# D7.1 Knowledge Transfer Programme

## WP 7 Knowledge Transfer

Co-funded by
the Health Programme
of the European Union

The SCIROCCO Exchange project is co-funded by the Health Programme of the European Union under Grant Agreement No.: 826676 (Chafea)

# Document information

## Organisation responsible – Assembly of European Regions

## Authors

Birgit Sandu, Assembly of European Regions

Johanna Pacevicius, Assembly of European Regions

## Delivery date – 30 July 2022

## Dissemination level

| P | Public |
|---|---|

## Statement of originality

This deliverable contains original unpublished work except where clearly indicated otherwise.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

## EC Disclaimer

"The content of this Deliverable represents the views of the author only and is his/her sole responsibility; it cannot be considered to reflect the views of the European Commission and/or the Consumers, Health, Agriculture and Food Executive Agency or any other body of the European Union. The European Commission and the Agency do not accept any responsibility for use that may be made of the information it contains."

## Executive Summary

The Report provides a comprehensive overview of the Knowledge Transfer Programme co-developed and implemented in the Work Package 7 (WP7) of the SCIROCCO Exchange project. Knowledge Transfer is a mutually beneficial methodological approach for the exchange of know-how between professionals and stakeholders to foster capacity-building within their different ecosystems. SCIROCCO Exchange adopted knowledge transfer as one of the core pillars to support the nine regions/countries and healthcare authorities in the project in preparing the ground for the adoption and/or scaling-up of integrated care and to improve their existing system and services design.

The aim of WP7 was two-fold: On the one hand, to design bottom-up personalised assistance and practical support tailored to the local needs and priorities of the nine health and social care authorities in the project; and on the other hand, to facilitate the purposely designed knowledge transfer in the nine authorities in order to prepare the local environment for the transition towards/scaling-up of integrated care.

The work was informed by the results of the maturity assessment previously performed by the nine authorities (WP5)[1]. Results from the maturity assessment were employed to make an informed decision about which dimension(s) of integrated care healthcare authorities wanted to strengthen through the Knowledge Transfer Programme (as 'learning/receiving region'), and on what dimension(s) they wanted to share their expertise (as 'coaching/transferring region'). Building on this, partners followed a well-structured process for the co-design of the personalised knowledge transfer for each healthcare authority: Regions specified their needs and objectives for the knowledge transfer, seeking to identify specifically what each region wanted to achieve; which local stakeholders should have been involved, what capacity-building assets they wanted to use to build their knowledge, what knowledge transfer activity(ies) was better designed to address their specific objectives and needs, to then finalise the co-design of the knowledge transfer, and finally move to its implementation and evaluation.

The designed Knowledge Transfer Programme gathered a set of knowledge transfer activities (a 'menu' of activities) identified and/or adapted to be effective for the purpose of the SCIROCCO Exchange project. Knowledge transfer activities were classified into 5 main categories: 1) Expert mission to the receiving region; 2) events in the receiving region, or in another relevant place, with peers and experts from the SCIROCCO Exchange Consortium; 3) capacity-building activities in the receiving region or elsewhere if relevant; 4) study visit to transferring region/entity; and 5) exchange, secondment or placement of staff.

The implementation of the Knowledge Transfer Programme within the nine healthcare authorities resulted in the organisation of several and diversified knowledge transfer activities. While the outbreak of the pandemic had a direct impact on the implementation of the activities as initially planned by preventing the face-to-face meeting of people and

[1] E. A. Graps, S. Mingolla, E. Pantzartzis, A. Pavlickova, & T. Alhambra (2020) 'D5.1 Readiness of European Regions for Integrated Care: WP5 Maturity Assessment for Integrated Care' online at: https://www.sciroccoexchange.com/uploads/Scirocco-Exchange-D5.1-Readiness-of-EU-regions-for-integrated-care-V1.0-with-Annexes_compressed-1.pdf

limiting travel to the most urgent cases, the needs and ambition of the knowledge transfer were confirmed and in-depth planned online alternative of the Programme allowed to work in the same agreed framework. Among these, some partners implemented knowledge transfer activities focused on the exchange of knowledge and good practices with the experts in the consortium (having workshops functioning like study visits, webinars as conferences, and online peer to peer sessions), while others organised activities more focused on their regional ecosystems (as the organisation of a Master and a training for local professionals and stakeholders), as well as a combination of the two, hence reflecting the different needs, objectives, and local contexts of the participating authorities.

Despite the difficult circumstances, the Knowledge Transfer Programme successfully met its set objectives of enabling access and exchange of knowledge and practices among the experts and stakeholders from the nine healthcare authorities, hence preparing the ground for the adoption and scaling-up of integrated care within their regional systems. What was particularly relevant to the achievement of this outcome was to have very clear and well-specified needs, intention-driven activities and tailored to bring obvious value to stakeholders, regular reassessments on the validity of the co-developed knowledge transfer, intense preparatory work for the knowledge transfer activities, centralised and continuous management of the work and interactions, a solid community with prior connection, a small step approach, and the exploitation of the opportunities offered by online activities formats.

Experienced limits relate especially to the burden posed by the pandemic on the work and availability of the healthcare professionals, and in some cases to parallel healthcare priorities within the regions. However, the overall impact of the Knowledge Transfer Programme was smaller than expected as it meant to be implemented as part of a broader process, setting the ground for a long-term improvement path to be undertaken by each authority.

Scirocco Exchange
Capacity-building for integrated care

# Table of Contents

1. Introduction 6

2. Objectives of the Knowledge Transfer Programme 7

3. Design of personalised assistance 8

Facilitation & practical support ........ 8

4. Methodology 10

4.1. SCIROCCO Exchange methodology for capacity-building support ........ 10

4.2. Actors in the knowledge transfer ........ 11

4.3. Methodology for knowledge transfer ........ 11

5. Scirocco Exchange Knowledge Transfer Programme 16

5.1. Expert mission to receiving region ........ 17

5.2. The Smart Specialisation (S3) Platform peer reviews ........ 17

5.3. AIEX PEER 2 PEER expert mission: ........ 18

5.4. Events in receiving region, or in other relevant place, with peers and experts from SCIROCCO Exchange Consortium ........ 18

5.5. Public awareness campaign ........ 22

5.6. Capacity-Building Activities in Receiving Region or elsewhere if Relevant. 22

5.7. Study Visit to Transferring Entity/ Region ........ 23

5.8. Exchange, Secondment or Placement of Staff ........ 25

6. Implementation of the Knowledge Transfer Programme 26

6.1. A variety of knowledge transfer programmes ........ 26

6.2. Impact of COVID-19 on the knowledge transfer programmes ........ 28

7. Experience of the regions in the Knowledge Transfer 31

7.1. Contents and formats ........ 31

7.2. Involvement of stakeholders ........ 31

7.3. Impact and follow-up ........ 31

8. Conclusion and Recommendations 32

8.1. Elements for a resilient knowledge transfer programme ........ 32

8.2. The relevance of peer learning & support for the deployment of integrated care systems ........ 33

9. Limitations 34

Annexes 35

Annex I: Table 1 Priorities for Knowledge Transfer Programme ........ 35

Annex II: Table 2 Overview of Knowledge Transfer Programme: objectives achieved via each knowledge transfer activity ........ 45

Annex III: Table 3 Overview of Knowledge Transfer Programme: practicalities ... 46

Annex IV: Implementation of SCIROCCO Exchange Knowledge Transfer Programme ........ 48

## Table of Figures

Figure1: SCIROCCO Exchange Evidence-based capacity building support 10

Figure2: SCIROCCO Exchange Knowledge Transfer Development & Planning Process 12

Figure3: Search function in Scirocco Exchange Knowledge Management Hub 14

Figure 4: Scirocco Methodology for study visits, PHASE 1: preparation 24

Figure 5: Scirocco Methodology for study visits, PHASE 2: implementation 24

Figure 6: Scirocco Methodology for study visits, PHASE 3: capturing the learning 24

## Abbreviations

AER: Assembly of European Regions
GOC: Goal Oriented Care
IFIC: The International Foundation for Integrated Care
KMH: Knowledge Management Hub
KTP: Knowledge Transfer Programme
LP: Lead Partner (Scottish Government)
OST: Open Space Technology
S3: Smart Specialisation Strategy
WP: Work Package

# 1. Introduction

Knowledge transfer is a key methodology to enable access to existing knowledge and evidence by building on mutually beneficial collaborations between professionals and stakeholders. In light of its effectiveness and strong added-value for sustained capacity-building, knowledge transfer has been identified as one of the four key capacity-building pillars in the process for the adoption and/or scaling-up integrated care defined by the SCIROCCO Exchange project. The work has moved from the results of the maturity self-assessment performed by the nine healthcare authorities during the first months of the project to making use of the capacity-building assets made available in the Knowledge Management Hub (KMH). Building on this, from March 2020 to December 2021, a personalised Knowledge Transfer Programme (KTP) was co-designed for each of the nine health and social care authorities (hence, leading to the actual development of personalised knowledge transfer programmes),, adjusted (following the outbreak of the pandemic), and implemented through the facilitation of the Assembly of European Regions (AER) and the Scottish Government. Despite the difficult circumstances for implementation of the KTPs - running in the context of a global pandemic crisis that stretched the resources of the healthcare sector and called for the establishment of restrictive measures across the world - the validity of the objectives for the knowledge transfer was confirmed and the work continued achieving its initial objectives and providing additional opportunities to strengthen the design and delivery of healthcare services also in response to the new challenges posed by the pandemic, as well as for the development and experimentation of online knowledge transfer activities.

The Report aims to provide a comprehensive overview of the SCIROCCO Exchange Knowledge Transfer Programme, how it was co-designed to meet the specific needs and objectives of healthcare authorities, its results and limitations. Accordingly, the Report describes:

- Objectives of WP7 Knowledge Transfer (Section1)
- The SCIROCCO Exchange knowledge transfer methodology (Section 2);
- The designed KTP (Section 3);
- The implementation of the KTP across the nine healthcare authorities and the adaption of the KTP following the outbreak of the COVID-19 pandemic (Section 4);
- The experience of the regions in the co-development and implementation of the knowledge transfer programmes (Section 5
- Conclusion and recommendations (Section 6);
- Limitations encountered (section 7).

Finally, detailed information concerning the co-development and implementation of the KTPs by each healthcare authority are included in the Annexes to the Report. These include the identification of priorities for the KTP (Annex I) specification of needs and objectives (Annex II), the nine Personalised Knowledge Transfer and Capacity-building Approaches co-developed for each of them (Annex III), a comprehensive list of the knowledge transfer activities implemented and finally the reports on the overall implementation of the KTPs outlined by each authority (Annex IV).

## 2. Objectives of the Knowledge Transfer Programme

For the purpose of facilitating access to evidence and know-how for the adoption/scaling-up of integrated care across European regional healthcare authorities, SCIROCCO Exchange identified mutual learning and exchange of good practices as core enablers for capacity-building support and relied on the knowledge transfer methodology to foster mutual exchanges among professionals from different regions. In this regard, the objectives of the project were two-fold:

- To **design bottom-up personalised assistance** and practical support tailored to the local needs and priorities in nine health and social care authorities in Europe that are seeking support in preparing the ground for the transition and scaling-up of integrated care and to improve existing system and services design.
- To **facilitate the purposely designed knowledge transfer** in the nine healthcare authorities in view of preparing the local environment for the implementation and scaling-up of integrated care.

To implement these objectives, the knowledge transfer was informed by the results of the maturity assessment (WP5), which revealed the readiness of the national, regional, and local healthcare systems and organisations for integrated care, including their strengths and weaknesses.

# 3. Design of personalised assistance

The design process considered the type of capacity support required by the healthcare authorities, as well as recommendations on the available capacity building assets and evidence on integrated care, as identified through the SCIROCCO Exchange KMH (WP4).

This involved:

- Support to raise awareness about the benefits of integrated care in a particular region through the organisation of webinars, workshops, seminars and campaigns on integrated care.
- Support to access particular tool(s), guidelines and/or framework(s) for implementation, design and evaluation of integrated care facilitated by the SCIROCCO Exchange KMH.
- Support to access relevant experts and/or networks to advise on a specific aspect of integrated care through the engagement of the SCIROCCO Exchange Board of Experts. The experts were pulled from the different networks and organisations to advise on a specific aspect of integrated care such as the mobilisation of investments and funding on integrated care.
- Support to seek improvement and mentoring from the early adopters of integrated care through purposely designed twinning actions such as webinars and study visits, using the SCIROCCO methodology for the twinning and coaching.
- Support to access relevant good practice(s) and/or repository of good practices through the SCIROCCO Exchange KMH. The SCIROCCO self-assessment tool and methodology was applied to assess the maturity requirements of good practices in order to better understand the transferable elements of good practices necessary for the scaling-up of particular integrated care solutions.
- Support to build the skills and particular expertise in integrated care through secondment visits, exchange of healthcare professionals or mentoring sessions by experts.

## Facilitation & practical support

As a result, a personalised KTP was designed for SCIROCCO Exchange healthcare authorities and, where appropriate, the engagement of experts and professionals outside of the Consortium was envisaged to maximise the reach and impact of the knowledge transfer activities. This in turn, strengthened the capacity of the participating authorities to prepare their local environment for the transition to integrated care and/or improve their existing system design for scaling-up of integrated care solutions.

In addition, personalised assistance and knowledge transfer was designed to support the main design principles and building blocks of integrated care, as identified by the EU Health Assessment Performance Group (HSPA)[2].

The organisation of knowledge transfer activities for the nine authorities as identified in the KTP was facilitated by the AER and the project's lead partner (LP). The authorities were

[2] https://ec.europa.eu/health/other-pages/basic-page/expert-group-health-systems-performance-assessment-hspa_en

supported in the organisation of logistics and processes to ensure the compatibility of the designed knowledge transfer approach with its implementation.

The outcomes of the Knowledge Transfer Programme contributed to preparing the ground for the transition and scaling up of integrated care and/or to improving the existing systems and service redesign in nine health and social care authorities.

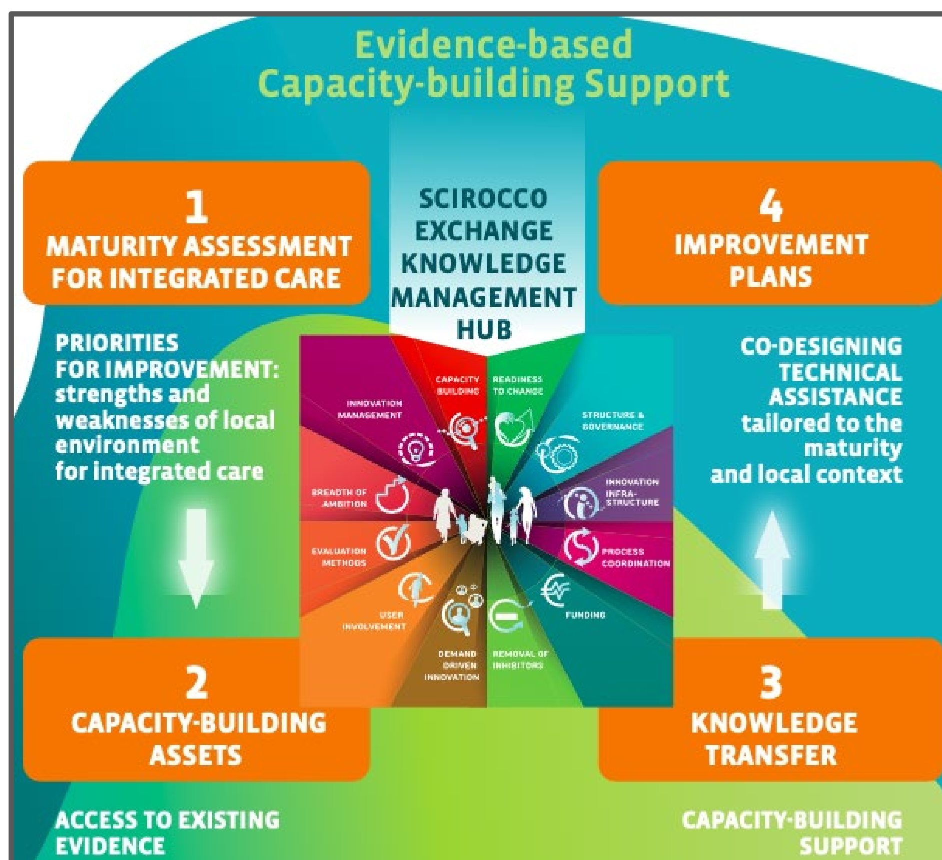
These outcomes influenced the design of improvement planning activities conducted by WP8.

# 4. Methodology

## 4.1. SCIROCCO Exchange methodology for capacity-building support

For the adoption and/or scaling-up of integrated care, SCIROCCO Exchange moves along a process defined as '**Evidence-based capacity-building support**' that builds upon four core pillars reflecting the main stages of the project (Figure 1).

Figure1: SCIROCCO Exchange Evidence-based capacity building support




Knowledge transfer plays a paramount role in enabling access to existing knowledge and evidence on integrated care, and as such it is strictly linked to all the other pillars of SCIROCCO Exchange. As experienced in the implementation of the project:

1) results from the maturity assessments were employed to make an informed decision about the specific needs and objectives to be addressed through the KTP;

2) capacity-building assets served as the tools and good practices to be transferred through the KTP; and

3) the activities and results from the KTP set the ground for the definition of improvement plans for each authority.

## 4.2. Actors in the knowledge transfer

As a mutually beneficial exchange of knowledge and practices between professionals in the sector, the knowledge transfer involved:

- **One transferring region/authority:** A region/authority which has already made progress on the implementation of one or more specific dimensions of integrated care and which possesses the essential know-how and good practice. This region/authority acted as a 'coaching' partner in the knowledge transfer activities and in relation to that specific dimension(s)

- **One receiving region/authority:** A region/authority which is ready to embark on the transition to integrated care and seek support and know-how in order to deploy a particular good practice and/or improve a specific dimension of integrated care. This region/authority acted as the 'learning' partner in the knowledge transfer activities and in relation to that specific dimension(s) that it sought to strengthen.

- **The knowledge transfer facilitators (the AER and the LP)** facilitating the co-development of the personalised KTPs and the exchange of knowledge among the two parties, as well as the overall consortium.

The exchange was **bi-directional** in that regions/authorities acting as 'coaching' partner for one or more dimensions of integrated care on which they were already advanced, participated in the KTP as 'learning' partner in relation to one or more dimensions they sought to strengthen.

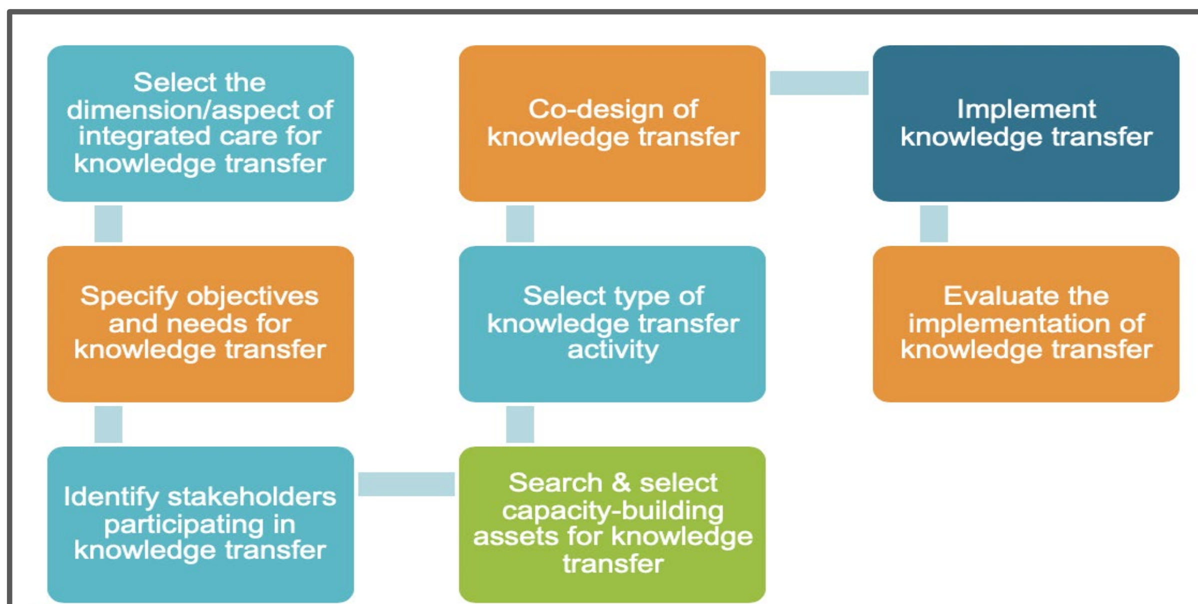
## 4.3. Methodology for knowledge transfer

To develop and facilitate bottom-up personalised KTPs for each of the nine healthcare authorities, the project developed and moved along an 8-steps process focused on:

1) Preparing the ground for the knowledge transfer, which includes:
   - Step 1: The selection of the dimension of integrated for knowledge transfer
   - Step 2: The specification of needs and objectives for knowledge transfer
   - Step 3: The identification of stakeholders that participate in knowledge transfer
2) Building a personalised KTP, which includes:
   - Step 4: The identification and selection of capacity-building assets in the KMH
   - Step 5: The selection of the KT activities
   - Step 6: The co-design of the KTP
3) Implementing and evaluating the KTP, which includes:
   - Step 7: The implementation of the knowledge transfer
   - Step 8: The evaluation of implemented knowledge transfer

Figure 2 shows the exact process and step

Figure2: SCIROCCO Exchange Knowledge Transfer Development & Planning Process




### 4.3.1. Preparing the ground for knowledge transfer

The first step for the development of the KTP was to prepare the ground before defining the most relevant activities. In order to do this, partners defined the dimension(s) of the SCIROCCO Exchange Maturity Model for Integrated Care on which they wanted to improve their maturity. Then, they specified their needs and identified the key stakeholders to be involved in the knowledge transfer.

### 4.3.2. Definition of priorities

Based on the results of the maturity assessment (WP5), partners chose, on the one hand, one or two dimensions of SCIROCCO Exchange Maturity Model for integrated care they wished to strengthen their performance on, and on the other hand, they identified dimensions on which they could coach other regions.

The dimensions on which partners decided to work on did not have to be the “weak” dimensions: Regions could decide to work on a dimension on which they were already performing rather well and wished to further improve. This information is gathered in *Table 1 Priorities for Knowledge Transfer Programme (Annex 1)*.

### 4.3.3. Specification of needs

AER and the LP organised a series of calls with the nine regions (generally 2 calls were needed), to specify the exact needs for the knowledge transfer. The main rationale for these calls was that the content and format of the knowledge transfer activities needed to be tailored to the actual needs of the region and country. The specification of needs allowed partners to be specific about their needs based on their objectives and ambition for change.

The partners identified 1) the change they wanted to see happen, 2) what needed to be done for the change to happen, 3) how the change could be delivered, 4) who needed to

make the change happen, 5) how to measure the change and 6) which was the expected timeline.

This then helped regions to identify the type of knowledge transfer activity they would like to implement. The information discussed and agreed on during the calls was gathered in a table for the Specification of the needs and objectives of Knowledge Transfer (KT) Programme (*Annex I*). When the pandemic emerged, the impact of COVID-19 on the implementation of knowledge transfer activities needed to be reflected in the specification of needs. The careful specification of needs allowed for the KTP to be resilient to changes in circumstances.

#### 4.3.4. Identification of stakeholders

During the process of specification of needs, regions defined key stakeholders to be involved in the knowledge transfer activities. Depending on the type of stakeholders, the knowledge transfer activities implemented in the context of the project varied greatly across the partnership. In some cases, stakeholders changed in the context of the COVID-19, mostly because they were no longer available because of the crisis.

#### 4.3.5. Building a personalised knowledge transfer programme

Once regions and countries defined their priorities, needs and stakeholders involved, they started searching for the existing evidence and assets on integrated care which could help them to achieve their ambitions in improving maturity for integrated care and implement knowledge transfer activities effectively. SCIROCCO Exchange KMH was used for this purpose. As a result, this led to the co-design of their personalised KTP.

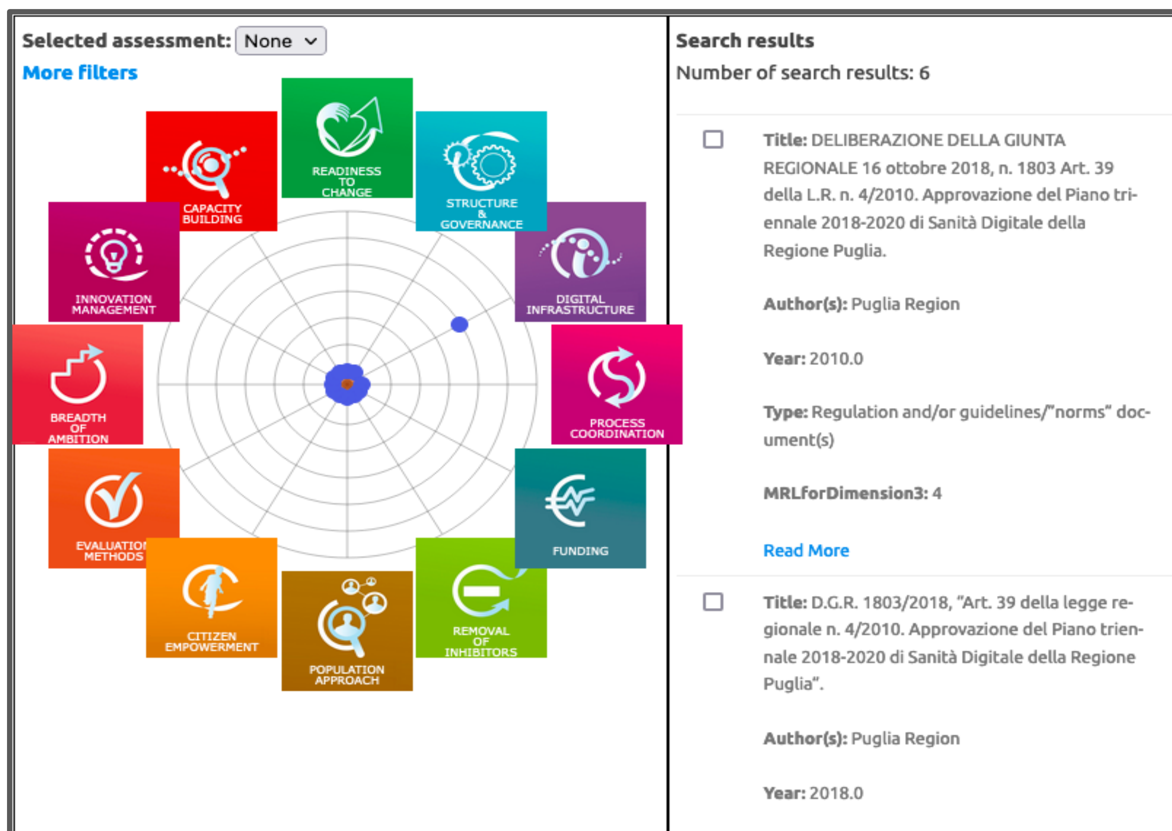
#### 4.3.6. Identification of capacity building assets in the Knowledge Management Hub

The KMH is the key integrator of personalised knowledge transfer and capacity-building support for integrated care to facilitate the process for its adoption and scaling-up in Europe.

As shown in the Figure 3 below, via the search function of the KMH, regions could move along two paths for building their personalised KTP:

- Decide to use their own maturity assessment as a basis for a search, or
- Choose a maturity level on one of the dimensions on the spider diagram and search for relevant assets.

Figure3: Search function in Scirocco Exchange Knowledge Management Hub




### 4.3.7. Select type of knowledge transfer activity

Once the priorities, needs, stakeholders and resources to be transferred were identified, regions and countries were invited to look at the KMH, a selection of knowledge transfer activities gathered and detailed by AER. This "menu" of activities included a variety of knowledge transfer activities organised according to five main categories:

- Expert mission to receiving region
- Events in receiving region with peers/ experts from KMH
- Capacity-building activities in receiving region or elsewhere if relevant
- Study visits to transferring entity/ region
- Exchange, secondment or placement of staff

For each activity, the KMH described the objectives it would best serve, as well as time and resources needed for the implementation. This data was also compiled in the form of a table (see *Annex II Overview of Knowledge Transfer Programme*) to facilitate the choice of knowledge transfer activities. On this basis, regions and countries selected a number of activities which would best fit their local needs and priorities, taking into account:

- Results of the maturity assessment for integrated care in each region (WP5)
- Dimension of SCIROCCO Exchange Maturity Model chosen for the improvement (WP7)
- Expectations in terms of improvement and change
- Assets selected in KMH for the facilitation of knowledge transfer (WP4-WP6)

- Resources and capacity of individual regions and countries and the local stakeholders in particular
- Knowledge from both the partner region and AER regarding cultural aspects and the ways in which knowledge transfer activities are most efficient

In the context of the pandemic, some of the activities were refined and other new activities were added.

#### 4.3.8. Co-design of knowledge transfer

The actual design of each personalised KTP was done in collaboration with the particular region and country, the AER and the LP. The partners received support for the design of knowledge transfer activities, in the form of helping to set agendas for the meeting, facilitation of those meetings, translation services, engagement with the invited stakeholders before and after the knowledge transfer workshop, webinars and other meetings, promotion and dissemination activities.

#### 4.3.9. Implementation and evaluation of knowledge transfer

The implementation and evaluation of the nine bottom-up personalised KTPs is further detailed in Section 4, *Implementation of the Knowledge Transfer Programme*, and Section 6 *Experience of the regions in the Knowledge Transfer*.

The implementation was heavily impacted by the COVID-19 pandemic, which had effects on what was feasible in terms of types of activities (taking into account the requirements not to travel and gather) as well as on the availability of stakeholders, who were mostly overwhelmed with facing the crisis. In these circumstances, the project activities had to be even more focused on adding value for stakeholders and avoiding fatigue. In the implementation process regions and countries concentrated on the practical and actionable learning in order to demonstrate its added value rather than adding extra burner or overload of participating stakeholders. The evaluation of the knowledge transfer was carried out in the context of WP3 and is detailed in Section 6.

# 5. Scirocco Exchange Knowledge Transfer Programme

With views to the design and facilitation of the personalised assistance and knowledge transfer, the AER gathered different examples of knowledge transfer activities clustered in 5 broad categories. This classification aimed to help the Regions to choose the type of knowledge transfer activity fitting best their local needs and priorities.

Following the outbreak of the pandemic in early 2020, the Knowledge Transfer Programme defined for the purpose of the SCIROCCO Exchange project had to be adapted with the 5 categories of activities involving in-person meetings, events, and in some cases travels. However, the initially defined programme served as the main reference in the development and organisation of diversified online activities that could serve the same scope and fit the same categories as the in-person activities.

The Section provides a brief overview of the Knowledge Transfer Programme as initially defined, while its adaptation following the outbreak of the pandemic and actual implementation across the nine health and social care authorities is presented in Section 4. Moreover, Annex II offers insights about the specific objectives that each knowledge transfer activity can achieve, while further information on each activity as well as the practical steps for their organisation can be found in the SCIROCCO Exchange Knowledge Transfer Toolkit[3].

**The 5 categories of knowledge transfer activities include:**

I. *Expert mission to receiving region*

External experts and/ or peers from other regions go to the receiving region to analyse the situation according to a specific framework. They provide advice on how to further deploy an integrated care system in the region.

I. *Events in receiving region, or in other relevant place, with peers and experts from SCIROCCO Exchange Consortium*

Momentum and engagement around the topic of integrated care systems in general and/or the deployment of integrated care systems & stakes are created via events, which can have very diverse formats.

II. *Capacity-building activities in receiving region or elsewhere if relevant*

Regions whose stakeholders are willing to improve competences on specific aspects in the dimension chosen for improvement can benefit from different formats of capacity-building activities. These were organised based on the resources of the KMH. These activities can be organised both in a face-to-face setting or via webinars.

III. *Study visits to transferring entity/region*

Peers from the receiving region visit a transferring region to better understand a good practice in context and analyse elements needed for its transfer. Study visits are organised according to the SCIROCCO methodology for study visits and good practice transfer.

---

https://www.sciroccoexchange.com/resources

*IV. Exchange, secondment or placement of staff*

Stakeholders from the receiving region visit and work in a transferring region for a specified duration in order to understand a good practice in context, learn how to implement it in a day-to-day context and ensure sustainable transfer. Exchanges and secondments or placements are interesting because learning improves when there is feedback, reflection and immersion in real tasks.

## 5.1. Expert mission to receiving region

Experts or peers from other regions go to the receiving region to analyse the situation according to a specific framework. They provide advice on how to further deploy an integrated care system in the region. Expert missions offer an external perspective and additional inputs. Their presence and interest in turn create further interest and engagement in the receiving region.

### When to use this type of format?

6. You have identified a problem and would like to get advice from external experts
7. You need to engage stakeholders and bring messages across in a more efficient way (No one is a prophet in their own land)

### Examples of expert missions

The AER peer review methodology4

This is a methodology developed by AER in 2006 in the field of economic development to help regions harness the potential of the network and benefit from a friendly audit by peers. The specificity of this methodology, is that, compared to other peer reviews, it is a relatively long event, which includes field visits, and interviews with a variety of stakeholders. It is a powerful yet work intensive event, both in the preparation and the implementation.

## 5.2. The Smart Specialisation (S3) Platform peer reviews[5]

The Smart Specialisation (S3) Platform was established by the European Commission in 2011 to help European regions to define their research and innovation strategies based on the principle of smart specialisation. This principle suggests that each region can identify its strongest assets and research and innovation potential so that it can then focus its efforts and resources on a limited number of priorities where it can really develop excellence.

From 2012, the S3 Platform has organised a number of informal Peer Reviews, where receiving regions would present their ongoing process of designing and developing RIS3 and peers would provide feedback and policy advice. This type of peer review is rather condensed and doesn’t include field visits. Peers base their analysis on the material provided in the presentations and preparation material.

[4] The AER peer review methodology was used in the Smart Europe project and is detailed in the SmartEurope Toolkit https://smart-europe.eu/toolkit

[5] The S3 platform peer reviews methodology is described in the S3 Knowledge Repository https://s3platform.jrc.ec.europa.eu/documents/20182/114903/JRC85133_S3P_Peer_Review_Methodology.pdf/df0f0be7-5613-459f-990b-407a60bbe510

## 5.3. AIEX PEER 2 PEER expert mission:

TAIEX[6] is the Technical Assistance and Information Exchange instrument of the European Commission. It was created in 1996 and provides support to beneficiaries in areas as diverse as security, agriculture, the use of structural funds or environmental policies. A methodology which was relevant to consider in the context of the SCIROCCO Exchange, project was the one used for TAIEX-EIR[7], the tool which supports authorities in charge of environmental policies.

In TAIEX-EIR Expert missions, experts from an EU Member State environmental authority visit an environmental authority in other Member States that have requested peer advice and exchange of experience on a specific topic. These visits can be carried out both at national level and at regional level. They are rather light in terms of preparation as only one peer organisation is invited to provide an external perspective and expertise. They generally combine field visits and presentations. They are an opportunity to invite a greater number of stakeholders on the spot to increase engagement.

## 5.4. Events in receiving region, or in other relevant place, with peers and experts from SCIROCCO Exchange Consortium

Momentum and engagement around the topic of integrated care systems in general and/or the deployment of integrated care systems are created via events. They can have very diverse formats and are usually organised in the receiving region, although it may in some cases be relevant to organise an event in a place which has symbolic significance related to the topic addressed. Among these: Places of power, historical places, places of expertise, and places where needs are particularly pressing.

### When to use this type of format?

- You want to raise awareness, increase visibility, legitimacy, recognition of the importance of a topic.
- You want to increase engagement, interest, and ownership.
- You want to enable stakeholders of an ecosystem to meet in a safe space, engage with each other and create collective intelligence.

### You want to build momentum

- You want to bring new knowledge and perspectives in a place.
- You want to inspire, with the aim to bring about change.
- You want to provide soft capacity building (easier to implement if there is no formal request despite the need for capacity building).

### Examples of events

[6] https://ec.europa.eu/neighbourhood-enlargement/tenders/taiex_en
[7] https://ec.europa.eu/environment/eir/p2p/index_en.htm

### 5.4.1. Conferences, Thematic seminars

Conferences and thematic seminars are gatherings of a large number of delegates to discuss a particular topic. These events, which have a rather formal format, serve to:

- Create momentum and raise awareness on a topic, in cases where the issue addressed is not yet very familiar for stakeholders in the receiving region;
- Share technical knowledge and findings on a specific topic with a community of experts.

Formal events are all the more efficient to create momentum and consolidate legitimacy of a new topic when they are supported by institutions - such as hospitals, universities, local regional and national governments, international institutions - as well as stakeholders recognised for their legitimacy, as patients' organisations, carers' organisations, etc.

While the format of conferences and seminars can vary, they often include the following elements: Keynote speakers, panel discussion, and presentations of case studies and examples. Additionally, other elements described in this document can be included in the programme of a conference. In particular: on-site visits, workshops, high level meetings, etc.

### 5.4.2. **Breakfast briefings, late night lounge meetings etc**

Breakfast briefings take place before 10:00 AM and do not last more than 2 hours. The idea is to enable people to attend an event without having too much impact on the normal organisation of their workday. Similarly, late night lounge meetings, Lunch briefings or News & Booze events are a less formal and recreative format providing a different energy that can increase the quality of networking and learning. This encourages people, who already have packed agendas and many invitations, to attend yet another meeting without creating a heavy burden on their daily logistics, while being entertaining. These types of events are generally used to inform. While the format is informal and aimed to encourage qualitative networking, they are a top-down activity: The topic is decided in advance and the information flow is mainly unidirectional. Finally, these events are relatively easy and quick to organise and the costs are very limited.

### 5.4.3. Strictly framed and inspiring presentations: TEDx talks and PechaKucha

TEDx talks and PechaKucha presentations are a strictly framed format for sharing knowledge. It is possible to either organise an event (conference, briefing, workshop…) with one or more presentations which follow the TEDx or PechaKucha format, or to organise an event with only TEDx-style or PechaKucha-style presentations. A TEDx Talk is a showcase for speakers presenting great, well-formed ideas - meaning an idea that takes certain evidence or observations and draws a larger conclusion[8] - in under 18 minutes. PechaKucha is a storytelling format where a presenter shows 20 slides for 20 seconds of commentary each (6

[8] More information about what is a great well-formed idea can be found in the TEDx organizer guide https://www.ted.com/participate/organize-a-local-tedx-event/tedx-organizer-guide/speakers-program/what-is-a-tedx-talk

minutes and 40 seconds total). Slides change automatically, which ensures the timing is respected exactly.

**NB:** TEDx and PechaKucha are trademarks. Information about license agreements can be found on the TEDx[9] and PechaKucha[10] websites.

#### 5.4.4. High-level meetings with politicians or civil servants

High-level meetings with politicians or civil servants can be organised in the receiving region or any other relevant place (Brussels, Strasbourg, Luxembourg, capital cities…), depending on the actual purpose of the meeting. These events are a way to both engage decision makers further, and increase the visibility of both the SCIROCCO Exchange project and the work of the receiving region.

In terms of knowledge transfer, these meetings are a way to access relevant information from the right source and channel it directly to decision makers be it upstream (towards international decision makers) or downstream (towards regional decision makers).High-level meetings also provide momentum, and are an opportunity to build reputation and increase legitimacy.

#### 5.4.5. World Café and variants

World Café discussions are based on the principles and format developed by the World café global movement[11]. They are a structured conversational process for knowledge sharing among people who are divided in groups of 4 to 5 participants. Groups discuss a topic at several tables, with individuals switching tables periodically.

The World café methodology is detailed in the World café Hosting Tool Kit[12]. It is a method for creating a constructive dialogue around questions that matter for real work. World Café conversations support conversations that matter in corporate, government, and community settings around the world. They are a bottom-up approach and as such the outcomes can be surprising.

They are particularly powerful to bring stakeholders from an ecosystem together; bring new knowledge to a place and facilitate cross pollination; identify patterns; and grow collective knowledge.

#### 5.4.6. Open Space Technology, unconferences

Open Space Technology (OST)[13] is a method for organising and running a meeting or multi-day conference, where participants have been invited in order to focus on a specific, important task or purpose. In contrast with pre-planned conferences where who speaks at which time is scheduled often months in advance, OST sources participants once they are

[9] https://www.ted.com/participate/organize-a-local-tedx-event/apply-for-a-tedx-license/tedx-license-agreement
[10] https://www.pechakucha.com/hostevent
[11] http://www.theworldcafe.com/
[12] http://www.theworldcafe.com/tools-store/hosting-tool-kit/
[13] https://en.wikipedia.org/wiki/Open_Space_Technology

physically present at the live event venue. In this sense OST is participant-driven and less organiser-convener-driven. Pre-planning remains essential, however.

In Open Space meetings, events and organisations, participants create and manage their own agenda of parallel working sessions around a central theme of strategic importance, such as: What is the strategy, group, organisation or community that all stakeholders can support and work together to create[14]?

Unconferences often use variations on OST. The term "unconference" has been applied, or self-applied, to a wide range of gatherings which try to avoid hierarchical aspects of a conventional conference, such as sponsored presentations and top-down organisation. An "unconference" is particularly useful when participants have a high level of expertise or knowledge in the field the conference convenes to discuss. As with classical conferences, the event itself can include a variety of components, such as world cafés, PechaKucha presentations, workshops etc

The unconference/ OST methodology can also be used for parts of a classical conference, as for a workshop for instance.

### 5.4.7. AER mutual learning event on current & transversal topic

The format of the AER mutual learning events is at the crossroads of several of the above described formats. This yearly event aims to bring together stakeholders who don’t necessarily speak to each other much, in order to share their stories and start understanding each other’s perspectives. The topic always refers to a societal challenge and the organisation of the event allows for very diverse stakeholders to share how this societal challenge is impacting or expected to impact their work. The purpose of the event is to raise awareness on this societal challenge, engage stakeholders, identify fields for action and generate collective intelligence.

Each participant is a contributor. While there are a few presentations on funding opportunities and trends in the EU framework, the discussion groups are the heart of the event. These discussion groups bring together 3-5 experts from academia, business, policymaking and civil society, a moderator and the people who have registered to the event, who are experts in their own fields too. As is the case in Open Space Technology events, the outcomes are not predefined and do not lead to the drafting of political positions: whatever happens is what should have happened. The script of these discussions is however very specific, and details questions to address minute by minute. Similarly, roles are predefined for the moderator, the pitchers, the contributors and rapporteurs. One such mutual learning event gathers 4 to 5 discussion groups, each addressing different perspectives.

[14] https://openspaceworld.org/wp2/what-is/

## 5.5. Public awareness campaign

Awareness raising activities are an effective way to channel a message and reach a wider audience. Depending on the purpose, the context and the available resources, they can consist of diverse activities.

### Examples of public awareness raising activities

- Press releases, articles, briefings
- Reports, studies, scientific publications
- Contributions to educational material
- Conferences, meetings, workshops (see above 2.1-2.7)
- Media campaigns: radio, television, video, film, the internet, social media, mobile phones, newspapers, newsletters, leaflets, poster campaigns and the arts. A variety of visual tools such as stickers, logos, t-shirts, armbands, bracelets and banners also may be used[15]

## 5.6. Capacity-Building Activities in Receiving Region or elsewhere if Relevant

Capacity building actions can take different formats, face to face and/or online, in the receiving region or in an easily accessible location depending on the context and specific needs of receiving regions.

### When to use this type of format?

- A need for capacity building has been expressed
- Stakeholders are ready to participate in a capacity building activity
- The receiving entity has a problem and needs to increase capabilities in order to specify it and address it.

### Examples of capacity-building activities in receiving region or elsewhere relevant

### 5.6.1. Webinars

Before the implementation of the knowledge transfer programme, the SCIROCCO Exchange consortium already organised series of webinars on topics such as the Maturity Model and its self-assessment tool, the background to the Scirocco Exchange project, or the results of the maturity assessments. The same methodology was used and adapted to organise webinars for the knowledge transfer. In the context of the pandemic, the whole concept of "webinars" was revisited, and re-invented. While a lot of events happened in Zoom, it would not be accurate to call them all "webinars" as they were prepared in different ways, contents were curated according to the actual intention and stakeholders and the technical aspects were also adapted to the needs of stakeholders. In particular translation, which had almost disappeared from a lot of international events given its cost but also its impact on interaction and formats, became all the more relevant during the pandemic and the need to provide

[15] https://sdgaccountability.org/working-with-informal-processes/raising-awareness-through-public-outreach-campaigns/#easy-footnote-bottom-4-1051

value to health and care stakeholders. This is further described in Section 4 *Implementation of the Knowledge Transfer Programme*.

### 5.6.2. Training Seminars

Training Seminars generally last between 2-5 days and provide employees and members of professional organisations with an opportunity to learn new business and industry practices.

### 5.6.3. Action Learning Sets

Action learning is a structured mechanism[16] for working in small groups to address complicated issues. Action Learning Sets are made up of between six and eight people who meet together regularly over a reasonable time period. A "presenter" presents the issue at stake and the group collectively works on problems faced in ongoing practice. The group will then help the 'presenter' work on that problem through supportive but challenging questioning: encouraging a deeper understanding of the issues involved, a reflective reassessment of the 'problem', and an exploration of ways forward.

## 5.7. Study Visit to Transferring Entity/ Region

In the SCIROCCO Exchange project, partners use the SCIROCCO methodology[17] to organise the visit and all exchanges on the spot. This allows partners to compare and identify specific areas for action. It also ensures the SCIROCCO Exchange Maturity model and its assessment tool is being used as much as possible, which in turn increases the tool's literacy among stakeholders and makes it easier for them to go back to the tool at a later stage.

**When to use this type of format?**

- The receiving region/ institution has already developed "soft capacity building activities"
- A face-to-face meeting between peers will accelerate the development and implementation of actions for the deployment of integrated care in the receiving institution/region
- A process for the deployment of integrated care has started and stakeholders need additional knowledge and information in context.

The 3 figures below (Figure 4) explain the full process using the maturity assessment tool:

[16] https://www.odi.org/publications/5230-colloboration-mechanisms-action-learning-sets
Also: http://www.fao.org/elearning/course/FK/en/pdf/trainerresources/PG_ALSets.pdf

[17] https://www.scirocco-project.eu/twinning-and-coaching/

Figure 4: Scirocco Methodology for study visits, PHASE 1: preparation

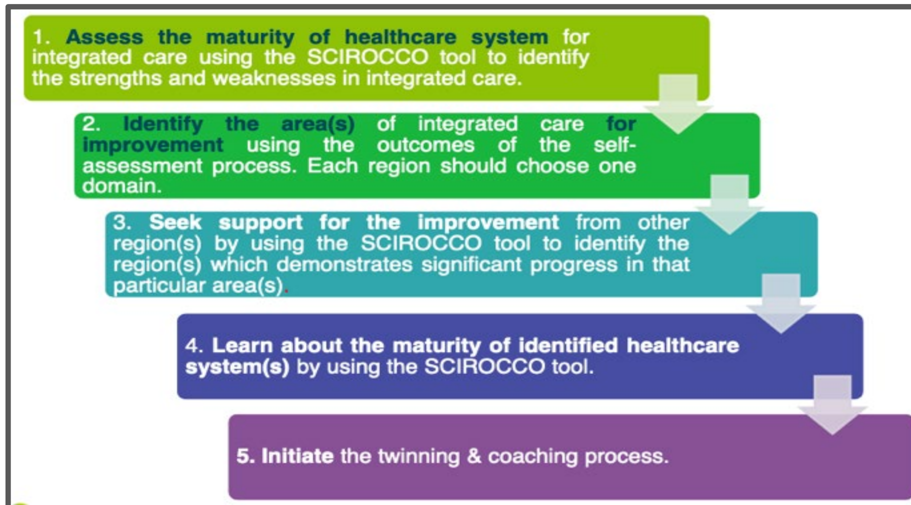



Figure 5: Scirocco Methodology for study visits, PHASE 2: implementation

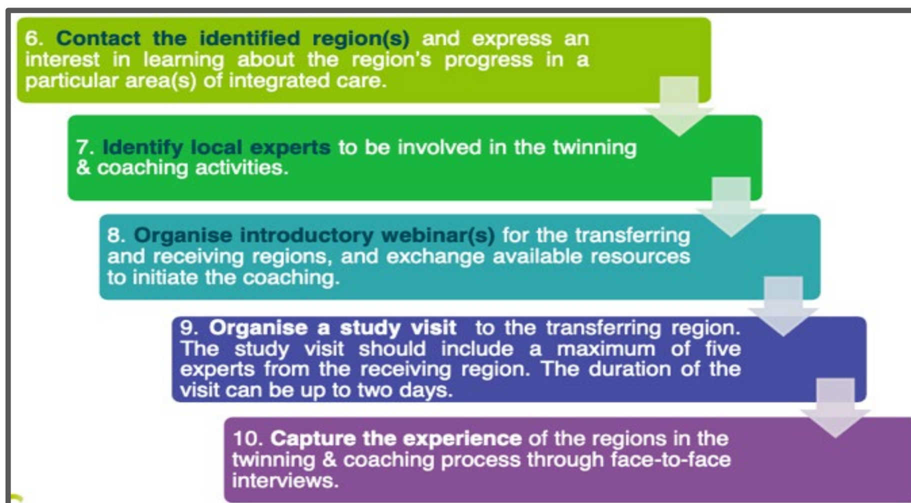
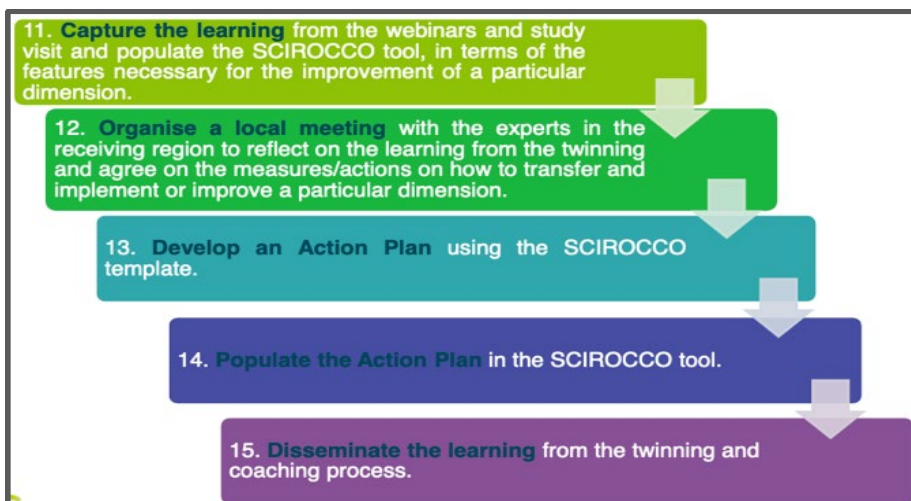



Figure 6: Scirocco Methodology for study visits, PHASE 3: capturing the learning



## 5.8. Exchange, Secondment or Placement of Staff

Based on the results of the Scirocco Exchange maturity assessment process either directly after having completed the maturity assessment or after having implemented a number of knowledge transfer activities a receiving region can decide that they would like to send one or more stakeholders for a limited period of time to a transferring region.

### The prerequisites for such a knowledge transfer activity are the following:

- ➢ The sending institution has identified an institution it wants to import knowledge and practices from by investing in human resources
- ➢ The sending institution has developed a relationship of trust with a target institution
- ➢ There is funding available for such an initiative

### When to use this type of format?

- You want the stakeholder(s) to understand a good practice in context
- You want the stakeholder to learn how to implement the good practice in a day-to-day context to ensure sustainable transfer.
- You want the stakeholder to receive feedback, reflection and immersion in real tasks

### Examples for this type of formats

- ❖ Secondment programmes
- ❖ Potentially EU calls & programmes

# 6. Implementation of the Knowledge Transfer Programme

The implementation of the KTP among the nine health and social care authorities resulted in a diversity of carried activities.

## 6.1. A variety of knowledge transfer programmes

The design of the SCIROCCO Exchange Knowledge Transfer Programme started at an early stage in the project, with the collection of a variety of knowledge transfer activities. The information summed up in Annex II *Overview of Knowledge Transfer Programme: which objectives can be achieved via each knowledge transfer activity* helped partners to choose the activities which best suited their needs, and were coherent in terms of means, stakeholders to engage and timeframe.

The personalisation of the process led to the development of a variety of knowledge transfer programmes tailored for each region and country, which are described in Annex III *Knowledge transfer activities in the regions - Implementation Plan*. Moreover, regions and countries have often used more than one category of knowledge transfer activities. The variety of approaches and activities implemented are illustrated below, while the detailed overview of the implementation of the KTP in all nine regions and countries is described in Annex IV. Lastly, the fact that the pandemic brought activities online also allowed for more partners to benefit from the exchanges being organised.

### 6.1.1. Raising awareness, creating momentum

In order to raise awareness on the added value of integrated care systems and generate more engagement with policymakers, healthcare providers and users, regions organised events in their own territory or country including public awareness campaigns.

**In Slovakia**, the focus was on **raising awareness** about integrated care and **engaging all stakeholders**, health and care workers, citizens and policymakers around the topic of integrated care systems. Engagement requires knowledge to be accessible and relatable, in a context where events became complicated to organise, the Slovak project team focused their efforts on the **development of a web portal gathering resources in Slovak** (https://integratedcare.mc3.sk/) and developing information about integrated care systems via easy to understand content. The resources from the SCIROCCO Exchange Knowledge Management Hub were used and support from the Consortium was provided to develop material in Slovak to raise awareness about integrated care systems.

**In Poland** the personalised knowledge transfer programme specifically focused on **citizens empowerment** and aimed to 1/engage healthcare providers, via a survey and the dissemination of the results, 2/provide healthcare providers with resources on citizens empowerment in order to build capability, 3/bring together resources in a Polish repository for the SCIROCCO Exchange Knowledge Management Hub in order to increase the knowledge of service providers with international experience, 4/raise awareness among patients about citizens empowerment via a survey and the dissemination of resources and self-management tools.

### 6.1.2. Capacity-building

**In Puglia (IT)** the bottom-up approach revealed a need for capacity building around EU funding. With the management of the Libera Università Mediterranea (LUM) University and its School of Management the local SCIROCCO Exchange project team started the co-creation of a Masters degree in «European Project Planning and Management» with a specific module dedicated to programs and initiatives within the Health and Social domains in order to allow participants to acquire full knowledge of the opportunities available also both in consideration of the Next Generation Europe (the European initiative to provide financial support to all member states to recover from the adverse effects of the COVID-19 pandemic) and other opportunities resulting from the pandemic period.

**In Lithuania** the knowledge transfer programme focused on capacity building around integrated care with primary healthcare providers. The trainings themselves were also a way to engage healthcare providers in a shared reflection around the value and application for integrated care and where they would like to see changes happen. The next step will be to train stakeholders on improvement methods.

### 6.1.3. "Study visits"

A number of regions counted on the Scirocco Exchange project to be able to organise study visits to transferring regions. In the context of the COVID-19 pandemic, this did not happen as originally foreseen. However, as partners were encouraged to start preparing the questions they wanted to address with the activity as if it were going to happen in person, what looked technically as a "webinar" generated peer learning and exchange, which was closer to that happening in a study visit, than in an actual webinar.

**In Slovenia**, the project partner planned to carry out study visits to Scotland on the topic of citizens empowerment and to the Basque Country on the topic of innovation management. When in 2020 travelling became impossible and the future very unpredictable, the Slovenian partner was invited to identify the specific topic they would like to learn more about, and to develop a series of questions they would like to ask partners. These were then shared with the Scottish and Basque partners in order to identify which experts would be best suited to start the exchange with. These experts asked for further clarifications, in order to prepare content that would really address the need of the receiving region. The agenda of the exchange was thus co-created by the receiving and the transferring regions as well as with the Lead Partner.

**In Werra-Meißner-Kreis (DE),** The local Scirocco Exchange project team (Optimedis) also had envisaged a study visit and in-person workshops as knowledge transfer activities. They had a preference to work with the Basque Country to further develop the cooperation initiated in the ADLIFE EU-funded project[18] and allow for synergies between the two projects. Events were transformed into virtual meetings between experts from the two regions which were an opportunity for detailed discussions leading to actionable knowledge,

[18] https://adlifeproject.com/

a prerequisite to ensure stakeholders engaged in the context of the project will be further interested and engaged.

In this work package we considered these events as sort of virtual study visits and not just “webinars”, in the sense that the small group of stakeholders engaged in the process, the quality of the discussions, and the level of detail of the exchanges, was of similar quality as in the context of a study visit. The exchanges concluded with a final peer-to-peer online exchange involving peers from both regions. The exchange was facilitated by the Lead Partner and included translation in order to allow for the participation of local experts[19].

#### 6.1.4. Knowledge flow as a tool for innovation

One of the major assets in the SCIROCCO Exchange project, is the community it is built around. Most partners have been working together in the context of the European Innovation Partnership on Active and Healthy Ageing[20] and related projects, in particular the Scirocco project. The community, the shared values and the trust which was built over the years is also a major tool for innovation and creativity.

**In Flanders**, the work on improving **process coordination** between health and care and improving **citizens empowerment** is **catalysed in the concept of goal-oriented care** (GOC), which was presented to the Scirocco Exchange consortium in January 2021[21]. Goal-oriented care is an approach which uses patient priorities, or goals, to drive what kinds of care are appropriate and how care is delivered. The workshop organised in the context of the Scirocco Exchange project, with the University of Ghent who are developing the GOC for Flanders, allowed for discussions with the consortium both to share the knowledge about the model, and to ask for experience and advice concerning the adaptation of the SCIROCCO EXCHANGE tool to the concept of goal-oriented care in Flanders.

A Working Group with SCIROCCO Exchange partners and the University of Ghent was then created for the expansion of the model and the results were presented back to the SCIROCCO EXCHANGE consortium at the end of 2021.

This case illustrates how knowledge flows inside the consortium and all along the duration of the project, thanks to, among other things the quality of the community, generating innovation at an accelerated pace, especially considering the circumstances.

### 6.2. Impact of COVID-19 on the knowledge transfer programmes

The outbreak of the COVID-19 pandemic coincided with the momentum in the project, where the personalised knowledge transfer programmes had to be implemented. The approach that was advised by the Lead Partner, to start preparing activities, even if nobody could say when they would be implemented and start with small steps, proved to be one of the main elements of the resilience and adaptability of the whole knowledge transfer exercise in the project.

[19] Recording of the peer-to-peer exchange online at https://www.youtube.com/watch?v=ZR6IRvpw5nc
[20] https://digital-strategy.ec.europa.eu/en/policies/eip-aha
[21] Recording of the workshop available online at: https://www.youtube.com/watch?v=SIgWZurA6mg

### 6.2.1. The impact of the COVID-19 pandemic on priorities

Overall the COVID-19 **confirmed the priorities identified by partners at the early stages of the development of the Knowledge Transfer Programme.** The pandemic accelerated the deployment of a number of digital health tools and platforms, and Europe discovered that many activities could actually happen online. Even activities which were once deemed impossible to organise online, were adapted to the reality of lockdowns and travel restrictions.

The COVID-19 pandemic had an **immense impact on the availability of health and care stakeholders**, which meant that on top of the lockdown and travel restrictions, there were also considerable uncertainties related to the availability of stakeholders as well as a wish to spare their already strained energy and ensure the project activities would really add value for them.

The COVID-19 pandemic also **created new needs,** in particular an increased need for better communication on the one hand, and highlighted the importance of wellbeing and mental health of healthcare professionals.

**The Basque Country** proposed these two topics for experience exchanges within the SCIROCCO EXCHANGE consortium, and the rest of the consortium validated that this was relevant for their stakeholders as well.

Indeed, the COVID-19 pandemics has proven to be a catalyst of change and of greater demand for coordinated and integrated health and social care services, with healthcare professionals and citizens at the centre of this change.

**A webinar on "COVID-19 Webinar – How to effectively communicate the need for change?"** was organised on 26 May 2021[22].

The focus of this webinar was on communication/awareness raising strategies for the wider public in the time of COVID-19 as well as training of healthcare professionals remotely. The webinar was organised jointly with ECHAlliance as part of Scotland's Digital Healthcare Learning network event.

This knowledge exchange webinar featured examples from Lithuania, Scotland and the ECHAlliance Integrated Care Thematic Innovation Ecosystem of:

- Effective communication strategies
- Training of healthcare professionals on the forms of communication
- Training of citizens on the forms of communication
- Healthcare literacy initiatives.

**A webinar on *"COVID-19, wellbeing and mental health of healthcare professionals"*[23]** was organised on 16 June 2021. Due to the pandemic and the many changes, healthcare professionals in particular are under enormous psychological pressure with stress, fatigues and anxiety being present in over 86% of health and social care workers worldwide (Vizeh, M.2020).

[22] Recording of the webinar is available online at: https://www.youtube.com/watch?v=vdeS6UuDqM4
[23] Recording of the webinar is available online at: https://www.youtube.com/watch?v=eecYIswDUIl

The webinar featured examples of:

- Assessing the psychosocial impact of COVID-19 on nurses and midwives at Odense Universal Hospital (South Denmark) including personal and work concerns of nurses/midwives during the COVID-19 outbreak and level of emotional distress experienced by nurses/midwives during the COVID-19 outbreak.
- PRoMis National Well-being Hub for those working in Health and Social Care in Scotland.

### 6.2.2. The impact of COVID-19 on the format of knowledge transfer activities

With the outbreak of the pandemic, the developed personalised knowledge transfer programmes had to be re-adapted – and this process involved regular contacts with the regions to evaluate the situation and adapt the format of the planned knowledge transfer activities – looking both at what was possible to do in the context of restrictions to in-person activities and also what could ensure value for already overworked professionals
Through this regular assessment process each region was able to re-define their knowledge transfer programmes **developing and implementing online knowledge** transfer activities that could fit the same purpose as the originally envisioned activities (see *Section 3 Design of the SCIROCCO Exchange Knowledge Transfer Programme*).

Interesting findings from implementing the Knowledge Transfer Programme during the pandemic include:

- **Interpretation is back:** this had been a major challenge in international events, as organisers struggled between the need to ensure interactive formats and the possibility for experts to communicate in their own language. With online formats, interpretation blends very well in the format as stakeholders self-regulate speaking (only one person at a time etc).
- **Regional and Local experts are getting more involved:** online formats have made it possible to engage stakeholders who would otherwise not have been available for travelling abroad.
- **The sense of online time has changed:** it is now deemed acceptable to have half days online.
- **It is difficult to recreate online the informality and randomness** that exist in in-person coffee breaks, walking between meeting rooms or going together on a study trip, which are crucial for building connection, trust, knowledge sharing and mutual learning.

# 7. Experience of the regions in the Knowledge Transfer

The experience of the regions in the knowledge transfer is assessed by Work Package 3.

Overall, stakeholders were satisfied with the content and the quality of the knowledge shared, as well as with the type of activities carried out, despite the fact that a lot of activities were moved online.

## 7.1. Contents and formats

Based on the responses to the survey carried out in the context of WP3 on the one hand, and the feedback of the 9 regions on the other hand, it appears that participants approved of the content and format of the knowledge transfer activities. In particular they appreciated the support and facilitation in the preparation of the exchanges, for instance the preparation of the questions to be answered by experts.

## 7.2. Involvement of stakeholders

While stakeholders did attend the different activities, reservations were expressed in the surveys carried out by the WP3 Leader regarding the variety of stakeholders who were involved. Indeed, while the online formats did enable specialists to attend the activities, due the situation with the pandemic, and maybe the type of events (less big conferences), policymakers and top management were less involved than expected.

## 7.3. Impact and follow-up

A major concern for stakeholders is often the follow-up. Partners did keep this in mind when developing their knowledge transfer activities and attempted to keep the same stakeholders, who had been involved in the maturity assessments for instance, in the knowledge transfer activities too, so they would see the coherence of the different activities. The reports of the 9 regions shows that the follow-ups envisioned are as diverse as the Knowledge Transfer Programmes themselves.

The implementation of the Knowledge Transfer Programme has generated mixed feelings in some cases, especially if the activities carried out were only online.

One main challenge is to ensure that the follow-up is already being prepared.

# 8. Conclusion and Recommendations

## 8.1. Elements for a resilient knowledge transfer programme

In the current context, where the one certainty is the prevalence of uncertainty, it is crucial to design KTPs in a way that is resilient to uncertain circumstances. The Scirocco Exchange project showed that the following elements were instrumental in being able to implement the KTM despite changing circumstances:

- **Needs have to be specified very clearly**. Objectives - both long to mid-term and short term -, measurable indicators, and stakeholders need to be identified. This exercise, which was carried out at the beginning of the KTP with a reinforced focus, ensured that the needs were still relevant after the outbreak of the crisis and that there was flexibility to redesign activities because the purpose they served was clear.
- **Activities should be chosen with a clear intention in mind** and should be adapted to the culture, the level of maturity, the audience, as well as financial, time and human resources.
- **Activities should bring obvious value to stakeholders.** Seems obvious but in reality oftentimes stakeholders are not asked what would help them. This question in Scirocco Exchange led, for instance, to the development of a webinar on the mental health of healthcare professionals during the COVID-19 crisis.
- **Regular and continuous reassessment of the validity and added value of the knowledge transfer approach**. The knowledge transfer facilitators have regularly touched base with the partners to assess whether the same objectives, needs, and ambitions were still relevant in the context of the pandemic, and adapted changes where it was needed. The continuous reassessment was crucial to make the KTP effective and sustainable.
- **Well-structured preparatory work for the knowledge transfer activities (especially when they are online).** The effectiveness of the knowledge transfer activities was ensured thanks to the strong focus on the preparation of the knowledge transfer activities, involving facilitated bilateral exchanges between the ‘receiving region’ and the ‘transferring region’ for the definition of the specific questions to be addressed through the knowledge transfer and the identification and involvement of the relevant experts and participants to attend the exchange. This is particularly relevant in the context of online knowledge transfer activities, where the duration of the activity is shorter and hence the need to ensure that the content selected rightly and punctually addresses the learning needs is greater.
- **In Scirocco Exchange, the role of the LP was central.** The LP ensured continuity, but also with the bi-weekly consortium meetings, maintained the links between partners and the project as well as between the partners themselves. The LP was at the same time caring, listening and extremely well organised. The way the LP led the project was smooth and in difficult times reassuring. We consider that the role of the LP was instrumental in ensuring the resilience of the KTP.
- **The creation of a community for the exchange of knowledge.** The fact that solid connections were already in place among the partners prior to the outbreak of the

crisis allowed to build on the existing trust and continuation of work among them, setting the ground for an effective, resilient, and sustainable knowledge transfer.

- **Small steps!** In order to make progress whatever the circumstances, it is of paramount importance to begin with small steps. It can be as small as preparing an A4 with bullet points on what questions a region wants to ask to another region.
- **Exploit the opportunities provided by different formats for knowledge transfer activities.** The project looked into the opportunities that different types of online activities could provide compared to the classic face-to-face activities. Among these, the possibility to involve local and international experts and practitioners that would not necessarily travel in normal conditions, as well as to provide instant translations to make the know-how more accessible to the stakeholders from the receiving regions.
- **Explore ways to generate randomness and create informal connections.** These moments are known to be very productive for knowledge exchange and innovation. In online settings these could be tested through icebreakers for instance or the facilitation of meditative, creative or physical activities.

## 8.2. The relevance of peer learning & support for the deployment of integrated care systems

The Scirocco Exchange project confirmed that peer learning is instrumental for the deployment of integrated care systems because it allows to capture both challenges and successes. Peer learning also allows to identify with quite precise granularity, the elements of transferability through targeted exchanges and questions and answers on both strategic and technical aspects. Peer learning generates a degree of familiarity which is beneficial to learning, as experts feel recognised for their competences and they are speaking with peers who understand their challenges and speak the same technical language.

This is why the Scirocco Exchange project focused on detailed preparation of knowledge transfer activities, where the receiving region prepared a list of questions for experts in the exporting region.

# 9. Limitations

The knowledge transfer process implemented in the SCIROCCO Exchange project was effective in enabling access to the existing learning and good practices on integrated care, and in creating the ground for its adoption and/or scaling-up across the regional and national authorities part of the KTP.

The main limits to its implementation were due to the outbreak and persistence of the pandemic, which occurred in parallel with the duration of the WP7. The pandemic had a direct impact on the availability of healthcare professionals and stakeholders to participate in the knowledge transfer activities (e.g. in Poland the participation of care providers in the survey was delayed due to their major involvement in addressing the sanitary emergency, and similar circumstances occurred for all the partners involved).

At the same time, in some cases, parallel healthcare priorities in the services of the participating regions limited the capacity of some partners to be fully engaged as 'receiving' region in the KTP from the beginning of the process (e.g. in Scotland, where the specification of needs for the knowledge transfer together with the regional healthcare professionals incurred in some delay).

The KTP represents a core part of a broader process for the adoption and scaling-up of integrated care, and hence it is not meant to be exhaustive in itself and rather to foster the capacity of healthcare professionals to access existing knowledge, making it easily replicable into their local context, and to set the ground for a long-term process of improvement to be undertaken by each authority.

Scirocco Exchange
Capacity-building for integrated care

# Annexes

## Annex I: Table 1 Priorities for Knowledge Transfer Programme

Table 1: Priorities for Knowledge Transfer Programme

| Region [1] | Scope of KT activities | Dimension(s) [2] for improvement - Weaknesses | Rationale & maturity level | Dimension(s) for coaching - Strengths | Rationale & maturity level |
|---|---|---|---|---|---|
| **Basque Country** | Regional | Citizen Empowerment (CE) | **CE = 3;** The Basque health system recognises the empowerment of patients and families as an important element of integrated care. There are corporate policies that have allowed the development of a series of tools for the empowerment of citizens, such as the School of Health “Osasun Eskola” and the Personal Health Folder, available to all citizens. Patients with high burden disease(s) are highly empowered through initiatives such as “Paciente Activo” or “KronikOn”. Citizens do not systematically participate in the decision-making processes on service delivery and policy-making. | Structure and Governance (SG) | **SG = 4;** Unified structure and governance aligned with the objective of integrated care and to face chronicity. The Healthcare Integration Plan was developed in 2010 and completed in January 2016, with the creation of 13 IHOs. There is a clear mandate from the Parliament, Government and Ministry of Health of the Basque Government, aligned with this objective. The health system is driving change, but progress is hampered as the health and social departments are managed independently. There is still a work to do in the coordination of the social and health sectors. |
| | | Removal of Inhibitors (RI) | **RI = 3;** From a legal and structural point of view, it is already underway. From a cultural point of view, it needs to be put into practice. There is a lack of knowledge among health professionals in relation with the inhibitors of Integrated Care, of their degree of focus and the way of approach them. Their elimination will mean a cultural change and a different perception of the healthcare fabric for patients and professionals. | Digital Infrastructure (DI) | **DI = 4;** There is an extensive development of digital infrastructures and tools in the Basque health system, both for professionals and for patients aimed at supporting integrated care. The Electronic Health Record "Osabide" is integrated in the whole structure of Osakidetza and is accessible by all the professionals of the organisation. In addition, it is implemented in the social sphere (nursing homes) through the tool “Osabide Integra”. There is a project for the creation of a socio-health record. There is also a clinical record for nursing "Osanaia". Other examples are the tele-assistance “Beti ON” and telemonitoring of patients with Chronic Obstructive Pulmonary Diseases (COPD) and Cardiac Health Failure (CHF), the e-Health portfolio and the electronic pharmacological prescription, accessible to the entire population of the |

| | | | | | |
|---|---|---|---|---|---|
| | | | | | Basque Country, virtual consultations between professionals and between professionals and patients/informal careers. |
| | | Process Coordination (PC) | **PC = 3;** There is a systematic approach to integrated and coordinated care with standardised processes deployed throughout the organisation. There are working groups and facilitating agents that have developed recommendations, standards, pathways at the corporate level with local adaptations (for chronic patients, multimorbid, palliative...). Even so, there are still not enough solutions and initiatives to fully coordinate the processes of the social and health sectors. | Population Approach (PA) | **PA = 4;** The Basque Health System has a strong population health approach. The entire population has been stratified according to its morbidity risk. Even so, care programs have not been deployed for all groups, only for the most complex ones. Frailty and health determinants are not considered in the current risk stratification. |
| **Flanders** | **Regional** | Population Approach (PA) | PA= 2 This approach has still a too much experimental nature. Although the Primary care Zones focus on specific groups, it is not yet supported by a sustainable structured policy.<br><br>A population-oriented approach is subject to the fragmentation of competences in Belgium.<br><br>Once the approach involves the local level, it should be clear that it is not an administrative burden and should be patient outcome oriented rather than a financially driven result.<br><br>Small listing: the Care Atlas is a start towards this approach; although it is true that the process runs less smoothly since various competent authorities are involved. | Readiness to Change (RC) | RC = 4, The process towards the integration of health and care was one of creating ownership and confidence in partners with different expertise. The change management is far from complete, but the willingness and the understanding are there to adopt a different way of lookig at a person with a care need. |
| | | Process Coordination (PC) | PC = 1 Here the influence of the divided competences in Belgium is high. Still the coordination remains medical / disease specific. Process coordination is largely based on care process and | | |

| | | | | | |
|---|---|---|---|---|---|
| | | | not on social processes. The latter was the reason to move the score towards 1. Agreements however exist between some organisations such as the guidelines on intra-family violence, for GPs and social carers. For Scirocco: we would like to discuss a new dimension on Goal Orientated Care or reflect if this dimension can move towards goal orientated care. | | |
| **Flanders** | | Evaluation Methods (EM) | EM = 1 Although the tools and procedures are not yet systematically planned, we look positively to the future with the Flemish Institute for Quality of Care.<br>The Care Atlas (Agency for Care and Health) will provide as of half 2020 data to citizens and local authorities.<br>The comment was made that there is a need to harmonise the threshold values. A good example in Flanders is the evaluation method used for Falls Prevention.<br>Evaluation methods should be user friendly, practical and should be included from the start in projects on integrating care. | | |
| **Germany** | Regional | Digital Infrastructure (DI) | DI = 2; Germany and the region do not have access to electronic health records (EHR). The German EHR is due for introduction in January 2021 with yearly releases of new features. We assume, that a multifunctional EHR comparable to the international level is available in the beginning of 2022. Fax and paper-based records at the general practitioner practice are standard. There is no availability of electronic prescriptions. The region is pilot site for the EU ADLIFE project and | Citizen Empowerment (CE) | CE = 2; GWMK is successfully implementing a new support structure of health guides for primary prevention. By training and providing the necessary tools (e.g. communication software (network app), map of regional support structures, zero cost prevention courses) GWMK enables the health guides to give qualified answers to navigate people with regards to overall prevention. Health guides for primary care are already working in the social or health care system and integrate the tools in |

| | | | | | |
|---|---|---|---|---|---|
| | | | we hope that this project is bringing the necessary change drive into the region. | | their usual work. The employers of the health guides are remunerated by GWMK for the health guides' time. In a second wave health guides for secondary prevention regarding heart failure and COPD are introduced in the region using the expertise of the ADLIFE EU project. |
| **Germany** | | Population approach (PA) | PA = 1; In Germany over 100 health insurances exist up to this day. This divides the population in small intervention subgroups. At the moment the GWMK management covers two cooperating health insurances 24% of the regional population. Negotiations with the biggest regional health insurance are planned. The three health insurances would cover around 60-70% of the population. The currently cooperating health insurances do not have automated risk stratification of their members. In cooperation with GWMK a risk stratification assessment is in development. | Process Coordination (PC) | PC = 2; GWMK has access to an experienced integrated care management board. The previous project "Gesundes Kinzigtal" was just voted as a successful managed care example in a EU joint action project, demonstrating a strong . |
| **Lithuania** | Local | Capacity Building (CB) | CB = 2; Considerable variation between the results of the self-assessment process before and after the consensus-building workshop was noted. The Capacity Building was highlighted as one of the priority dimensions for changes in the region. Due to limited know how, cooperation on capacity building for integrated care could enable the teams or institutions. Individual approaches exist at the MoH level, but there is a lack of communication and collaboration between the different players.<br><br>The process of sharing experience and lessons | | |

| | | | | | |
|---|---|---|---|---|---|
| | | | learnt among service providers is fragmented and does not work in the region. | | |
| | Local | Removal of Inhibitors (RI) | RI = 1; The removal of inhibitors has the lowest assessment in the overall consensus diagram and should be considered as the bottle neck. It was highlighted as a priority dimension for change. The awareness of inhibitors exists but no systematic approach to their management is in place. | | |
| **Poland** | National | Digital Infrastructure (DI) | DI = 3 Digital infrastructure supporting integrated care is piloted but not yet widely implemented. We are still missing electronic medical records of patients to be exchanged between different stakeholders of healthcare services such as primary, ambulatory and hospital care. The ICT systems that healthcare providers operate are not fully interoperable. | Digital infrastructure (eHealth services)/patient empowerment | Poland introduced a national e-solution referring to every patient called IKP - Individual Patient Account, where every patient has access to historic data on healthcare services reimbursed by National health Fund, e-prescriptions ordered, e-referrals, planned visits to doctors and televisits, which strengthen patient empowerment |
| | National | Citizen Empowerment (CE) | CE =3; Patients partially have access to information however the range of available data is not comprehensive and still limited. Some incentives are needed to encourage patients to self-management of their health. | | |
| **Puglia Region** | Local - Bari (BA) Local Health Authority | Finance and Funding (FF)<br>Digital Infrastructure (DI)<br>Removal of Inhibitors (RI) | FF = 1, DI = 2, RI = 2; Bari Local Health Authority took part in the self-assessment process with a wider group of stakeholders, also in consideration of the scale of the Local Health Authority. The recorded weaknesses are affected by: the size and how multiple Local Health Authorities were joined together into Bari Local Health Authority; and the lack of homogeneous management of each | Citizen Empowerment (CE)<br>Breadth of Ambition (BA)<br>Process Coordination (PC) | CE = 4, BA = 4, PC = 4; The emerged strengths are affected by the flexibility at operational level, as governance across the entire Local Health Authority enables it. |

| | | | | | |
|---|---|---|---|---|---|
| | | | specific process within the Local Health Authority. | | |
| **Puglia Region** | Local - Brindisi (BR) Local Health Authority | All five stakeholders agreed on one greatest weakness of Brindisi Local Health Authority: the lack of information and communication, at multiple levels, which is linked to more than one dimension and affects all the processes. | The different roles affected the different perception of each dimension. The need for greater information access at all levels is strongly envisaged, to further improve towards integration. | Structure and governance (SG) Digital Infrastructure (DI) Citizen Empowerment (CE) Breadth of Ambition (BA) | SG = 4, DI = 4,CE = 4, BA = 4; A common factor among multiple dimensions is the strong Structure & Governance (4) that is provided by the management team and transferred top-down. This works alongside with the bottom-up ambition to demonstrate to the other five Local Health Authorities that the small size of Brindisi Local Health Authority is not a limiting factor, quite the opposite is a facilitation element in achieving integrated care maturity. |
| **Puglia Region** | Local - Barletta-Andria-Trani (BAT) Local Health Authority | Finance and Funding (FF) Removal of Inhibitors (RI) | FF = 1, RI = 1; Despite its innovative approach, Barletta-Andria-Trani Local Health Authority is highly linked to Puglia Region structured approach. A common factor that affects multiple dimensions is the complexity of the management processes, which require a degree of literacy and dedicated efforts to be effective. Training is not yet part of a routine management process, as so it requires extra efforts to be delivered. Structure & Governance is mostly provided in an informal way, which then poses some limits in the implementation processes. | Process Coordination (PC) Population Approach (PA) Breadth of Ambition (BA) | PC = 4, PA = 4, BA = 4; Q4 - Process Coordination (4); Q7 - Population Approach (4); and Q10 - Breadth of Ambition (10). |
| **Puglia Region** | Local - Foggia (FG) Local Health Authority | Removal of Inhibitors (RI) Evaluation Methods (EM) Breadth of Ambition (BA) | RI = 1, EM = 1, BA = 1; Despite a strong vision, the plan is not yet implemented, hence a methodology needs to be shared among multiple levels to finalise the change. The main recorded weakness is lack of training, which is key to dissolve the resistance to change that still exists in places. | Readiness to Change (RC) Population Approach (PA) | RC = 4, PA = 4; Foggia Local Health Authority reported the most evident variation between the moment of completion of the on-line self-assessment and the time of the consensus Workshop. The new intranet network implementation had started to overcome the physical constraints (i.e. mountains and islands of the geographical |

| | | | | | |
|---|---|---|---|---|---|
| | | | | | configuration.), yet the emerged challenge is still the uneven distribution across the territory and the physical constraints, which requires stronger and diverse efforts to deliver integrated care services. |
| **Puglia Region** | Local - Lecce (LE) Local Health Authority | Readiness to Change (RC) Structure and Governance (SG) Innovation Management (IM) | RC = 2, SG = 2, IM = 2; The factor that deeply influences the weaknesses is the very poor communication between Lecce Local health Authority (e.g. staff) and the citizens in the catchment area. The need for better communication between internal and external stakeholders is deeply envisaged. | Digital Infrastructure (DI) Finance and Funding (FF) | DI = 4, FF = 4; Lecce Local Health Authority is supported by a solid digital infrastructure. There is a strong desire to deliver together a vision shared among all stakeholders, including citizens. Despite Lecce Local Health Authority is undergoing a change management process at the time of the workshop, a bottom-up approach is recorded: multiple informal collaborations and task forces are in place, although not in a systematic way. |
| **Puglia Region** | Local - Taranto (TA) Local Health Authority | Finance and Funding (FF) Removal of Inhibitors (RI) Breadth of Ambition (BA) | FF = 0, RI = 1, BA = 1; The perceived lack of funding in place to support integrated care is a consequence of the limited positive impact of investments for integrated care, if compared to the investments in place for ICT infrastructure and medical devices equipment in hospital care settings. | Digital Infrastructure (DI) Process Coordination (PC) Population Approach (PA) Citizen Empowerment (CE) Capacity Building (CB) | DI = 3, PC = 3, PA = 3, CE = 3, CB = 3; There is a very strong determination and desire for change from Taranto Local Health Authority top management, which is key in driving the change and delivering an effective integrated care system. The Top management Team is fully engaged and have the maturity of the integrated care model among their top priorities. The overall objectives are extremely ambitious. |
| **Scotland** | **Local** | | | Citizen Empowerment (CE)<br>Process Coordination (PC) | |
| **Slovakia** | Regional | Structure & Governance (SG) | SG=0; There are some rare incentives exist - accompanied by non-systematic, individual bottom-up approach to change. Efficient Structure & Governance seems to be the most important starting point that may | Not Applicable | |

| | | | | | |
|---|---|---|---|---|---|
| | | | help to facilitate the process of adoption of all inevitable changes. However, one of the key problems is lack of communication and coordination between The Ministry of Health and The Ministry of Labour, Social Affairs and Family. Governmental authorities are aware of the lack of integration between health and social system or underdeveloped long-term care. Nevertheless, no efficient policy, guidelines nor systematic actions have been taken. | | |
| **Slovakia** | | Population Approach (PA) | PA=0; A population-based approach is needed, but it is still not applied to all diagnoses - just too few of them (e.g. cerebral palsy). In addition, there is no screening tool to identify vulnerable (at high-risk) population groups in Slovakia. There is also a lack of available community services that often leads to high number of hospitalizations. | | |
| | | Evaluation Methods (EM) | EM=0; There is no expert working group that would be able to advise/propose measures for integration process and its evaluation at the national, regional level and/or municipality level. A Health Technology Assessment strategy is planned; however, it has not been formally adopted by the competent national authorities yet. | | |
| | | Capacity-building (CB) | CB=1; Capacity building is preferably driven by bottom-up initiatives and non-governmental organizations. The high average age of health care professionals (especially doctors, nurses) and inadequate understanding of the importance of interdisciplinary teamwork in management and practice may represent | | |

| | | | | | |
|---|---|---|---|---|---|
| | | | significant obstacles in capacity building. Thus, this principle needs to be supported among key stakeholders as well as up-coming generation of health and social care professionals. | | |
| | | Breadth of Ambition (BA) | BA=0; Several pilot projects are ongoing. However, integration exists to some extent only between hospital and outpatient healthcare. | | |
| **Slovenia** | Local/National | Innovation Management (IM) | IM = 3; Formalized innovation management process is underway, but the implementation phase is still pending. Integrated care innovations in Slovenia are mostly formalized in EU Cohesion Policy's documents at national level. But still are partially implemented – pilot projects just started at 5-10 local environments. The experiences of only three projects are supposed to be used for planning the long-term care system (national Act for long-term care). There are very little innovations with integration of health and social care. | eHealth Services (eHS) | eHS = 4; The municipality of Trbovlje subsidizes the social services such as telephone alarm service to their citizens.<br><br>Technology offers simple solutions, so in the municipality they decided to make everyday life easier for people who need this kind of help or for their relatives. The service provides 24-hour user monitoring, enables automatic help calls, and organize help from help centres. The service is offered by national provider. Social alarm service uptake in Slovenia in general is very low; Trbovlje is one of the few municipalities decided to financially support it for their citizens. |
| **Slovenia** | | | | Standardisation & Simplification (SS) | SS = 4 The ICT standardisation and simplification at national level is good implemented. So called e-Health services includes for example special web portal, which provides secure access to some health services. It allows citizens:<br><br>- e-Appointment (access to electronic referrals and appointments and electronic requests for healthcare services),<br>- e-Prescription (access to electronically prescribed and electronically |

| | | | | | |
|---|---|---|---|---|---|
| | | | | | dispensed medication),<br>- an electronic registry of healthcare data. |

[1] Please note, if you have performed the assessment process at a number of locations, please list the areas of strengths and weaknesses for all of them.

[2] Please include as many domains as you wish to perceive as part of knowledge transfer and improvement planning activities, considering the resources and level of commitment your organisation/region can offer.

## Annex II: Table 2 Overview of Knowledge Transfer Programme: objectives achieved via each knowledge transfer activity

Table 2 Overview of Knowledge Transfer Programme: objectives achieved via each knowledge transfer activity

| KNOWLEDGE TRANSFER ACTIVITIES | PURPOSE (WHEN TO USE?) | | | | | | | | | | | | | | | | TYPE OF APPROACH | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| EXAMPLES | Raise Awareness | Increase visibility, legitimacy, recognition | Bring Message across more efficiently | Build momentum | Engage stakeholders | Connect stakeholders | Bring new knowledge | Receive external expert advice (system | Receive feedback in context (individual | Create collective intelligence | Identify set of actions for implementation | Accelerate development & | Learn how to implement actions in | soft / indirect capacity building (system level) | Capacity building (system level) | Develop skills (individual level) | Top Down | Participative | Co-creative |
| 1.1 AER peer review methodology, | | | X | X | X | | X | X | | X | X | | | | | | | X | |
| 1.2 S3 Platform Peer Reviews | | | X | X | X | | X | X | | X | X | | | | | | | X | |
| 1.3 TAIEX PEER 2 PEER Expert Missions | | | X | X | X | | X | X | | X | X | | | | | | | X | |
| 2.1 Conferences, thematic seminars | X | X | | X | X | X | X | | | | X | | | X | | | X | | |
| 2.2 Breakfast briefings, late night lounge meetings, etc | X | X | | X | X | X | X | | | | X | | | X | | | X | | |
| 2.3 TEDx talks and PechaKucha | X | X | | X | X | X | X | | | | X | | | X | | | X | | |
| 2.4 High level meetings with politicians or civil servants | X | X | | X | X | X | X | | | | X | | | X | | | X | | |
| 2.5 World Cafe and variants | X | X | | X | X | X | X | | | X | X | | | X | | | | | X |
| 2.6 OST, unconferences | X | X | | X | X | X | X | | | X | X | | | X | | | | | X |
| 2.7 AER mutual learning event on current and transversal topic | X | X | | X | X | X | X | | | X | X | | | X | | | | X | |
| 2.8 Awareness raising campaigns | X | X | | X | X | X | X | | | | X | | | X | | | X | | |
| 3.1 Webinars | | | | | | | X | | | X | X | | | | X | X | X | | |
| 3.2 Training Seminar | | | | | | X | X | | | X | X | | | | X | X | X | | |
| 3.3 Action Learning Set | | | | | X | X | X | | | X | X | X | X | | X | X | | | X |
| 4.1 SCIROCCO Exchange methodology for study visits | | | | X | X | X | X | | | X | X | X | | X | | | | | X |
| 5.1 Secondment programs | | | | | | | X | | X | | X | | X | | | X | | X | |
| 5.2 EU calls & programs | | | | | | | X | | X | | X | | X | | | X | | X | |

## Annex III: Table 3 Overview of Knowledge Transfer Programme: practicalities

Table 3 Overview of Knowledge Transfer Programme: practicalities

| KNOWLEDGE TRANSFER ACTIVITIES | | PRACTICALITIES | | |
|---|---|---|---|---|
| CATEGORY | EXAMPLES | NO. OF PARTICIPANTS | PREPARATION | DURATION |
| 1. Expert mission to receiving region | 1.1 AER peer review methodology, | 8 to 12 | Recruitment of peers+ min. 6 weeks | 5 days |
| 1. Expert mission to receiving region | 1.2 S3 Platform Peer Reviews | 50 to 70, divided in 7 categories | Recruitment of peers+ min. 6 weeks | 1 day, sometimes 2 half days |
| 1. Expert mission to receiving region | 1.3 TAIEX PEER 2 PEER Expert Missions | 1 to 2 | Identification of peer organisation + min 6 weeks | 2 to 5 days |
| 2. Events in receiving region, or in other relevant place, with international peers and experts | 2.1 Conferences, thematic seminars | 100 to 300 for a conference & 50 to 100 for a seminar | 4 months for Seminar & 6 months for Conferences | 1 to 2 days |
| 2. Events in receiving region, or in other relevant place, with international peers and experts | 2.2 Breakfast briefings, late night lounge meetings, etc | 20 to 60 | 2 to 4 months | Half day |
| 2. Events in receiving region, or in other relevant place, with international peers and experts | 2.3 Strictly framed and inspiring presentations: TEDx talks and PechaKucha | any number | 3 to 4 weeks | 18 minutes per presentation |
| 2. Events in receiving region, or in other relevant place, with international peers and experts | 2.4 High level meetings with politicians or civil servants | 2 to 15 depending on format | 6 to 8 months | 1 to 2 hours |
| 2. Events in receiving region, or in other relevant place, with international peers and experts | 2.5 World Cafe and variants | Minimum 12 to 15 | 2 to 4 months | half day |
| 2. Events in receiving region, or in other relevant place, with international peers and experts | 2.6 Open Space Technology, unconferences | 30 for workshop 100 to 200 for unconferences | 2 to 4 months | half day |
| 2. Events in receiving region, or in other relevant place, with international peers and experts | 2.7 AER mutual learning event on current and transversal topic | 4 to 5 discussion groups | 6 months | 1/2 to 1 day |
| 2. Events in receiving region, or in other relevant place, with international peers and experts | 2.8 Awareness raising campaigns | | 4 to 6 months (tbc) | few weeks to a few months |
| 3. Capacity-Building activities in receiving region or elsewhere if relevant | 3.1 Webinars | | 3 months (tbc) | 30 to 60 minutes |
| 3. Capacity-Building activities in receiving region or elsewhere if relevant | 3.2 Training Seminar | | 4 months | 2 to 5 days |
| 3. Capacity-Building activities in receiving region or elsewhere if | 3.3 Action Learning Set | 6 to 8 people | | |

| relevant | | | | |
|---|---|---|---|---|
| 4. Study visits to transferring Entity/Region | 4.1 SCIROCCO Exchange methodology for study visits | max. 5 experts from receiving region | | up to 2 days |
| 5. Exchange, Secondment or Placement of staff | 5.1 Secondment programs | 1 or more depending on capacity | | |
| 5. Exchange, Secondment or Placement of staff | 5.2 EU calls & programs | | | |

## Annex IV: Implementation of SCIROCCO Exchange Knowledge Transfer Programme

The objective of this Section is to describe the implementation of SCIROCCO Exchange Knowledge Transfer Programme and capacity-building support in 9 European regions and countries to prepare the ground for the transition and scaling-up of integrated care and/ or to improve its existing system and service design.

### A. Knowledge Transfer Programme in the Basque Country region

Informed by the outcomes of maturity assessment on strengths and weaknesses in integrated care in the Basque Country, the following dimensions were identified as priorities for the knowledge transfer:

- Dimension(s) for coaching: these are areas in which the maturity assessment revealed strengths which could be of interest for other regions to increase knowledge:

- **Structure and governance**
    - Creation of the Integrated Healthcare Organisations
    - Socio Health coordination
    - Integration of services in the integrated system

- **Digital infrastructures**
    - Osabide Global – Integrated Electronic Health Record
    - Non-face-to face tools (Osarean - Personal health folder, eHealth Centre, interconsultations between professionals and professionals and patients)

- **Population approach**
    - Risk stratification (RS) in the Basque Country
        - Methodology for population identification
        - Development of the dashboard and data mining process

- Dimension(s) for improvement: these can be either weaker points or relatively strong areas on which the region intended to improve further:

- **Citizen Empowerment**
    - Increase the participation of the population in co-creating pathways and processes and self-management activities

- **Process Coordination**
    - Definition of integrated Clinical processes and Pathways
    - Strengthening the relationship between the health and social systems

- **Removal of Inhibitors**
    - Increase collaboration between levels of care: hospitals and primary care
    - Work more as a team: achieve broader consensus in complex settings

## Implementation of Knowledge Transfer Programme in the Basque Country region

The following knowledge transfer and capacity-building activities were conducted in the Basque Country region:

### a) Workshop on the Implementation of Electronic Health Records (EHR) in the Basque Country

The online workshop was organised on 18 February 2022 with the Basque Country as the coaching region and Optimedis as the adopting partner with a simultaneous translation. The objectives of this workshop were to:

- explore specific topics for in-depth further knowledge exchange
- identify key learning – successful approaches and common challenges in implementing EHR in the Basque Country
- build log-term strategic partnership to enhance learning and mutual exchange.

The main topics tackled during the workshop included:

- Introduction of the EHR in the Basque Country, its use, purpose and targeted users.
- Features of the EHR system (e.g., electronic prescribing system, illness history, vaccination calendar, etc. and their implementation, including timeline, organisational change and funding.
- Interoperability of the EHR systems across different user groups (e.g., healthcare providers, social care providers, pharmacies, etc.).
- Patients' access to EHR, patients' use of access rights.
- Systems in place for feedback on continuous improvement of EHR system.
- Data protection impact assessment in place.
- Monitoring of the uptake of EHR.
- Key facilitators and barriers of the implementation process.

The main outcomes of this workshop included:

- Greater knowledge of the Optimedis team on the implementation of the EHR in the Basque Country.
- Sharing of key challenges, barriers, success and learnings
- Improvement of the relationship between the Optimedis team, Kronikgune and Osakidetza.

The main added-value of this knowledge transfer and capacity-building activity for the Basque Country was the opportunity to collect feedback from the Optimedis team (and their colleagues) on the digital tools presented at the workshop. This has also allowed us to detect areas for improvement and to reinforce the confidence and the spirit of our professionals to continue with the implementation process and its further improvement. Hence this knowledge transfer activity can be seen as mutually beneficial.

### b) Workshop on Transforming local systems – "Participation and co-creation with citizens"

The online workshop was organised on 13 April 2022 with the Basque Country and Trbovlje region in Slovenia as the adopting regions and Scotland as the coaching partner with a simultaneous translation.

The objectives of this workshop were to:

- identify key learning – successful approaches and common challenges in empowering citizens to actively participate and co-create the delivery of health and social care services'
- explore specific topics for in-depth further knowledge exchange;
- build log-term strategic partnership to enhance learning and mutual exchange.

The main topics tackled during the workshop included:

- Introduction Scottish approach to service re-design.
- Introduction the Pathfinder Programme and its main outcomes.
- Experience of healthcare professionals and citizens with the Programme.
- Existing strategic/policy framework/model supporting the service re-design with an active role and participation of citizens.
- The role of the users/citizens in the transformation of healthcare services; users' participation in the preparation and development of strategy/decision-making processes for the system's transformation.
- Engagement of other key stakeholders in this process; communication of the change needed.
- Creation of opportunities for citizens to increase their participation in planning and implementation of health and social care services.
- Personalised care delivery in the community.
- Development of clinical pathways from the individual/citizen's point of view.
- Shifting the care delivery to local delivery upstream to prevention and self-management.
- Training of healthcare professionals and citizens to co-create clinical pathways.
- The role of digital technology in supporting the transformation of local systems.
- Citizen empowerment for prevention & self-management.
- Key success factors and challenges in engaging citizens in the service re-design.

The main outcomes of this workshop included:

- The double diamond methodology and its concrete application in the Pathfinder program in Scotland. It is meant to empower citizens to actively participate and co-create the delivery of health and social care services.

The main added-value of this knowledge transfer and capacity-building activity for the Basque Country was the opportunity to learn how to start designing a series of improvements in order to advance in the maturity of process coordination and patient empowerment dimensions in the Basque Country. A process to transfer the learning was defined after the workshop, that consist of 5 actions:

1. Explore whether relevant aspects of the Scottish innovative practice are suitable for adoption in the Basque Country.
2. Define the objectives for the improvement.
3. Populate a Logic Model, by defining the resources needed to implement a series of activities to achieve the desired outcomes and impact.
4. Define an implementation plan to implement what is defined in the Logic model.
5. Analyse the possibility to make a study visit to Scotland to further learn from them and facilitate the development of the implementation plan.

### c) Workshop on Social Health Coordination in the Basque Country

The online workshop was organised on 23 November 2021 with the Basque Country as the coaching region and Slovenia as the adopting partner with a simultaneous translation.

The objectives of this workshop were to:

- explore specific topics for in-depth further knowledge exchange
- identify key learning – successful approaches and common challenges in implementing the Social Health coordination in the Basque Country
- build log-term strategic partnership to enhance learning and mutual exchange.

Main topics tackled during the workshop included:

- Social Health context, with a specific focus on the integration approach in the Basque Country.
- Social and health care management in the Basque Country.
- Governance, coordination figures, territorial councils and operational plan and the social and health financing framework.
- Mental health and additions management, and its integration with the rest of services of the healthcare system.
- Introduction to the Slovenian health system – strengths and weaknesses in integrated care in the Municipality of Trbovlje.

The main outcomes of the workshop included:

- Greater knowledge of the Slovenian team of the social health coordination in the Basque Country.
- Greater knowledge of the Slovenian team of the management of the mental health and its integration within the healthcare system in the Basque Country.
- Sharing of key challenges, barriers, success and learnings.
- Improvement of the relationship between the Slovenian team, Kronikgune, Osakidetza, BIOEF and the Basque Government.

The main added-value of this knowledge transfer and capacity-building activity for the Basque Country was the opportunity to share and review our progress in the area of health and social care coordination and to get some reflections and peer review from experts in Slovenia.

### Challenges in the implementation of SCIROCCO Exchange Knowledge Transfer Programme in the Basque Country

The main challenge we had to face was the COVID 19 pandemic.

- All workshops had to be conducted online, which made the knowledge exchange process more complex, and did not allow the same relationships to be generated between the actors involved as if it was conducted face-to-face.
- The Basque Healthcare system has been focused on safeguarding the health of the population and minimising the impact of the pandemic. This means lack of time of the professionals to carry out research. It was really difficult to involve both healthcare professionals and managers/technicians.

As adopters:

- Assess the feasibility of transferring the learning to the context is a huge challenge, but key for the success of the process.
- Build long-term collaboration with the region we are making the transfer is also key for the success for the transfer
- Explore specific topics for in-depth further knowledge exchange

As originators:

- Provide information and access to resources and services to enable experts from Optimedis and Slovenia to acquire knowledge on the Basque approaches.
- Support the development of Implementation Plans about how the different elements of the Basque Experience could be adapted and transferred.

The technological barrier was also a challenge we faced, as many healthcare professionals were not used to using tools such as Zoom or simultaneous translations.

### Impact of SCIROCCO Exchange Knowledge Transfer Programme

The impact of the SCIROCCO Exchange Knowledge Transfer Programme in the Basque Country was considerable. After attending the knowledge exchange workshop with experts in Scotland on Scottish approach to service redesign, co-creation processes and involvement of citizens in the design and redesign of processes and pathways, Osakidetza decided to transfer the learning through the implementation of a corporate intervention during the year 2022. The name of the intervention/improvement is *Design of a methodology to involve citizens in the design, redesign and scaling of processes and pathways in Osakidetza, and its application in the improvement of the pathway for multimorbid patients.*

A proposal was made to the Scottish government for a face-to-face study visit to see the original implementation of this initiative in 2022/2023 depending on the status of the COVID 19 pandemic.

## B. Knowledge Transfer Programme in Flanders, Belgium

Informed by the outcomes of maturity assessment on strengths and weaknesses in integrated care in Flanders, the following dimensions of SCIROCCO Exchange Maturity Model for Integrated Care were identified as priorities for the knowledge transfer:

- Dimension(s) for improvement: these can be either weaker points, or relatively strong areas on which the region intended to improve further: Population approach and Population Health Management.

No areas for coaching were identified due to limited capacities and availabilities of stakeholders to participate in this type of knowledge transfer activity.

The following knowledge transfer and capacity-building activities were conducted in Flanders, Belgium

### a) Goal Oriented Care

The objective of this capacity-building activity was to find synergies between the SCIROCCO Exchange (SE) Maturity Model for Integrated care and its tool and a Goal Oriented Care (GOC) approach as both of these initiatives are policy aims for Flanders. The ambition was to assess to what extent these two approaches are compatible and/or on the other hand need further adaptation to match the need of the Flanders Primary Care Institute (VIVEL) and the Primary Care Boards for the development of multi-annual policy plans. The aim is to apply the SCIROCCO Exchange tool in a GOC context for the 60 Primary Care Boards (PCBs) in Flanders. The tool was tested in 4 PCBs so far.

Several activities were conducted for this purpose:

- Workshop on 21/01/2021: concept of goal-oriented care, its theoretical background, key principles and practical implementation in Primary Care Boards in Flanders was presented. There was an introduction by the University of Ghent who are developing the concept of GOC for Flanders. The workshop was open to all SCIROCCO Exchange partners.
- Working Group on 31/03/2021 with and objective to explore the potential adaptation of SE Maturity Model to the concept of goal-oriented care with the participation of SE partners and University of Ghent.
- Workshop on 16/12/2021: SE discussion with University of Ghent to identify the synergy and how to further look at the use of the SCIROCCO Exchange Tool for a GOC approach. The GOC can be a catalyst or can be the additional focus for user expansion or it can be seen as an intervention to assess its maturity. In all cases, the tool might be adaptable to the GOC approach.

In terms of the outcomes of these activities, it was concluded that In order to assess a GOC approach, the dimensions should be more open towards patient / citizens reflections. Some of the dimensions might be more relevant for this exercise which will be further elaborated by the University of Ghent. This would not mean necessarily a change in the maturity scores but rather the objectives of the dimensions of SCIROCCO Exchange Maturity Model.

### b) Workshop on Interpretation of data by Primary care Boards in Flanders

The objective of this capacity-building activity was to find insights in successful approaches and challenges in using data to inform local decision-making in the delivery of health and social care services. The future goal is to build out skills and methods on the interpretation of data to help the local Primary Care Boards in Flanders.

This activity was implemented by bilateral knowledge exchange workshop with Scotland on 2 June 2021. The workshop was an opportunity to learn about Scotland's approach and experience on how data can be provided or on the kind of assistance needed to use and interpret data, in our case for local decision-making. It was a small workshop attended by the– Primary Care Institute and the University of Ghent. We learned about methods to analyse data for local decision-making; techniques/tools to support the workforce in using the data; how to improve data health literacy and skills you may need to understand the data; a very interesting aspect was the leadership education on 'How do you best use/interpret the data to inform local decision making' and the Data Lab's Professional Development Programme;

The knowledge acquired will be used for the 60 Primary Care Boards in Flanders who have to make a new multiannual policy plan in 2022. VIVEL and the Academy of Primary Care (Flemish Universities) will assist the PCBs to introduce the data use in population management. For this a project group on data and dashboarding which contributes to population management is established. A proposal on creating a user's group needs still to be validated.

### Challenges in the implementation of SCIROCCO Exchange Knowledge Transfer Programme in Flanders region

In terms of the GOC capacity-building activities, adopting a GOC approach requires also a mentality change of the formal and informal health and care providers but also will require the citizen to become part of his/her own care. There is still a long way to showcase the benefits for the person with care and support needs and the informal care giver. This is a gradual process, where Flanders invest in raising public awareness and has started in 2022 with an interprofessional training on GOC. For the time being, the minds of the primary care actors are mostly focused on mitigating the COBID-19 related crisis.

In terms of the data use and interpretation by PCBs, the main challenge in Flanders is to change the attitude of the different health and wellbeing actors towards using data. It remains difficult for people in the field to interpret data. The complexity of dashboards on data is adding to the reluctance of the health and wellbeing actors to use them. The diversity in data systems and data banks and the fact that Flanders does not have a global data system does not inspire confidence of the users for the time being.

### Impact of SCIROCCO Exchange Knowledge Transfer Programme

In terms of the concept of GOC, taking into considerations with the exchanges between the SCIROCCO Exchange partners and wider audience, Flanders is looking forward to improving the GOC approach and use the SE Tool as a basis to move the health and social care actors in that direction.

In terms of the data use and interpretation by PCBs, Scotland's experience in assisting the work field on the use of data and what it requires is a landmark for Flanders. It gives an insight of the different steps required to reach the same level as Scotland.

## C. Knowledge Transfer Programme in Lithuania

Involvement of 4 stakeholders' groups: a) Primary Health Care Centres (PHCC) from different areas of Lithuania (covering representatives from rural and city areas); b)medical specialists and other health professionals (from different medical specialties); c) Government: representative from Ministry of Health of the Republic of Lithuania and d) Patients, allowed to reflect on the maturity of Lithuania in integrated care from different angles, providing very different results, particularly when comparing patients and policymakers' perspectives. Based on the results of the maturity assessment of the strengths and weaknesses in integrated care in the Lithuania region, the following dimensions were identified as priorities for knowledge transfer:

Dimension(s) for improvement: these can be either weaker points, or relatively strong areas on which the region intended to improve further:

- Process Coordination
- Removal of inhibitors
- Capacity Building

The following knowledge transfer and capacity building activities were carried out in the Lithuania region:

### a) Meeting / Webinar - 11 February 2020

The objective of this capacity-building activity was to identify the most important gaps in the provision of healthcare services and the overall maturity of integrated care, including a target group of patients to whom integrated care improvements would bring the greatest value. The main focus of the workshop was to:

- Discuss/review the frequency and structure of chronic diseases in the Lithuanian population.
- Review and present the results of the previous projects (SCIROCCO, JA-CHRODIS, JA-CHRODIS+ (http://chrodis.eu)) which could inform about the existing good practices in the disease management and integrated care programmes.
- Present potential benefits (expected improvements and impact) of improved integrated care programmes.

More than 50 stakeholders representing 30 PHCC were participating.

### b) Meeting / Webinar - 10 March 2020

The objective of this capacity-building support was to better understand problems of multimorbid patients and their impact on the provision of health and social care, including the importance of addressing the needs of multimorbid patient care through integrated care solutions. The main focus of the meeting was on the prevalence of multimorbidity, its consequences and impact on healthcare systems. Potential solutions were presented, including an in-depth overview of Lithuanian's integrated care model for multimorbid patients with a view to identify areas for future improvement. Practical insights and lessons learned from the testing pilots were also shared. The ultimate goal was to identify appropriate local stakeholders to potentially collaborate in the implementation process of new improved solutions. More than 50

stakeholders representing 30 PHCC participated in the meeting and expressed the interest for further collaboration.

### c) Online workshop with PHCCs - 8 December 2020

The objective of the workshop was to discuss and commonly agree on the needs that could be addressed in the knowledge transfer process .16 stakeholders representing 8 PHCC participated in this workshop. After the online workshop, the most important needs for each PHCC were identified:

- Holistic assessment
- Individualized care plan
- Case management

### d) Training session 1 - 14 June 2021

The objective of this training session was to perform the SCOPE analysis and align the local needs, expectations, strategic objectives and real possibilities of integrated multimorbidity care model implementation. The training covered the following steps:

- Get to know each other and explain the objectives of the session.
- Introduce the integrated care model - framework for care of patients with multimorbidity potentially applicable across Europe (Palmer et al. Health Policy 2018).
- Identify, specify, and analyse determinants that act as barriers and enablers that could influence implementation of integrated care model outcomes.
- Present sixteen components across five domains: Delivery of Care, Decision Support, Self-Management Support, Information Systems and Technology, and Social and Community Resources)
- Identify the integrated care model components to work with and define the potential scope of implementation the institution.

10 stakeholders representing 3 PHCC from 4 different sites participated in this training session.

### e) Training session 2 - 7 July 2021

The objective of this session was to increase the knowledge and understanding of integrated care by presenting the structure and implementation strategy of the integrated multimorbidity care model. Following activities were carried out:

- Detailed presentation of the integrated multimorbidity care model components.
- Discussion about each component, focusing on a) possible adaption to local setting, b) aims, c) key characteristics, d) target populations, and e) relevance for multimorbidity patients.
- Define feasible goals aligned with improvement areas.
- Define the actions to be implemented with the “change package” (During this step we answered three questions: What are we trying to accomplish? What changes can be made that will result in improvement? How will we know that a change in an improvement?) The Change Package is the set of changes or components of the integrated MM care model that led to improvement in practice.
- Specify the key performance indicators to assess the impact of the actions.
- Review and adapt the scope definition, if needed.

10 stakeholders representing 3 PHCC from 4 different sites attended the session.

### f) Training session 3 - 5 of October 2021

The objective of this session was to Improve continuity of care and communication among healthcare professionals and levels of care by presenting multimorbid patient care coordination and "case manager" guidelines. Based on local experience and knowledge integrated care model fully adapted and specified for further local implementation was determined. Holistic assessment, a personalised action plan and a case manager were introduced as key-elements to provide the integrated care for multimorbid patients. Tasks and responsibilities for the case manager were defined and comprehensive assessment of patients' health tool was developed.

10 stakeholders representing 3 PHCC from 4 different sites participated in this session.

### Challenges in the implementation of the SCIROCCO Exchange Knowledge Transfer Programme in the Lithuania region

Due to the pandemic situation, some unforeseen situations and uncertainty appeared. Face-to-face trainings were switched to webinars and held virtually. Due to the increase of the workload during the pandemic, timing was challenging. But it didn't have major influence on the outcomes. Stakeholders representing PHCC were participating. The target group of stakeholders was successfully reached. This was mainly achieved due to additional/complementary face-to-face training which increased the participation. The training sessions also helped to reveal possible ways and methodology to implement gained knowledge into routine practice.

### Impact of SCIROCCO Exchange Knowledge Transfer Programme

The key priorities of the knowledge transfer were identified with a clear impact:

- Encouragement of the cross-boundary collaboration and identification of the most important issues for improvement of integrated care and target groups of patients to whom the integrated care improvements would bring the greatest value.
- Removal of some of the key bottle necks, such as coordination of care, in order to improve continuity of care and communication among healthcare professionals and levels of care; and increase knowledge and understanding of integrated care by presenting the structure and implementation strategy of the integrated multimorbidity care model.

As planned together with experts, a practical training program for healthcare professionals was implemented. In order to reach more healthcare workers, we invited participants from different types of (included private and public) PHCC. Representatives were from different regions of Lithuania (rural and city areas). We inquired that one of the participants should be a decision maker in the institution. In that case if the training would prove useful for them, they could proceed with the implementation of integrated care model and transfer gained skills and knowledge in their institution. The practical training program served the purpose of solving the persistent issues of training of medical personnel, especially when it came to a wider integrated care application. Some of the participants also introduced a case manager into practice, so the training program fitted this purpose very well.

The training participants felt that the new knowledge and practical experience will help them improve daily activities in their institutions and improve integrated care.

We decided to do the follow-up call after couple of months just to ensure that everyone is moving forward with the good practices.

## D. Knowledge Transfer Programme in Optimedis, Germany

Informed by the outcomes of the maturity assessment on strengths and weaknesses of integrated care the following dimensions were identified as priorities for the knowledge transfer:

Dimension(s) for coaching: these are areas in which the maturity assessment revealed strengths which could be of interest for other regions to increase knowledge:

- **Citizen Empowerment** – Implementation of health navigators supporting patients in pharmacies, GP & therapist practices
- **Process Coordination** – Regional integrated care management provides organisation for intersectoral care and the human resources to build capacity within the network

Dimension(s) for improvement: these can be either weaker points, or relatively strong areas on which the region intended to improve further:

- **Digital Infrastructure** – Working towards building a streamlined electronic health record across network practices
- **Population approach** – Currently 24% of population are covered within our network based on the contracted health insurances. Engagement and expansion of partnerships with other health insurance companies will not only widen the network but also harmonise data sharing and optimise strategic planning for integrated care provision.

The following knowledge transfer and capacity-building activities were conducted in the Werra-Meißner-Kreis:

### a) Exchange webinar with the Basque country: EHR development and introduction

The purpose of **the webinar was to learn and exchange on facilitators and barriers in the implementation process of digital infrastructure within the Basque integrated health care system. The webinar took** place on the 18.02.2021 and was 2h long.

The objectives of this webinar were to:

- identify key learning – successful approaches and common challenges in implementing EHR in the Basque Country
- build log-term strategic partnership to enhance learning and mutual exchange (parallel integrated care project ADLIFE (developing innovative digital health solutions to support the healthcare planning and care delivery for patients with multiple advanced long-term condition) lead by Kronigune with WMK as German pilot site).

The following key topics were discussed during the webinar:

- Introduction of the EHR in the Basque Country, its use, purpose and targeted users.
- Features of the EHR system (e.g., electronic prescribing system, illness history, vaccination calendar, etc. and their implementation, including timeline, organisational change and funding.
- Interoperability of the EHR systems across different user groups (e.g., healthcare providers, social care providers, pharmacies, etc.).
- Patients’ access to EHR, patients’ use of access rights.

- Systems in place for feedback on continuous improvement of EHR system.
- Data protection impact assessment in place.
- Monitoring of the uptake of EHR.
- Key facilitators and barriers of the implementation process.

The following learning was captured during the webinar:

- Introduction of electronic health records (EHR) is a comprehensive change management task
- Uptake of EHR, even when technology is ready, is slow
- German EHR function release plan will not enable just-in-time use in ADLIFE project
- In order to go on with ADLIFE a separate database needs to be constructed and manually filled
- ADLIFE in Germany reverted from an implementation action to a research action.

The following actions were taken after the exchange:

- Contracting University of Kassel Chair of Communication Technology (ComTec) to build EHR substituting data base
- Change Management for ADLIFE project: Change of focus to shared decision making instead of digitally supported care plan definition

### Challenges in the implementation of the SCIROCCO Exchange Knowledge Transfer Program in WMK

After the initial SCIROCCO Exchange maturity assessment the objectives of the knowledge transfer were not changed. However, the shift to virtual sessions due to pandemic has changed the potential impact of this knowledge transfer activity. With regards to our ambition to build a patient-centered health care system, we are more convinced than ever before that the German health system must enable the EHR as a reliable system / data base. Having the epiphany that a running IT system will not be enough but needs to be embedded into living processes, we very much appreciate the recent political announcement to switch to an opt-out-EHR-system. However, capacity building is left to the health insurances who market the EHR (as white label solution). But as consultant for our contracting health insurances, we push for a smart EHR solution.

### Impact of the SCIROCCO Exchange Knowledge Transfer Program

The impact was demonstrated in terms of the impact on the EU project ADLIFE:

- Contracting University of Kassel Chair of Communication Technology (ComTec) to build EHR substituting data base.
- Change Management: Change of focus to shared decision making instead of digitally supported care plan definition.

In terms of the impact on managing organisation Gesunder Werra-Meißner-Kreis as a whole, there is a need to wait for rollout of German EHR in Version 2024 before scoping further process improvement ideas based on a medical data base.

## E. Knowledge Transfer Programme in Poland

Informed by the outcomes of maturity assessment on strengths and weaknesses in integrated care in Poland, the following dimensions were identified as priorities for the knowledge transfer:

- Dimension(s) for improvement: these can be either weaker point, either relatively strong areas on which the region intended to improve further: Citizen/patient empowerment and Digital infrastructure.

In general, Poland did not offer any dimension for coaching given the fact that the overall dimension score was relatively low for some primary care zones and also due to limited capacities to engage in more knowledge transfer and capacity-building activities.

The following knowledge transfer and capacity-building activities were conducted in Poland:

### a) Collection of good practices on patient empowerment

The objective of this activity was to raise local and national awareness of the importance of the concept of citizen empowerment and the role of citizens in the design and provision of healthcare services. This activity included:

- analysis of providers' needs collected through the survey
- organisation of 5-6 focus groups with patients and medical staff to gather their perspectives and expectations on the concept of citizen empowerment.
- providing knowledge of patient empowerment for providers by showcasing good practices/examples of citizen empowerment tools, nutrition plans, training plans and educational movies and other
- share the most valuable assets with National Health Fund (NHF) Academy
- create a NHF Knowledge Transfer Hub portal at the gov.pl domaine as a Polish repository/equivalent of SCIROCCO Exchange Knowledge Management Hub. The portal was not live at the pint of submitting this Deliverable.
- promote the interim outcomes at the national conference on 9 December 2021.

### Challenges in the implementation of SCIROCCO Exchange Knowledge Transfer Programme in Poland region

We managed to activate and equip a group of about 45 PHC providers who were already involved in coordinated care with the tools to strengthen the implementation of the concept of Citizen Empowerment.All events envisaged to engage providers had to be organised virtually that lead to less involvement of stakeholders in those activities. The language barrier made it difficult to involve representatives of primary healthcare centręs in the active exchange of experiences at the international level.

### Impact of SCIROCCO Exchange Knowledge Transfer Programme

One of the goals of knowledge transfer process in Poland was to provide greater knowledge on the concept of citizen empowerment. To equip patients to self-manager their health and play more active role in the provision of healthcare services, a dedicated platform - NHF's Academy was established. This platform is a kind of repository of good practices for both patients and healthcare providers and is widely recognised also throughout medical environment.

As Self-care is an important point in coordinated care, in order to strengthen this aspect and support patients and also healthcare providers in the provision of training and educational advice on proper nutrition, a portal diets.nfz.gov.pl was launched. This portal was finally transformed to a portal supporting healthy people who need inspiration and help in changing their lifestyle, At the moment portal has been integrated with Individual Patients Account' mobile application.

Future initiatives:

- Develop the NHF Knowledge Transfer HUB - a Polish repository of good practices containing Polish experiences and translate (fully / partially) experiences of other countries, which are also supplied by the Scirocco Exchange Knowledge Management HUB.
- Scaling the SCIROCCO Exchange Maturity Model in Poland - tested solution during the SCIROCCO Exchange project on 40 providers - In the new financial perspective (Cohesion Policy 2021-2027 in Europe), the National Health Fund submitted a proposal to implement a project to assess the maturity of subsequent primary care facilities for the implementation of coordinated care.
- The experience gathered thanks to the SCIROCCO Exchange project will allow the National Health Fund to use the SCIROCCO Exchange Knowledge Management Hub and the self-assessment too for further evaluation of integrated care among service providers.

## F. Knowledge Transfer Programme in Puglia region

Informed by the outcomes of maturity assessment on strengths and weaknesses in integrated care in Puglia region, the following dimensions of SCIROCCO Exchange Maturity Model for Integrated Care were identified as priorities for the knowledge transfer:

- Dimension(s) for coaching: these are areas in which the maturity assessment revealed strengths which could be of interest for other regions to increase knowledge: Q7 - Population Approach; Q4 - Process Coordination; Q8 - Citizen Empowerment; and Q3 - Digital Infrastructure.
- Dimension(s) for improvement: these can be either weaker points, or relatively strong areas on which the region intended to improve further: Q6 - Removal of Inhibitors; Q5 - Finance and Funding; and Q9 - Evaluation Methods

### Implementation of Knowledge Transfer Programme in Puglia region

The following knowledge transfer and capacity-building activities were conducted in Puglia region:

#### a) Participatory webinar

The maturity assessment (conducted in WP5) allowed to identify strengths and weaknesses of health and social Apulian care system in integrated care. Starting from the data acquired, a participatory phase was launched to better understand the priorities for the future improvement and capacity-building activities. The participatory webinar was held in Italian, online in February 2021. All the participants who conducted maturity assessment process in Puglia Region were invited along the following different categories of stakeholders:

- LHA Top management (e.g., CEO, Chief Administrative Officer (CAO), Chief Medical Officer (CMO);
- Representative of the Health and Social Care District;
- Representative with medical background (e.g. Care Manager, Chief Nurse);
- Representative of the ICT Team; and
- Patients' group representative.

34 stakeholders attended the meeting. The workshop was facilitated by the Assembly of European Regions (AER) and representatives of AReSS Puglia. As a result of this webinar, the stakeholders decided that among the 3 main dimensions identified as weaknesses, the "Funding" dimension was the priority to be addressed by a knowledge transfer program in the region. Although Puglia is one of the Italian regions with the highest level of performance in the use of European funds, the healthcare sector suffers from the lack of specialised human resources and / or dedicated human resources to be appointed to these activities.

#### b) Analysis of training opportunities

The second step in the implementation of the SCIROCCO Exchange Knowledge Transfer Programme for Puglia, was an organisational phase with an objective to benchmark and analyse the training opportunities which were already in place in Puglia, then online in Italy, to understand this gap of lacking specialised human resourced and/or dedicated human resources embedded in the "Funding" dimension.

A Master in «European Project Planning and Management» organised by a private regional university, the LUM University and its School of Management, appeared particularly tailored to the identified needs; as a consequence the local SCIROCCO Exchange project team started the co-creation of the Knowledge Transfer programme with the University's scientific board.

The Master Programme gained a specific module dedicated to programs and initiatives within the Health and Social care domains in order to allow participants to acquire full knowledge of the opportunities available both in consideration of the Next Generation Europe (the European initiative to provide financial support to all member states to recover from the adverse effects of the COVID-19 pandemic) and other chances resulting from the pandemic period.

### c) Development of Memorandum of Understanding

The "implementation phase" was an additional step forward to co-creation of the Master Programme. The objective was to foster capacity building and to improve selected skills inside the healthcare professionals' organisations: a Memorandum of Understanding was therefore signed between AReSS and the 6 LHAs; thanks to SCIROCCO Exchange Project AReSS supported LHAs financially to select their stakeholders and let them to attend the Master by a dedicated grant. Each LHA selected a dedicated human resources with adequate background to attend the training course and to become the reference point for future projects, trying to solve the lack of specific competences to promote integrated care by intercepting and catching funds from national and European funding calls, that emerged from the assessment; in fact what the assessment revealed was that usually human resources in charge of the projects often change without developing specific skills, or they are external expertise outside the organisation. The Master Programme is anticipated to end in April 2022. It will be repeated in its new 2022 edition maintaining the module focusing on the Health and Social Care domains planned and experimented in collaboration with AReSS Puglia in 2021 under the framework of the knowledge transfer program. The efficacy of the intervention will be assessed concretely by monitoring the LHAs' performances in flanking AReSS in future projects.

## Challenges in the implementation of SCIROCCO Exchange Knowledge Transfer Programme in Puglia region

The COVID-19 pandemic caused several changes in implementation of SCIROCCO Exchange Knowledge Transfer Programme in Puglia region. Initially, a knowledge transfer program was targeting a wider stakeholder group which participated in the maturity assessment process in 6 LHAs in Puglia. The engagement of local stakeholders proved to be more difficult due to changing priorities of these stakeholders in response to COVID-19.

Secondly, a number of face-to-face study visits were foreseen for these stakeholders in order to facilitate more in-depth learning about the dimensions identified as weaknesses in the maturity assessment process and the dimension of "Funding" specifically. All these foreseen activities were changed to online knowledge exchange activities due to pandemic. It is envisaged that potentially face-to-face learning activities, including the participation at Master program, could have different impact on embedding the learning from knowledge transfer activities locally. However, as repeatedly mentioned by stakeholders, even this online programme of activities was highly appreciated to address the local needs and priorities for improvement in integrated care. The online option of conducting the Master course for example allowed the training without any interruptions and meeting the given project' deadlines, despite all the COVID-19 related measures.

## Impact of SCIROCCO Exchange Knowledge Transfer Programme

In terms of the local impact of learning embedded through SCIROCCO Exchange Knowledge Transfer Programme, the following achievements can be highlighted:

- Stakeholders have completed their one-year Master Programme developing new skills and knowledge.
- A working group with one stakeholder from each LHAs coordinated by AReSS has been planned with an objective to create a network at regional level in order to launch and coordinate actions for future projects and to improve Integrated Care EU project already in place; build a collaborative culture in the region.
- Cultural and organisational impact with tangible outcomes to be foreseen in medium to long-term. With the training carried out, it will be possible to benefit from trained and dedicated human resources who will be able to intercept new resources for integrated care, or to efficiently flank AReSS in new initiatives to promote integrated care. Networking and cooperation among the Region will be strengthened.

## G. Knowledge Transfer Programme in Scotland

Informed by the outcomes of maturity assessment on strengths and weaknesses in integrated care in Midlothian Health and Social Care Partnership (HSCP) in Scotland, the following dimensions were identified as priorities for the knowledge transfer:

- Dimension(s) for coaching: these are areas in which the maturity assessment revealed strengths which could be of interest for other regions to increase knowledge: Readiness to change, Citizen Empowerment and Innovation Management.
- Dimension(s) for improvement: these can be either weaker points, or relatively strong areas on which the region intended to improve further: Digital Infrastructure (with a particular focus on digital skills, implementation of EHR and deployment and use of digital services at large scale), Removal of Inhibitors (with a particular focus on citizen engagement) and Population approach (with a particular focus on the implementation of population-based risk stratification approaches).

It should be noted that due to organisational changes in Midlothian as well as COVID-19 pandemic it was very difficult for Scotland to undertake the role of the adopting region due to staff shortages, increased pressure on healthcare delivery organisations and ultimate shift of priorities towards the management of COVID-19 pandemic and its consequences.

The following knowledge transfer activities were facilitated and implemented by Midlothian HSCP and Scotland as the coaching region:

### b) Workshop "Transforming local healthcare systems – co-creation and co-design with citizens

The objectives of this workshop were to:

- identify key learning – successful approaches and common challenges in empowering citizens to actively participate and co-create the delivery of health and social care services'
- explore specific topics for in-depth further knowledge exchange;
- build log-term strategic partnership to enhance learning and mutual exchange.

The main topics tackled during the workshop included:

- Introduction Scottish approach to service re-design.
- Introduction the Pathfinder Programme and its main outcomes.
- Experience of healthcare professionals and citizens with the Programme.
- Existing strategic/policy framework/model supporting the service re-design with an active role and participation of citizens.
- The role of the users/citizens in the transformation of healthcare services; users' participation in the preparation and development of strategy/decision-making processes for the system's transformation.
- Engagement of other key stakeholders in this process; communication of the change needed.
- Creation of opportunities for citizens to increase their participation in planning and implementation of health and social care services.
- Personalised care delivery in the community.
- Development of clinical pathways from the individual/citizen's point of view.

- Shifting the care delivery to local delivery upstream to prevention and self-management.
- Training of healthcare professionals and citizens to co-create clinical pathways.
- The role of digital technology in supporting the transformation of local systems.
- Citizen empowerment for prevention & self-management.
- Key success factors and challenges in engaging citizens in the service re-design.

The workshop was also found very useful by Scottish stakeholders, particularly when it comes to the peer review by other European regions and countries on the progress in this area and providing some inspirational examples for the future work.

### b) Workshop on Interpretation of data by Primary care Boards in Flanders

The objective of this capacity-building activity was to find insights in successful approaches and challenges in using data to inform local decision-making in the delivery of health and social care services. The future goal is to build out skills and methods on the interpretation of data to help the local Primary Care Boards in Flanders. The workshop was organised on 2 June 2021.

The main topics tackled during the workshop included:

- Data strategies
- Data skills and literacy
- Techniques and tools to support workforce in using the data
- Interpretation of data and the main techniques applied.

The workshop was also found very useful by Scottish stakeholders, particularly when it comes to the peer review by other European region on the progress in this area and providing some inspirational examples for the future work.

In addition to these exchanges with SCIROCCO Exchange partners, Scotland actively engaged with wider European and international audience to share their good practices, organised jointly with the Integrated Care Thematic Ecosystem of European Connected Health Alliance (please see the Figure below).

**Integrated Care Thematic Innovation Ecosystem**
**26 May 2021**
**10:00 – 11:00 CET (09:00 – 10:00 BST)**

**COVID-19 – How to effectively communicate the need for change?**

The COVID-19 pandemics has proven to be a catalyst of change and of greater demand for coordinated and integrated health and social care services, with healthcare professionals and citizens at the centre of this change. This includes the need for effective communication strategies, including both top down and informal strategies via social media, in order to build the necessary knowledge and skills in managing this pandemic. Training and awareness-raising strategies and programmes on communication between professionals and wider public is an emerging trend across health and social care systems in Europe and worldwide. It is therefore vital to encourage the countries and regions to share their knowledge and experience in implementing these strategies and programmes.

ECHAlliance Integrated Care Thematic Innovation Ecosystem has been set up to facilitate the sharing of good practices, exchanging ideas and gaining new knowledge. In collaboration with the EU Health Programme co-funded project SCIROCCO Exchange and Scottish Digital Health and Care Learning Network, the Ecosystem offers the opportunity to share the experience of Scotland and Lithuania in managing the communication and training strategies in response to COVID-19 crisis. Specifically, this knowledge exchange webinar will feature examples of:

- Effective communication strategies
- Training of healthcare professionals on the forms of communication
- Training of citizens on the forms of communication
- Healthcare literacy initiatives.

The outcomes of this webinar will inform about the objectives and aspirations of newly established Integrated Care Thematic Innovation Ecosystem and opportunities for collaboration. It will also help to gain the knowledge of other regions and countries in communicating the need for change in response to COVID-19 and accelerate the learning and potential adoption of this knowledge at local and regional level.

**SCIROCCO Exchange Webinar**
**16 June 2021**
**11:00-12:30 CET / 10:00-11:30 GMT**

**COVID-19 – Mental Health & Well-being of Healthcare Professionals**

Capacity-building and knowledge exchange is both the foundation and aspiration of SCIROCCO Exchange EU Health Programme funded project (www.sciroccoexchange.com). The ultimate objective of this project is to support health and social care authorities in their transformation towards sustainable integrated and more efficient health and social care systems through better understanding of local needs, mutual learning, access to tailored evidence and improvement planning. To achieve this objective, the SCIROCCO Exchange Knowledge Transfer Programme has been set up to facilitate the exchange of experience, good practices and lessons learned in order to speed up the adoption of integrated care in European regions and countries. The COVID-19 pandemics has proven to be a catalyst of change and of greater demand for coordinated and integrated health and social care services, with healthcare professionals and citizens at the centre of this change. As a result, healthcare professionals in particular are under enormous psychological pressure with stress, fatigues and anxiety being present in over 86% of health and social care workers worldwide (Vizeh, M.2020).

The objective of this webinar is to share the experience of Scotland and South Denmark regions in supporting psychological well-being of healthcare professionals, highlighting the potential of digital solutions and importance of digital (technological) literacy in providing this support. Specifically, the webinar will feature examples of:

- Assessing the psychosocial impact of COVID-19 on nurses and midwives at Odense Universal Hospital (South Denmark) including personal and work concerns of nurses/midwives during the COVID-19 outbreak and level of emotional distress experienced by nurses/midwives during the COVID-19 outbreak.
- PRoMis National Well-being Hub for those working in Health and Social Care in Scotland.

## Challenges in the implementation of SCIROCCO Exchange Knowledge Transfer Programme in Scotland

The following key challenges were identified by stakeholders participating in the Knowledge Transfer Programme:

- Assessment of the outcomes of knowledge transfer activities and how to best capture the learning to inform the future improvement.
- Transferability of learning and how to ensure its local adoption.
- Assurance of the strategic alignment of knowledge transfer activities with current priorities and on-going initiatives particularly at the level of delivery organisations.
- COVID-19 pandemic and its impact on the availability and engagement of healthcare professionals in the knowledge transfer activities.

## Impact of SCIROCCO Exchange Knowledge Transfer Programme

The most profound impact of SCIROCCO Exchange Knowledge Transfer Programme in Scotland was a development of a Programme of Self-evaluation in Midlothian HSCP with a SCIROCCO Exchange Tool for Integrated Care a key component of the Programme. The participation in knowledge transfer and capacity-building activities also facilitated an internal learning and exploration of possibilities how to embed SCIROCCO Exchange approach to capacity-building as an integral routine practice of Midlothian planning and decision-making processes.

## H. Knowledge Transfer Programme in Slovakia

Informed by the outcomes of maturity assessment on strengths and weaknesses in integrated care at regional level (Kosice self-governing region) and national level (Slovakia), the following dimensions were identified as priorities for the knowledge transfer:

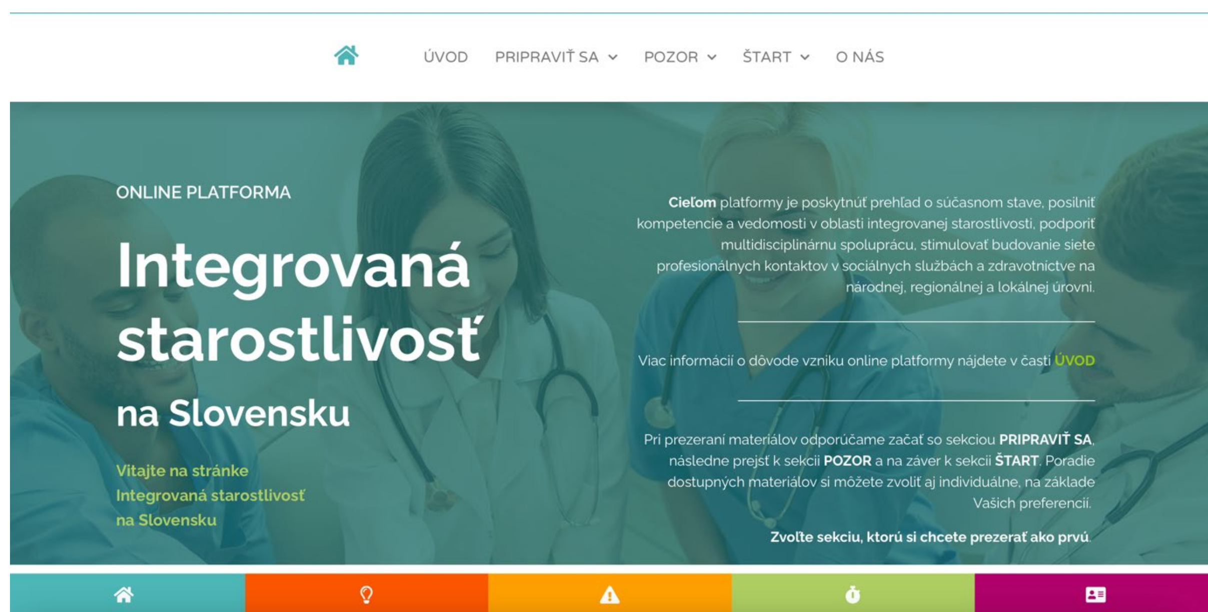
- Dimension(s) for coaching: Potential areas for coaching included the experience with promoting multidisciplinary and cross-sectoral collaboration and networking. The maturity assessment clearly showed that there is a potential for cooperation between professionals within the health and social care systems, even though for time being there is no clear vision, planning or management of this collaboration on governance level. In general, Slovakia did not offer any dimension for coaching given the fact that the overall dimension score was very poor and the maturity level in the final consensus varied mostly between 0 (in 4 dimensions) and 1 (in 7 dimensions). Only one dimension (Process coordination) achieved a higher rating (score 2).
- Dimension(s) for improvement: these can be either weaker point, either relatively strong areas on which the region intended to improve further:
  - Structure & Governance: There are some initiatives characterised by non-systematic, individual, and bottom-up approach. Efficient structure & governance seems to be the most important starting point that may help to facilitate the process of adoption of all inevitable changes towards integrated care. However, one of the key problems is the lack of communication and coordination between the Ministry of Health and the Ministry of Labour, Social Affairs and Family. Governmental authorities are aware of the lack of integration between health and social care system or underdeveloped long-term care. Nevertheless, no efficient policy, guidelines or systematic actions have been taken.
  - Population Approach: A population-based approach is needed, but in Slovakia there are no systematic screening tools/approaches to identify vulnerable (at high-risk) population groups. There is also a lack of available community services that often leads to a high number of hospitalizations. Moreover, the care-pathways are not clearly identified/described and as such access to services is delayed and complicated.
  - Evaluation Methods: There is no expert working group that would be able to advise/propose measures for integration process and its evaluation at the national, regional level, and/or municipality level. A Health Technology Assessment strategy is planned; however, it has not been formally adopted by the competent national authorities yet.
  - Breadth of Ambition: Several pilot projects are ongoing. Scattered integration processes exist between some hospitals and outpatient health and social care providers.
  - Capacity Building: Isolated capacity building activities are usually driven by bottom-up initiatives and non-governmental organisations. At system level, the high mean age of healthcare professionals (especially general practitioners) and inadequate understanding of the importance of interdisciplinary teamwork in the management and practice represents significant obstacle in capacity building. The SCIROCCO Exchange (SE) project in Slovakia clearly identified capacity building crucial starting point for implementation and scaling up of integrated care.

The overall aim of knowledge transfer and capacity-building activities was to raise awareness about the importance of the concept of integrated care in Kosice self-governing region

and/or in Slovakia. The following knowledge transfer and capacity-building activities were conducted in Kosice region/Slovakia:

### c) Slovak educational platform on integrated care

An online educational platform was created. The platform can be accessed here: https://integratedcare.mc3.sk/




The objective of this capacity-building activity was to:

- raise awareness about the importance of the concept of integrated care (IC) among stakeholders,
- prepare or create a knowledge base on IC principles and its implementation in practice,
- provide a database of good practice examples from other countries as well as Slovakia,
- build up a database of key stakeholders; to support networking and information sharing about ongoing activities in the field of IC.

The design of the platform was informed by mapping of the existing platforms and repositories (e.g. https://sk.indeed-project.eu, https://www.sciroccoexchange.com), and the 'traffic-light' system/logic (ready-steady-go) was used as a guiding principle. The following step was to collect existing published material, videos, and other relevant information on IC from different databases and platforms, including using the assets collected by SCIROCCO Exchange partners. The promotional and dissemination activities followed. This platform is considered to be the first platform in Slovakia dedicated to IC. As a result, stakeholders participating in this activity appreciated this initiative and expressed interest in future collaborations which can be considered as a first preliminary step to improve cross-sectoral collaboration and networking.

### d) Presentations of the SCIROCCO Exchange project and principles of IC among current and future stakeholders at national conferences/workshops/seminars, formal university education, and life-long learning programme/training

The objective of this capacity-building activity was to raise awareness about the importance of the concept of integrated care among current and future health and social care professionals. This included preparation and submission of conference abstracts, active

participation at the events, oral and poster presentations of project results in Slovakia, incorporating the principles of IC to undergraduate courses, e.g. Social medicine, Healthcare management, Behavioural medicine and training young researchers and PhD students.

The main value of this activity was the opportunity to strengthen networking opportunities, build new partnerships and invest into future generations of students.

### e) Health and social care policies

The objective of this capacity-building activity was to influence the existing and strategic documents, evidence- based guidelines, and other governmental initiatives related to integrated care. This included activities such as participation in experts' advisory committees, evaluation committees and working groups at the level of Ministries and regional government. Specific examples include

- Membership in experts' advisory group on elaboration of the "Program of economic development and social development of the urban functional area of Kosice 2022+" in the field of social services and healthcare.
- Membership in experts' working group and preparation of three standard diagnostic and therapeutic procedures in the long-term care: (1) Management of timely provision of follow-up and long-term social and health care - Multidisciplinary standard; (2) Meeting clients' complex needs in follow-up and long-term care; and (3) Risk of destabilisation management in the context of developing the quality of care.

The main value of this activity was the opportunity to strengthen networking opportunities and build new partnerships at the level of regional and national governments.

### f) National online workshop focused on stakeholders' engagement

The objective of this activity was to:

- build capacity among stakeholders on integrated care,
- raise awareness about the importance of the concept,
- increase understanding for the need of IC implementation at regional and national level.

This included preparation of the workshop agenda and background documents and identification of the key stakeholders involved in the implementation of IC projects. 30 stakeholders from governmental, regional and local level, representatives of various organisations (Ministry of Health of the SR; Ministry of Social Affairs, Labour & Family; Ministry of Investments, Regional Development & Informatisation of the SR; health and social service providers, universities, patients' NGOs, for profit organisations) and from different areas of expertise joined the workshop. The main outcome of this activity was an acknowledgment of the importance of capacity-building as a necessary step and priority for successful implementation and scaling up of IC. It was also agreed to organise these national workshops more regularly.

### g) New research projects

The objective of this activity was to learn who to broaden the research knowledge-base for successful implementation of IC in Slovakia, including experimental testing of new approaches/intervention applicable in IC.

This activity included:

- Preparation and submission of research project proposals

- Carrying out the approved and financed projects
- Dissemination of the outcomes and implementation in practice

As a result of this activity, 3 funded projects were secured:

- IMMERSE: The Implementation of Digital Mobile Mental Health in Clinical Care Pathways (EC H2020, No. 945263)
- VEGA: Utilizing Eco-social and Behavioural Interventions in Preventing the Burden of Caregivers for People with Alzheimer's Disease (VEGA 1/0372/20)
- INHEAL: Innovation in Health Literacy (IVF, No. 22130093)

The main added value of this activity is the opportunity to pilot new innovative solutions and prepare the ground for the wider implementation and scale.

### Challenges in the implementation of SCIROCCO Exchange Knowledge Transfer Programme in Kosice region / Slovakia

The following challenges were identified:

- Low awareness on the importance of IC among the stakeholders.
- Lack of publications on IC in Slovakia in general, minimum publications in English language, a lot of grey literature.
- Negative impact of COVID-19 on stakeholders' availability and motivation to participate in knowledge transfer activities. Limitations in organising in-person (large-scale) events.
- Due to COVID-19 travel restriction the exchange visits and sharing the experience with other project partners was not possible.

### Impact of SCIROCCO Exchange Knowledge Transfer Programme

- The overall aim of the SE Knowledge Transfer Programme in Slovakia was achieved. The conducted activities raised awareness about the importance of the concept of integrated care in Kosice self-governing region and Slovakia.
- Moreover, the knowledge transfer activities for health and social care policies (e.g., participation in experts' advisory committees and working groups, commenting strategic documents) have a potential to speed up the implementation process.
- Strengthening existing partnerships and building new partnerships provides a solid basis for further collaboration both within Kosice self-governing region, Slovakia and other European regions and countries.

## I. Knowledge Transfer Programme in Slovenia

Informed by the outcomes of maturity assessment on strengths and weaknesses in integrated care in Trbovlje region in Slovenia, the following dimensions were identified as priorities for the knowledge transfer:

- Dimension(s) for coaching:
  - Digital Infrastructure
  - Process coordination
- Dimension(s) for improvement:
  - Innovation management

The objective of the knowledge transfer in Trbovlje region in Slovenia was to improve the overall maturity for integrated care at national and local level. The specific objective was to gain a good insight into innovation management of integrated care and deinstitutionalisation of healthcare and shift of the care to community level in Slovenia. The main driving need was to improve awareness of the importance of integrated care at all levels – professional, public and political. A good enabling environment for piloting and managing innovations and other good practices needed to be established. This can be mostly done by engaging in the exchange of good practices with other countries and regions in Europe, encouraging the piloting of new innovative solutions with the view to capture main lessons learned and embed these pilots into routine care at all system levels.

The following knowledge transfer and capacity-building activities were conducted in Trbovlje region in Slovenia:

### a) Workshop on Transforming local systems – Participation and co-creation with citizens

The online workshop was organised on 13 April 2022 with the Basque Country and Trbovlje region in Slovenia as the adopting regions and Scotland as the coaching partner with a simultaneous translation.

The objectives of this workshop were to:

- identify key learning – successful approaches and common challenges in empowering citizens to actively participate and co-create the delivery of health and social care services'
- explore specific topics for in-depth further knowledge exchange;
- build log-term strategic partnership to enhance learning and mutual exchange.

The basis for planning this knowledge transfer was the maturity assessment of integrated care in the municipality of Trbovlje using the SCIROCCO Exchange tool. Based on the results of the assessment and discussions at the consensus workshop, the advantages and disadvantages of moving to more integrated care were identified. Understanding the need for change was identified as a main priority. Based on the assets shared by Scotland and Midlothian Health and Social Care Partnership in particular, the good practice on the engagement of stakeholders in addressing the need of change in designing and delivering health and social care services was identified as a priority for learning. In addition, in

Scotland there is a number of good practices in place, and innovation is mostly seen as the key driver for achieving long-term financial sustainability as well as realistic medicine goals. Hence these practices were identified as promising for improving the maturity in integrated care in Trbovlje in Slovenia,

The key message/main outcome of this workshop was the understanding of the necessity and importance of needs assessments of citizens, using the co-creation approach. Stakeholders gained insights on how to involve citizens in planning innovative health care solutions which is one of the planned outcomes of the improvement plan in Trbovlje. Representatives of Slovenian municipalities also reported the valuable learning on applicability of the lessons learned from Scotland at the local level. In the Social Protection Institute of the Republic of Slovenia, we will continue to actively involve users in our work (conducting needs assessments, planning strategies, actions, etc.) and also complement the approaches with the knowledge presented at the workshop. We will try to implement them as a part of strategic planning in a municipality of Domžale (new project 2021/2022). The knowledge gained could also have an added value for the stakeholders in Trbovlje when they try to redesign the system, starting with the needs analysis and reforming e-care in their environment.

#### b) Workshop on Social Health Coordination in the Basque Country

The online workshop was organised on 23 November 2021 with the Basque Country as the coaching region and Slovenia as the adopting partner with a simultaneous translation.

The objectives of this workshop were to:

- explore specific topics for in-depth further knowledge exchange
- identify key learning – successful approaches and common challenges in implementing the Social Health coordination in the Basque Country
- build log-term strategic partnership to enhance learning and mutual exchange.

The main rationale for this knowledge transfer activity was the interest to learn about the support and entrepreneurial commitment of the Basque healthcare system to healthcare integration. The integration policy is defined as well as the need for change and a plan for change for the organisation and its staff. Health and social coordination is planned at the institutional level. The Health Department also has a defined research and innovation strategy in place.

The key outcome of this knowledge exchange was gaining insight on the organisation of health and social care integration, with a particular focus of integrating mental health services. The lessons learned from the presented pilots provided valuable set of knowledge for the participating stakeholders who reflected on the potential adaptation of these pilots to local settings.

The added-value of this capacity-building activity was in-depth knowledge on how to plan the service redesign to more integrated care system, including governance and organisation models and roles of different stakeholders. For Social Protection Institute of the Republic of Slovenia specifically, the message about the pilot projects was of additional value, as the Institute is currently conducting the evaluation of eight pilot projects in the field of

integrated care in Slovenia. Added value is also the real opportunity to promote strategic partnerships to enhance learning and mutual exchange between Slovenia and the Basque Country.

c)Public awareness raising activities: Scientific publication *Long-term care – a challenge and an opportunity for a better tomorrow: Evaluation of pilot projects in the field of long-term care*

The objective of this knowledge transfer activity was to:

- inform professional and scientific public, decision makers on the experience of implementing integrated long-term care
- raise discussions on the piloted long-term solutions piloted in the existing pilot projects
- influence the implementation of systemic solutions toward more integrated long0term care.

The long-term care pilots tested important solutions for achieving more integrated care (e.g., single entry point, single eligibility assessment tool, integrated care teams, long-term care coordinator, information system, etc.). The evaluation outcomes of these pilots provided important lessons learned which were consolidated and disseminated in the form of the Publication "*Long-term care – a challenge and an opportunity for a better tomorrow: Evaluation of pilot projects in the field of long-term care.* The publication can be accessed here: https://www.sciroccoexchange.com/uploads/Dolgotrajna-oskrba-monografija_ANG-WEB.pdf.

### Challenges in the implementation of SCIROCCO Exchange Knowledge Transfer Programme in Trbovlje region in Slovenia

The outcomes of the maturity assessment in Trbovlje region demonstrated quite low maturity in integrated care. Hence, it was quite difficult to identify the areas that could be presented to other participating regions and countries as good practices and on the other hand the areas where knowledge transfer is most needed and valuable to learn from other SCIROCCO Exchange partners. Also, initially the focus of capacity-building was initially mostly on the local level which is very dependent on the national level when it comes to potential implementation of learning. It would have been more beneficial to focus mainly on the national level. In addition, the Covid 19 pandemic had a significant impact on knowledge transfer planning and participation. First, the original plan was to hold the field trips to Scotland and the Basque Country, which likely would have resulted in more intensive stakeholder participation. Second, participation in the virtual events was lower because there were many situations that affected participation (illness, closure, technical problems, too many virtual events etc.).

### Impact of SCIROCCO Exchange Knowledge Transfer Programme

The knowledge transfer and capacity-building in Slovenia showed the importance of these activities in planning changes and improvements locally. The main learning was that it was very important to plan the knowledge transfer in advance as it encouraged participating stakeholders to collaborate with each other, share knowledge and increase common knowledge competence. In the knowledge transfer from Scotland and the Basque Country the main learning was the importance of involving citizens in planning for change and

transformation of health care system as well as strategies and plans in place to support coordination and integration of health and social care services across different setting. Participating stakeholders from Slovenia expressed a desire for further knowledge transfer activities which was a promising outcome to continue engaging in the exchange of good practices and learning from other regions and countries in Europe. It was also a reassurance that selected topics and focus of the capacity-building activities was very much aligned with local priorities and future implementation plans.