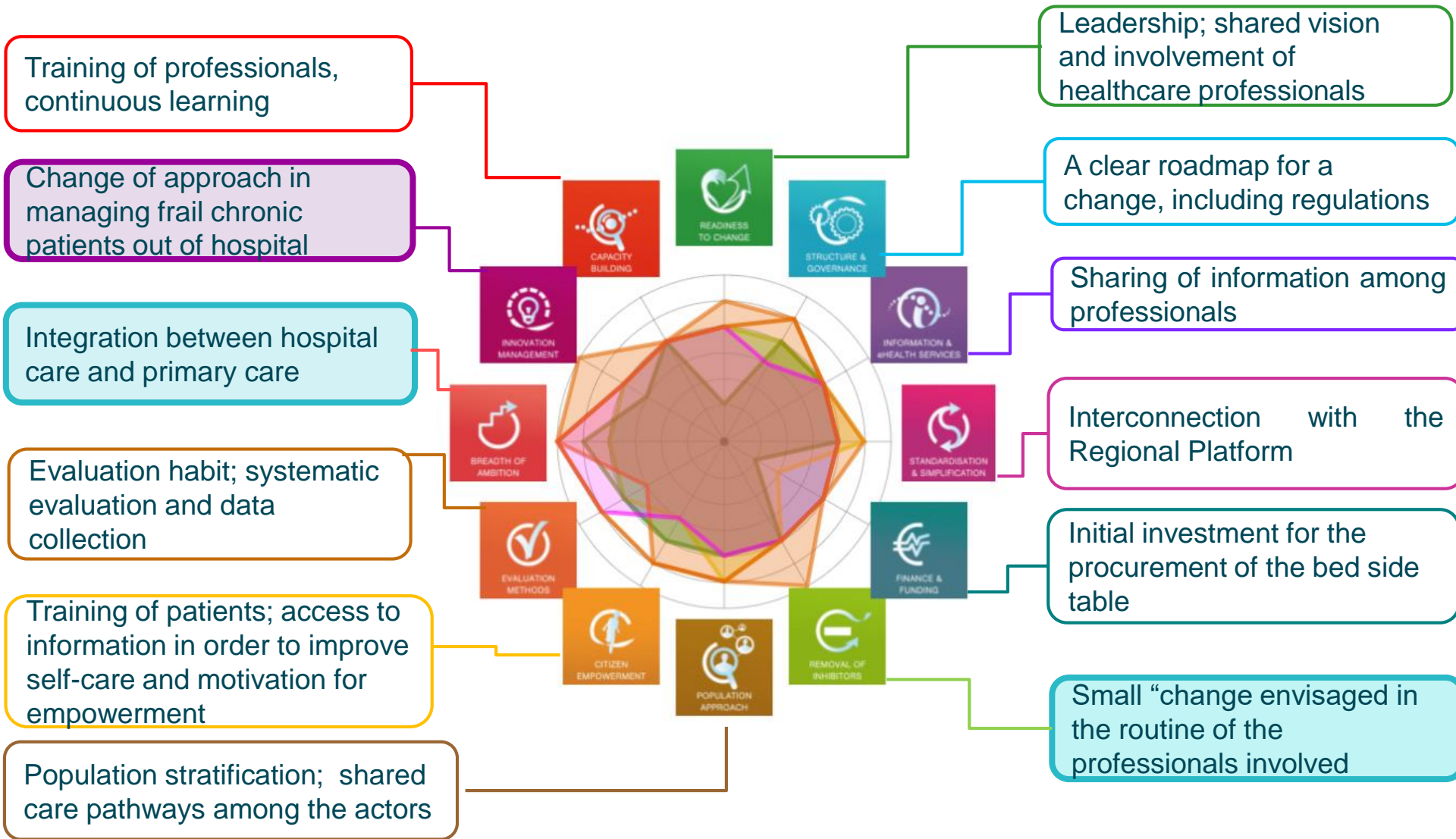**Rationale:**

- Identified similar issues and ambitions to assist people to be cared for at home or as near to home as possible (Scottish National Outcomes).
- Helped identify the areas of good practice to prioritise in our Action Plan.

Focus of the twinning:

- Telemonitoring, teleconsultation and telecare project for patients with Heart Failure, COPD and Diabetes in Puglia

Maturity Requirements of TeleHomeCare

Training of professionals, continuous learning

Change of approach in managing frail chronic patients out of hospital

Integration between hospital care and primary care

Evaluation habit; systematic evaluation and data collection

Training of patients; access to information in order to improve self-care and motivation for empowerment

Population stratification; shared care pathways among the actors

Leadership; shared vision and involvement of healthcare professionals

A clear roadmap for a change, including regulations

Sharing of information among professionals

Interconnection with the Regional Platform

Initial investment for the procurement of the bed side table

Small "change envisaged in the routine of the professionals involved

Conditions for the transferability of learning

Puglia maturity requirements

Maturity of the Scottish Health system

Scotland's priority actions to enable conditions for the adoption of learning

- **Improved citizen empowerment** - enabling truly integrated care requires an increase in public awareness and engagement.

- **Evaluation** – to enable robust future business cases we require data to be integrated from both health and social care systems.

Donna Henderson
Head of International Engagement
TEC and Digital Healthcare Innovation Division
Scottish Government

Donna.henderson1@nhs.net

Maturity of integrated care in the Basque Country – What can we learn?

Jon Txarramendieta
KRONIKGUNE

Basque Country

► Population: 2.17M

► High level of self-government: Basque Parliament and Government with major legislative and executive powers (Education, Health, Police, etc.)

► Fiscal autonomy, own system of taxation

► Highest investment in R&D in Spain, around European average.

► Basque health system: financed by taxes (Beveridge model).

 ▪ 3,605 M€ in 2018

► Social services are managed by local and provincial authorities

2017-2020 Basque Health Department Strategy

1. People as core of the system, and tackling health inequalities

2. Disease prevention and promotion of health

3. Ageing, chronicity and dependence

4. System sustainability and modernisation

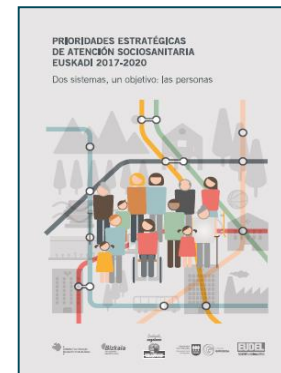5. Professionals of the health system

6. Research and innovation

Health Research &
Innovation Strategy
2020

Health Ministry
2017-2020

Health Plan
2013-2020

Social and Health
Care guidelines
2017-2020

**Osakidetza Strategy
2017-2020**

Care problems

Fragmentation

Discontinuity

Enviroment

Hospital centered care

Focused on episodes

Increasing costs

Patient out of the radar

Reactive

…

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Integrated care in the Basque Country

► **Based on three pillars:**

➢ Integrative governance

- • Create synergies between different levels of care

➢ Population approach

- • Coordination with social and public health actors

➢ Culture and values

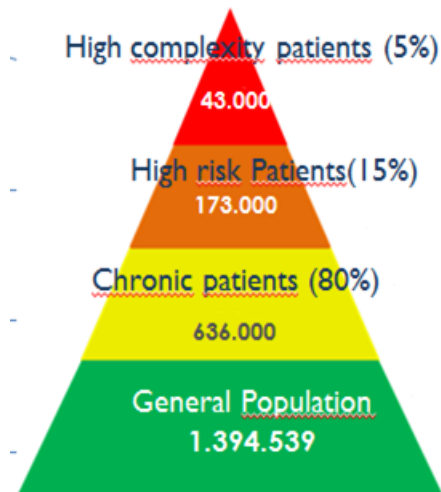- • Change from the culture of fragmentation to a culture of integration

Integrated care in the Basque Country

► Structural integration - Integrated Healthcare Organisations (IHO)

- To achieve less fragmented, more coordinated, more efficient and higher quality care

- Merges a hospital and primary care centers under one organisation with a defined population catchment area.

  - 13 Integrated HealthCare Organizations (IHO).

  - 2 Sub-acute Hospitals

  - 3 Mental Health Nets

  - +30.000 Healthcare professionals

► Functional integration:

- Coordination of care process between primary and specialist care

- Design clinical pathways for High Complexity Patients or Multimorbid patients

- Polypharmacy management

- Social and Health coordination

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Some keys

ANTICIPATION

- Risk stratification approach

High complexity patients (5%)
43.000

High risk Patients(15%)
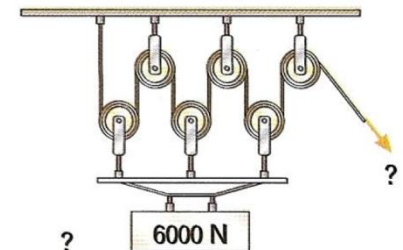173.000

Chronic patients (80%)
636.000

General Population
1.394.539

LONGITUDINAL PERSPECTIVE CARE

- Individualised plans of care

- Integrated care pathways

- Citizen empowerment

Individualized Plan of Care
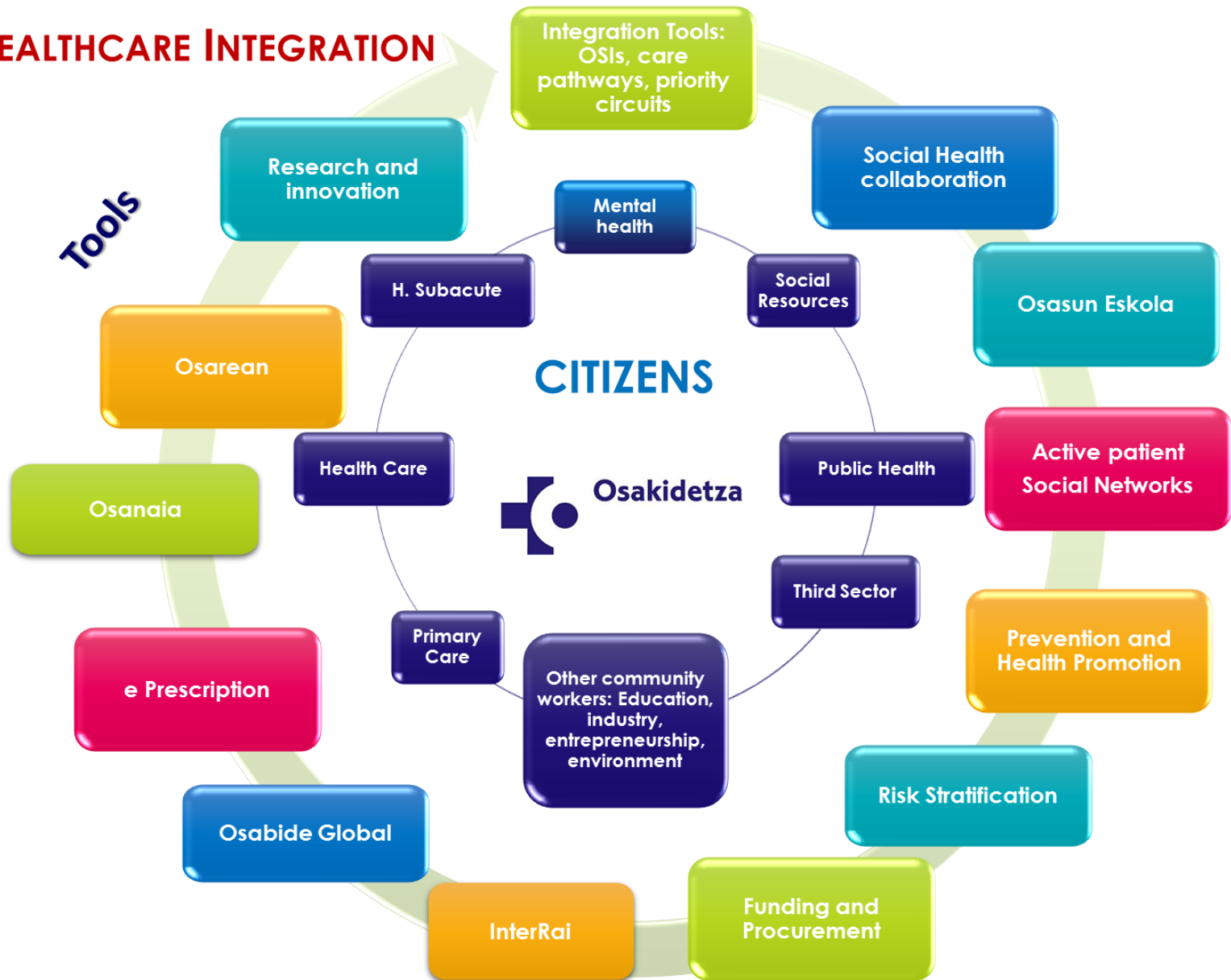
MULTIDIMENSIONAL ACTION

- Inside healthcare system
- With the social services

6000 N

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HEALTHCARE INTEGRATION

Tools

Integration Tools: OSIs, care pathways, priority circuits

Research and innovation

Social Health collaboration

Mental health

Social Resources

Osasun Eskola

H. Subacute

Osarean

CITIZENS

Public Health

Active patient Social Networks

Health Care

Osakidetza

Osanaia

Third Sector

Prevention and Health Promotion

e Prescription

Primary Care

Other community workers: Education, industry, entrepreneurship, environment

Risk Stratification

Osabide Global

InterRai

Funding and Procurement

European projects – SCIROCCO

► Self-assessment of the maturity of the integrated care in the Basque country

► Self-assessment of the maturity requirements of three good practices deployed in the system

► Twinning and coaching activities

Experiences – SCIROCCO Tool

Self-assessment of the maturity of the integrated care in the Basque Health system

Twinning and coaching in SCIROCCO

► **Objective**

    ► Transfer integrated care solutions between Scirocco partners

► **As originator (transferring) region**

    ■ Transfer the Basque "Advanced Care Planning in IHO Araba" Good Practice to Norrbotten Region

► **As adopter (receiving) region**

    ■ Learn from engagement of the third sector organisations in the provision of health and social care in Scotland

Twinning as originator in SCIROCCO

► **Type of the twinning:**

- Transfer a Good Practice

► **Role of the regions in twinning and coaching:**

- Basque Country – Transferring region
- Norrbotten– Receiving region

► **Rationale:**

- There is a need to educate healthcare professionals about a new way of thinking and delivering care
- The ambition of the Norrbotten Region is to **design a common system for advanced care planning where patients can take an active role** and communicate with healthcare professionals as required

► **Focus of the twinning**

- Learn from the "Advanced Care Planning in IHO Araba " Good Practice

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Conditions for the transferability of learning

Basque Good practice's mat. requirements

Maturity of Norrbotten's Health system

Twinning as adopter in SCIROCCO

► **Type of the twinning:**

- Learn from a particular aspect of integrated care

► **Role of the regions in twinning:**

- Scotland – Transferring region
- Basque Country – Receiving Region

► **Rationale:**

- There is a need to further **engage the Third Sector in the provision of integrated care,** to face the increased aged population and limited resources

► **Focus of the twinning:**

- Role and engagement of the third sector organisations in the provision of health and social care in Scotland

Conditions for the transferability of learning

Scottish maturity requirements

Maturity of the Basque Country's Health system

Benefits of twinnings

"AS ORIGINATOR"

- ➢ **Underline** good practice/ integrated solution locally and **evaluate** its transferability

- ➢ **Update** good practice/integrated solutions knowledge and documentation

- ➢ **Refresh commitments**

- ➢ **Improve** internal **communication**

- ➢ **Enhance local coordination/"networking"**

- ➢ External positive feedback **incentive**

"AS ADOPTER"

- ➢ **Arise awareness** among stakeholders

- ➢ **Knowledge exchange** to address gaps

- ➢ Evaluate adequacy of innovations, implementation barriers, changes needed

- ➢ **Collaborate** in research to gather expertise and competences

- ➢ **Improve internal communication** and build trust

Conclusions about SCIROCCO exercises

➢ **Our expectations were fulfilled** – It is crucial to manage them, do not over expect

➢ **Was great** to visit facilities and understand different structures and organizations in order **to compare and learn**

➢ **Having multi-disciplinary teams involved enriched discussions and learning**

➢ **Is key to invest adequate resources and preparation time to get all key experts involved**

➢ **Longer timeline for the implementation of twinning activities**

➢ **Using the SCIROCCO Tool:**

   ➢ Made us aware of what we have in place in our region

   ➢ Facilitated discussions to ease the detection of barriers, suggest solutions to adapt implemented features…

Lessons learnt

All stakeholders needs accounted for when defining **new organisational models.**

New care pathways have to be integrated into day to day practice: care as usual

Use population **risk stratification**

Involvement of decision-makers to facilitate new organization and working procedures and encourage up taking new responsibilities.

Learning curve: It takes time and resources, facilitate them!

European projects help!

Thank you!!!

**Facilitated discussion
&
Conclusive remarks**