Scirocco Exchange

Capacity-building for integrated care

SCIROCCO EXCHANGE - SUPPORTING KNOWLEDGE TRANSFER FOR THE ADOPTION AND SCALING UP OF INTEGRATED CARE

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WELCOME AND INTRODUCTIONS

Diane Whitehouse, EHTEL

Co-funded by the Health Programme of the European Union

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INTRODUCTION TO THE SCIROCCO ONLINE PARTICIPATORY TOOL AND ITS EVALUATION

Cristina Adriana Alexandru, *University of Edinburgh*
Tamara Alhambra-Borrás, *University of Valencia*

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SCIROCCO
CONTEXT

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From B3 Maturity Model to SCIROCCO Tool and SCIROCCO Knowledge Management Hub

Year 2012

European Innovation Partnership on Active and Healthy Ageing

Year 2016

Scirocco Scaling Integrated Care in Context

Year 2018

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European Innovation
Partnership on Active
and Healthy Ageing

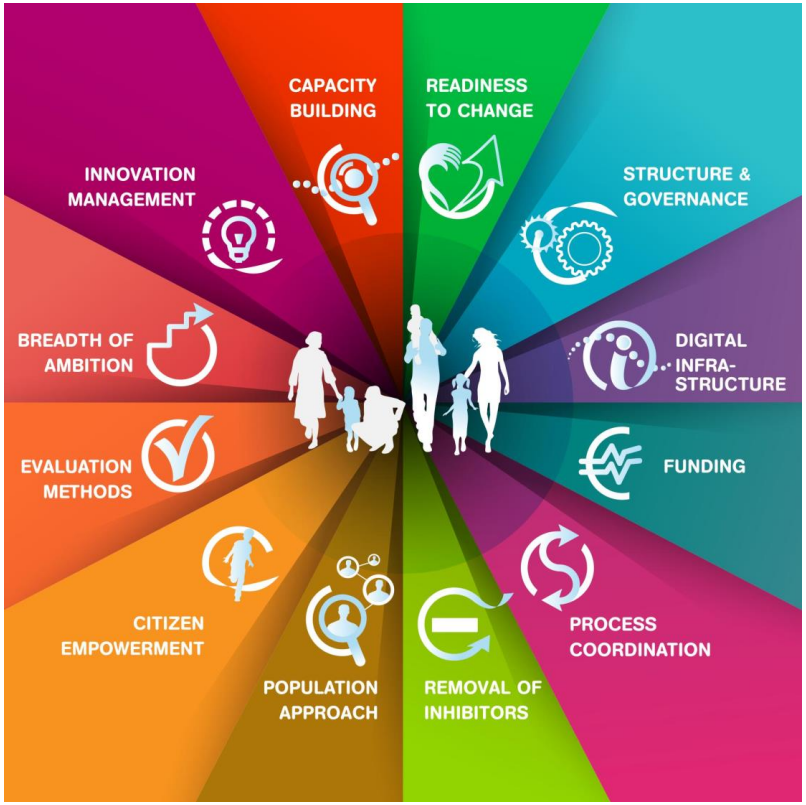
SCIROCCO CONTEXT

DEVELOPMENT OF THE B3 MATURITY MODEL

CHALLENGES OF SCALING-UP

- How to use existing evidence?
- What elements of Good Practice are transferable?
- What is my local environment like?
- Is my environment ready to adopt a Good practice?
- What information do I need to enable the adoption of Good Practice?
- How to create local conditions for the adoption of Good Practice?

Based on interviews with 12 European health & care systems, 12 dimensions were identified.



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Scirocco Scaling Integrated Care in Context

Scirocco
Scaling Integrated Care in Context

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SCIROCCO CONTEXT

SCIROCCO PROJECT: Scaling-up integrated care in context

EU Health Programme

- **Budget:** €2,204,631.21
- **Start:** 1 April 2016
- **10 Partners:**

kronikgune research centre on chronicity
REGION NORRBOTTEN
Vrije Universiteit Brussel
THE UNIVERSITY of EDINBURGH informatics
Osakidetza
NHS 24
Polibienestar Universitat de València
EHTEL European Health Telematics Association
AReS Puglia

OBJECTIVES

To **provide a refined and tested tool** that **identifies, analyses and facilitates knowledge transfer of the multidimensional maturity requirements** of good practices and health and care systems.

To **facilitate the implementation of good practices at local, regional or country level by recognising the maturity requirements of good practices and health and care systems** in order to achieve scaling-up and knowledge transfer amongst European Member States.

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SCIROCCO Tool for Integrated Care

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

Online

self-assessment tool

to address the challenge of adoption and scaling-up of integrated care

Validated and tested in over 72 regions/organisations

Available in 9 languages

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Scirocco
Scaling Integrated Care in Context

Overview of the main functionalities

of the SCIROCCO tool

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Main functionalities of the SCIROCCO tool

- Assessing the **Maturity** of Healthcare Systems (**Functionality improved in SCIROCCO Exchange**)
- Assessing **Maturity Requirements** of Good Practices
- Supporting **Twinning and Coaching** to transfer good practices and facilitate learning between healthcare systems (**first SCIROCCO tool only**)

1. Using the Tool to Assess the Maturity of a Healthcare System

Assessing the Maturity of a Healthcare System

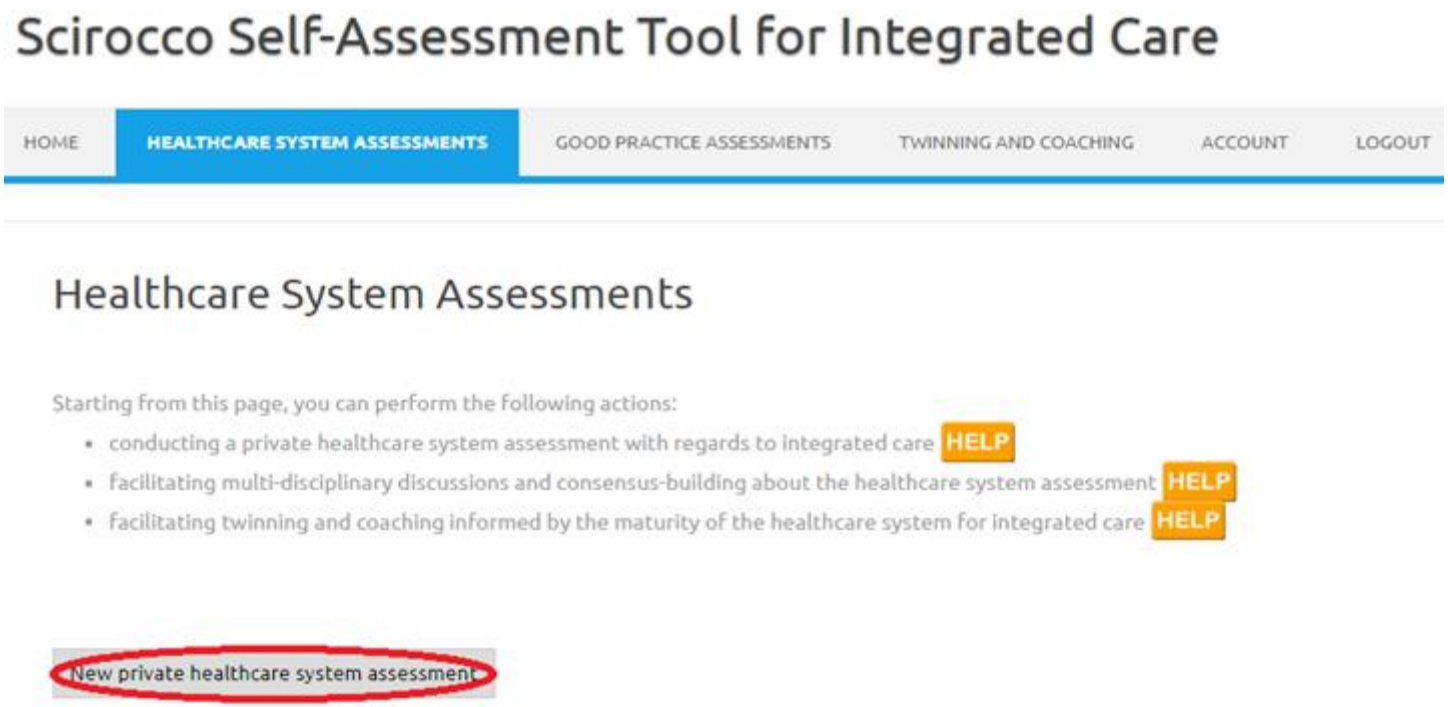
1.Local organisers **identify local experts** to be involved in the assessment

2.The experts **individually perform the assessment** by filling in a questionnaire on the Scirocco tool

3.The experts **share their individual questionnaires** with the organisers

4.A **workshop** is organised to **discuss and reach a consensus** amongst the different experts about the maturity of the healthcare system

Step 2: Performing an individual assessment



Step 2: Performing an individual assessment

Maturity Assessment

The objective of this page is to assess the maturity of healthcare systems with regards to integrated care.

Questions marked with * are compulsory

Assessment name:

CAlex[HealthcareSystem] 10chars ma

Assessment | Description*

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

5. Funding

- 0- No additional funding is available to support the move towards integrated care
- 1- Funding is available but mainly for the pilot projects and testing
- 2- Consolidated innovation funding available through competitions/grants for individual care providers and small-scale implementation
- (•) 3- Regional/national (or European) funding or PPP for scaling-up is available
- 4- Regional/national funding and/or reimbursement schemes for on-going operations is available
- 5- Secure multi-year budget and/or reimbursement schemes, accessible to all stakeholders, to enable further service development

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

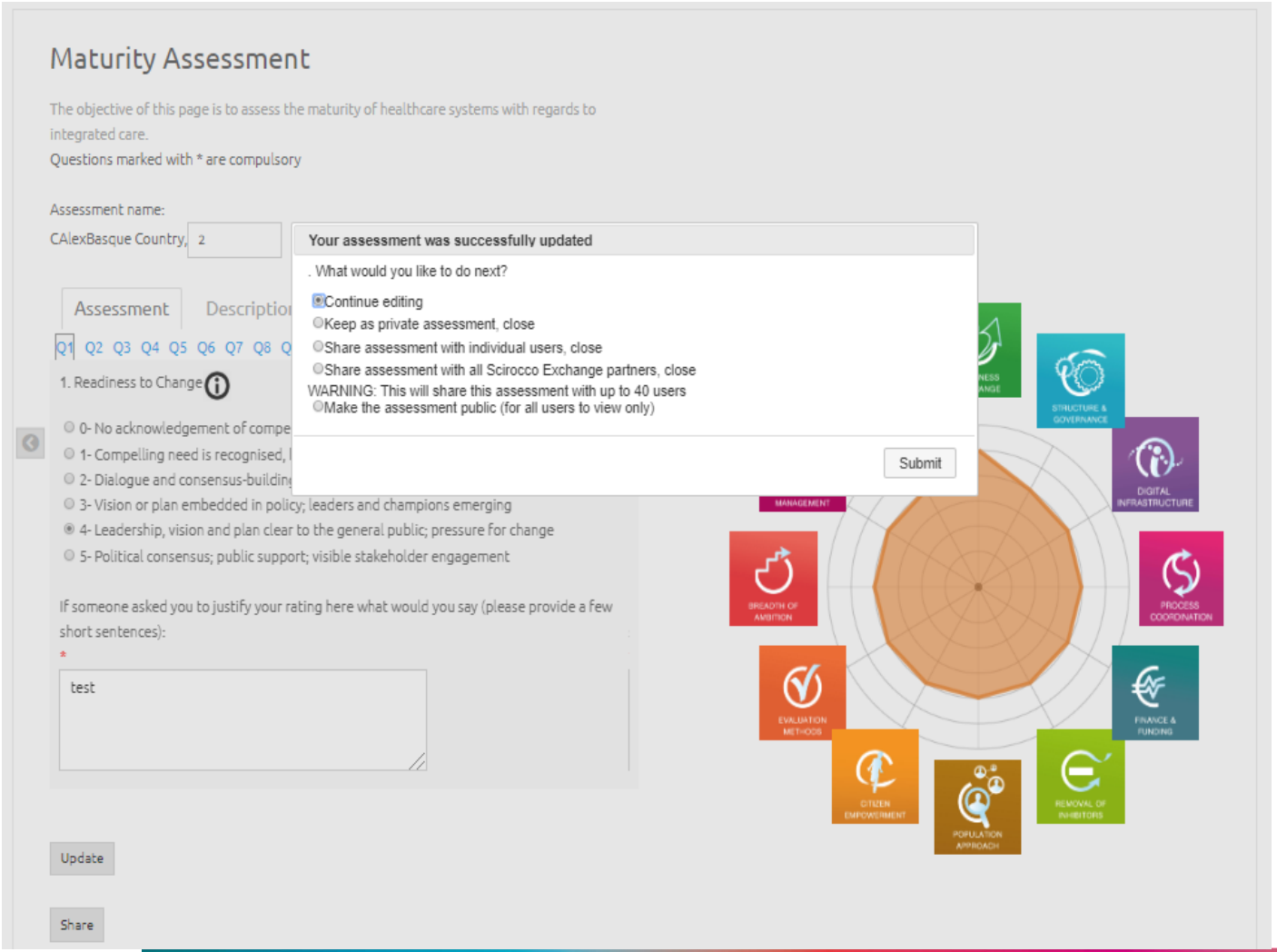
*

test

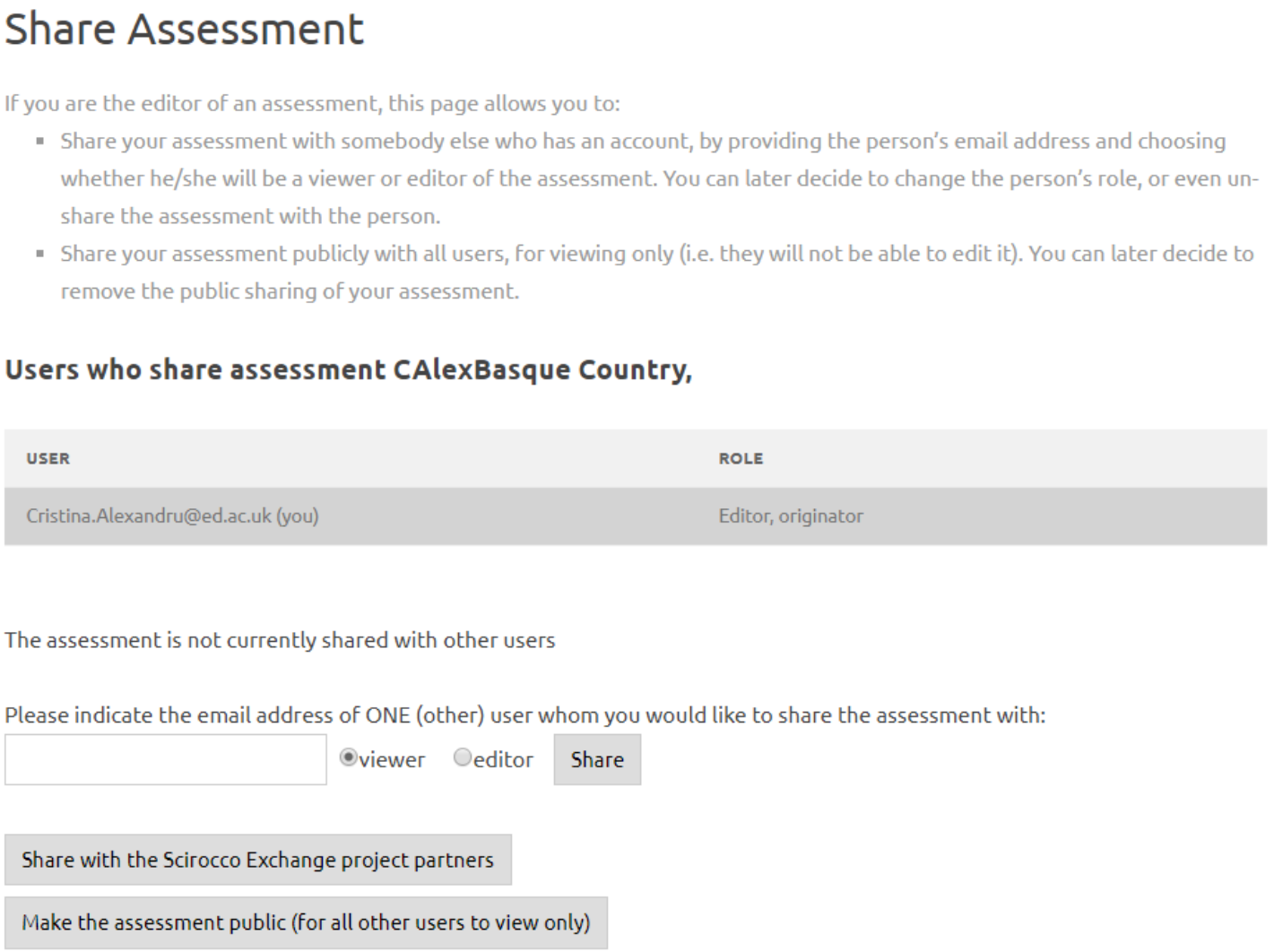
Save

Scirocco Exchange

Step 2: Performing an individual assessment



Step 3: Sharing an individual assessment



Step 4: Negotiating and reaching consensus

Consensus Maturity Assessment

This page allows you to reach a consensus amongst your team as to the level of maturity of your healthcare system with regards to integrated care, considering the views of the different individual respondents or sub-teams.

Legend

Total of 6 responses selected. See individual assessments

- Voted by 1-25% respondents (1 respondent(s))
- Voted by 26-50% respondents (2 respondent(s))
- Voted by 51-75% respondents (3 respondent(s))
- Voted by 76-100% respondents (4-6 respondent(s))

Questions marked with * are compulsory

Assessment name:

Cons-[HealthcareSystem] 10chars ma

Assessment | Description*

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

1. Readiness to Change

- 0- No acknowledgement of compelling need to change
- 1- Compelling need is recognised, but no clear vision or strategic plan
- 2- Dialogue and consensus-building underway; plan being developed (Voted by 2)
- 3- Vision or plan embedded in policy; leaders and champions emerging (Voted by 2)
- 4- Leadership, vision and plan clear to the general public; pressure for change (Voted by 1)
- 5- Political consensus; public support; visible stakeholder engagement (Voted by 1)

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

*

Justifications from respondents ranking 2
Justifications from respondents ranking 3
Justifications from respondents ranking 4
Justifications from respondents ranking 5

Mark 'Readiness to Change' as your number one priority

Save composite questionnaire

Scirocco Exchange

Step 4: Negotiating and reaching consensus

Consensus Maturity Assessment

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- 1- Funding is available but mainly for the pilot projects and testing
- 2- Consolidated innovation funding available through competitions/grants for individual care providers and small-scale implementation (Voted by 1)
- 3- Regional/national (or European) funding or PPP for scaling-up is available (Voted by 4)
- 4- Regional/national funding and/or reimbursement schemes for on-going operations is available (Voted by 1)
- 5- Secure multi-year budget and/or reimbursement schemes, accessible to all stakeholders, to enable further service development

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

Justifications from respondents ranking 2
Justifications from respondents ranking 3
Justifications from respondents ranking 4

decision

Mark 'Funding' as your number one priority

Save composite questionnaire

2. Using the Tool to Assess the Maturity Requirements of a Good Practice

Assessing the Maturity Requirements of a Good Practice

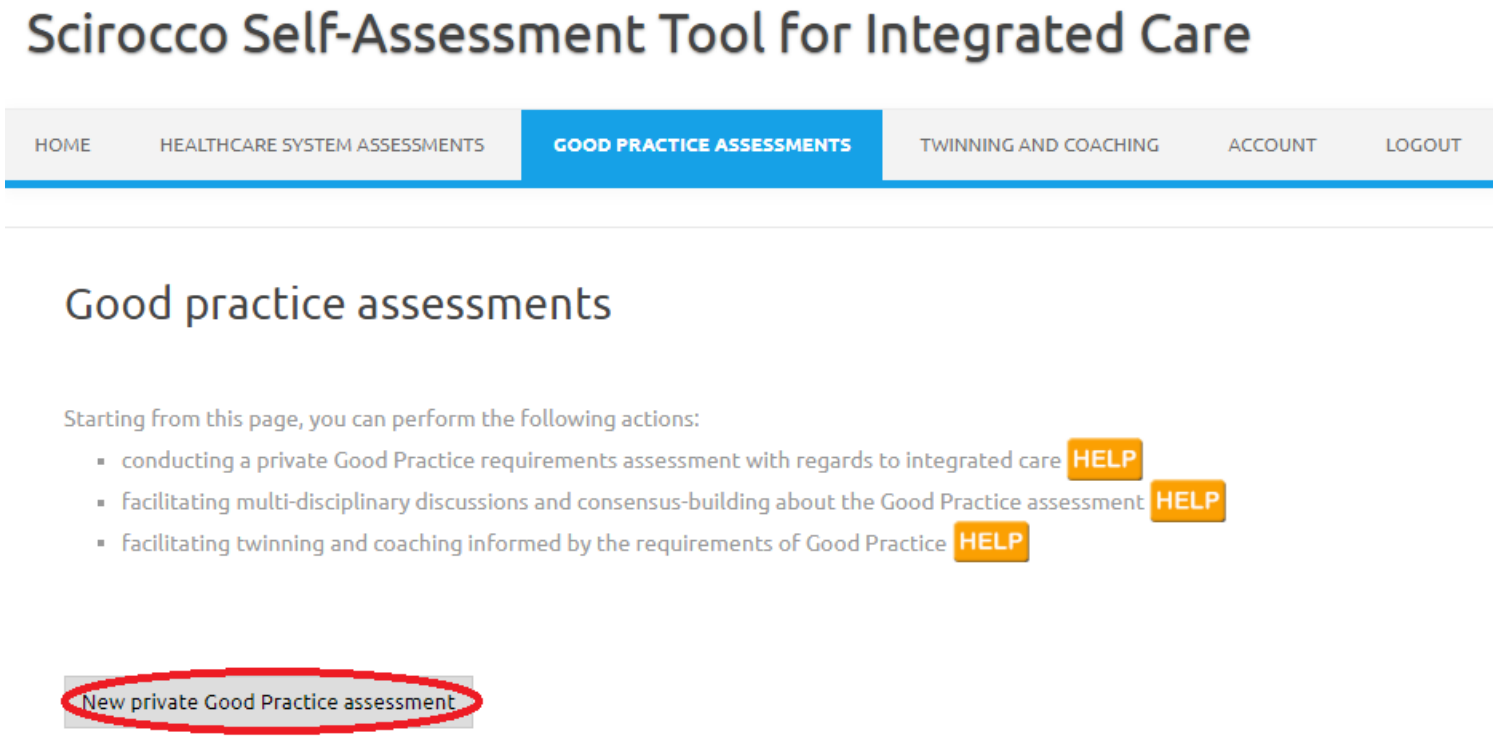
1.Organisers **identify local experts** to be involved in the assessment

2.The experts **individually perform the assessment** by filling in a questionnaire on the Scirocco tool. Identifying **relevant features** of the health system

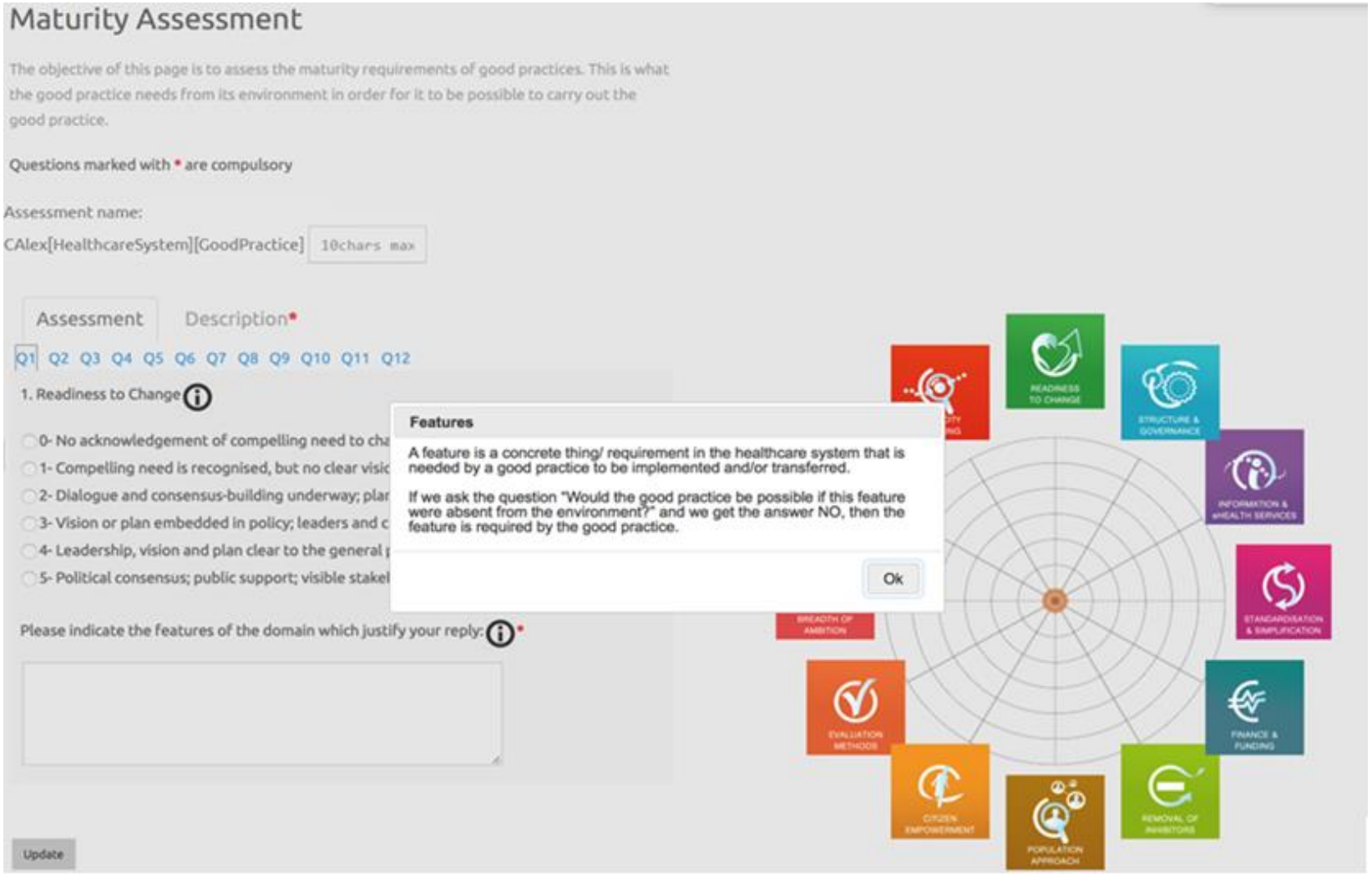
3.The experts **share their individual questionnaires** with the organisers

4.A **workshop** is organised to **discuss and reach a consensus** amongst the different experts about the maturity requirements of a good practice. The workshop also agrees on the relevant features for the good practice.

Step 2: Performing an individual assessment



Step 2: Performing an individual assessment



Step 4: Negotiating and reaching consensus

- Process is similar to the Health System process
- But – as consensus is achieved there is work to reconcile the features identified by the experts
- Involves:
  - Identifying features visible to particular roles
  - Reconciling variants on the same feature

2. Using the Tool to Facilitate Knowledge Transfer through Twinning and Coaching

Twinning and coaching

- **Twinning and coaching** is the process we use for knowledge transfer:
  - one healthcare system learns from another more progressive healthcare system in order to improve its maturity in a particular dimension of integrated care **(HS-HS)**;
  - one healthcare system learns what it needs to create in local context to enable the adoption of a Good Practice **(HS-GP)**.

The knowledge transfer process: HS-HS

- **Experts who have previously assessed the maturity of their healthcare system can use the Scirocco tool to:**

1. Identify one priority dimension in the healthcare system for improvement of its maturity

2. Facilitate the access to other healthcare systems which scored higher in a particular dimension and visually compare their level of maturity.

3. Invite a candidate healthcare system for knowledge transfer.

4. Facilitate a discussion on the features required for the improvement of particular dimension, their feasibility and adaptation needed in the local context.

1. Identifying one priority dimension for the HS

Assessment | Description*

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

8. Citizen Empowerment

- 0- Citizen empowerment is not considered as part of integrated care provision
- 1- Citizen empowerment is recognised as an important part of integrated care provision but effective policies to support citizen empowerment are still in development
- 2- Citizen empowerment is recognised as an important part of integrated care provision, effective policies to support citizen empowerment are in place but citizens do not have access to health information and health data
- 3- Citizens are consulted on integrated care services and have access to health information and health data
- 4- Incentives and tools exist to motivate and support citizens to co-create healthcare services and use these services to participate in decision-making processe about their own health
- 5- Citizens are fully engaged in decision-making processes about their health, and are included in decision-making on service delivery and policy-making

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

*

jdoctor8
jadmin8
jnurse8
jIT8

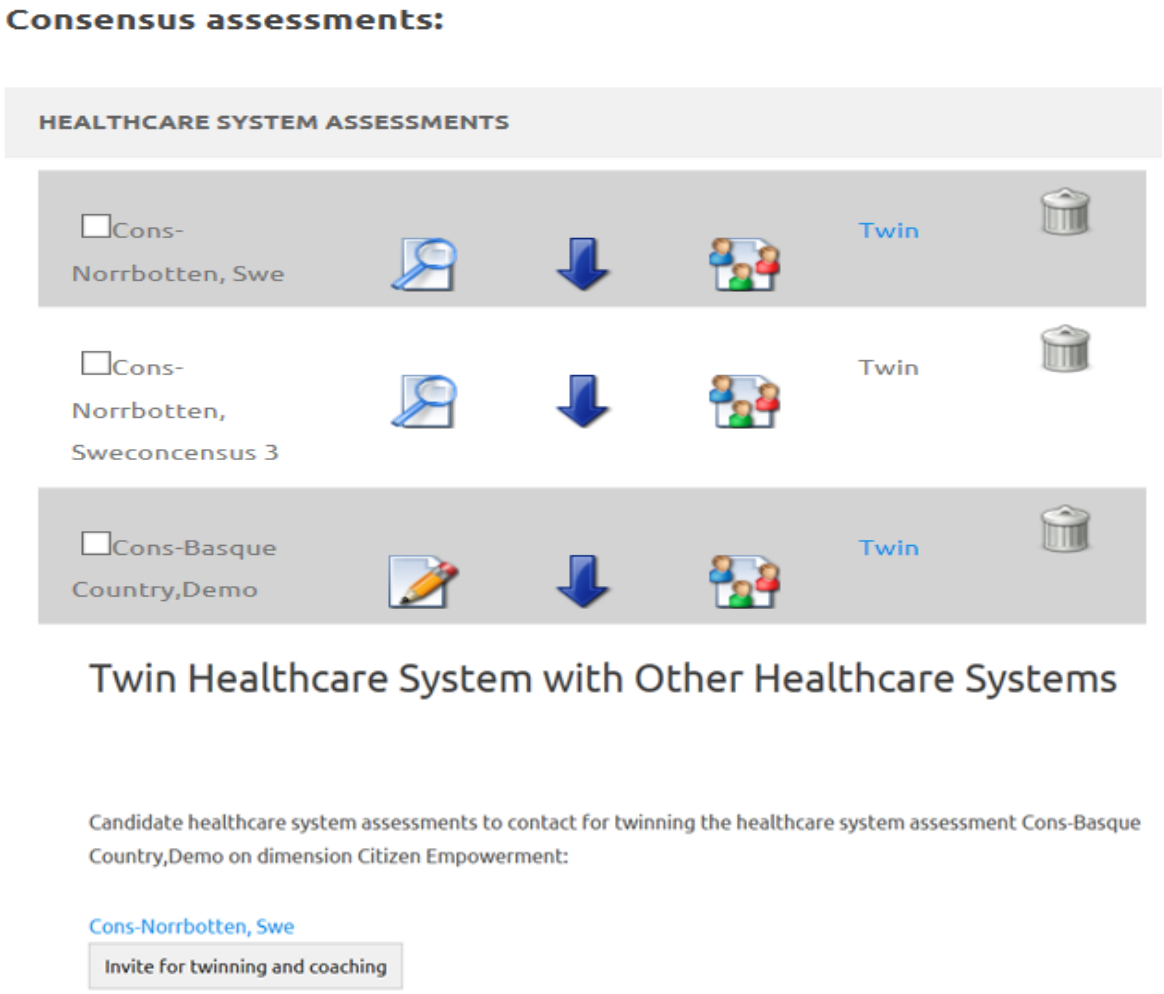
jcons8

Mark 'Citizen Empowerment' as your number one priority

Update composite questionnaire

Share

2. Facilitating the access to healthcare systems with higher maturity



2. Facilitating the access to healthcare systems with higher maturity- comparing the assessments

Assessment Comparison

Legend

Cons-Basque Country,Demo saved by cristinutza0107@yahoo.com 2018-10-22 10:52:29
Cons-Norrbotten, Swe saved by wpadmin (you) 2018-10-22 12:44:32

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

1. Readiness to Change

- 0- No acknowledgement of compelling need to change
- 1- Compelling need is recognised, but no clear vision or strategic plan
- 2- Dialogue and consensus-building underway; plan being developed
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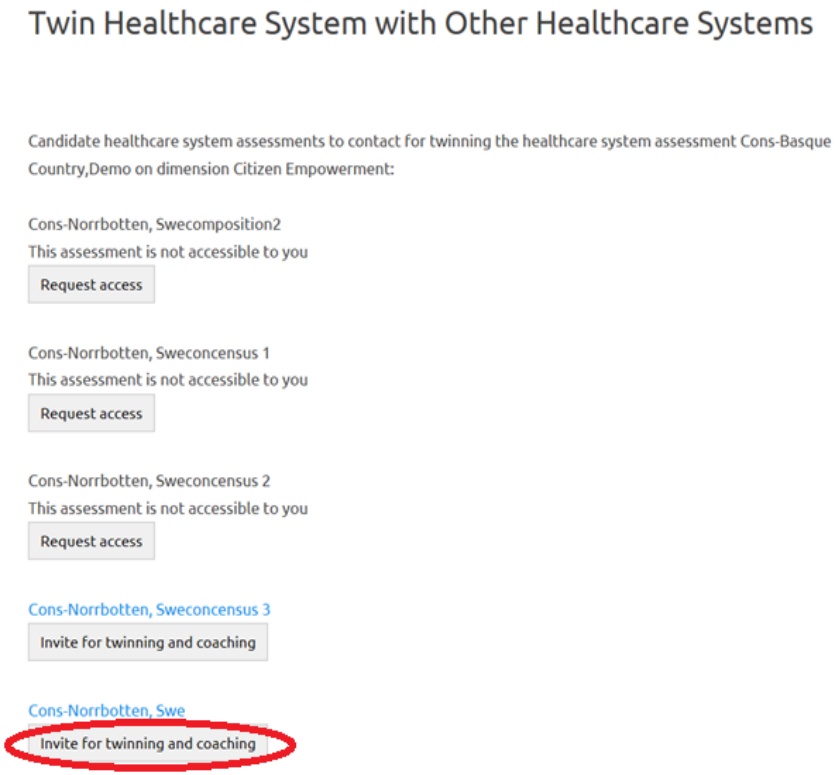
- 4- Leadership, vision and plan clear to the general public; pressure for change
- 5- Political consensus; public support; visible stakeholder engagement

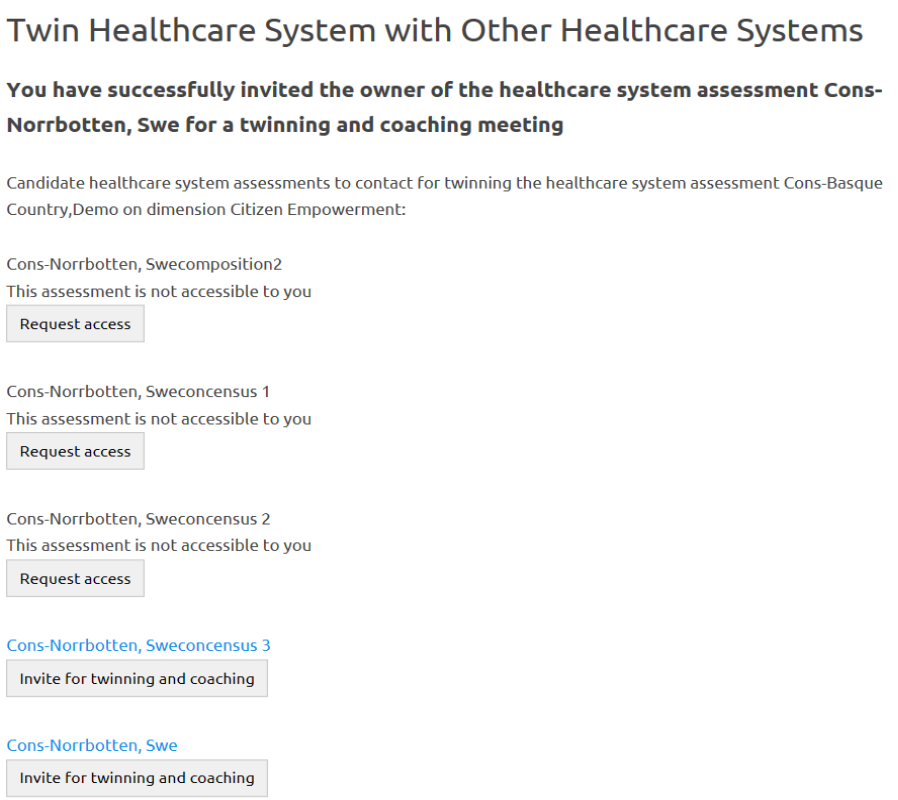
If someone asked you to justify your rating here what would you say (please provide a few short sentences):

jcons1

jNorrbotten1

3. Inviting for knowledge transfer





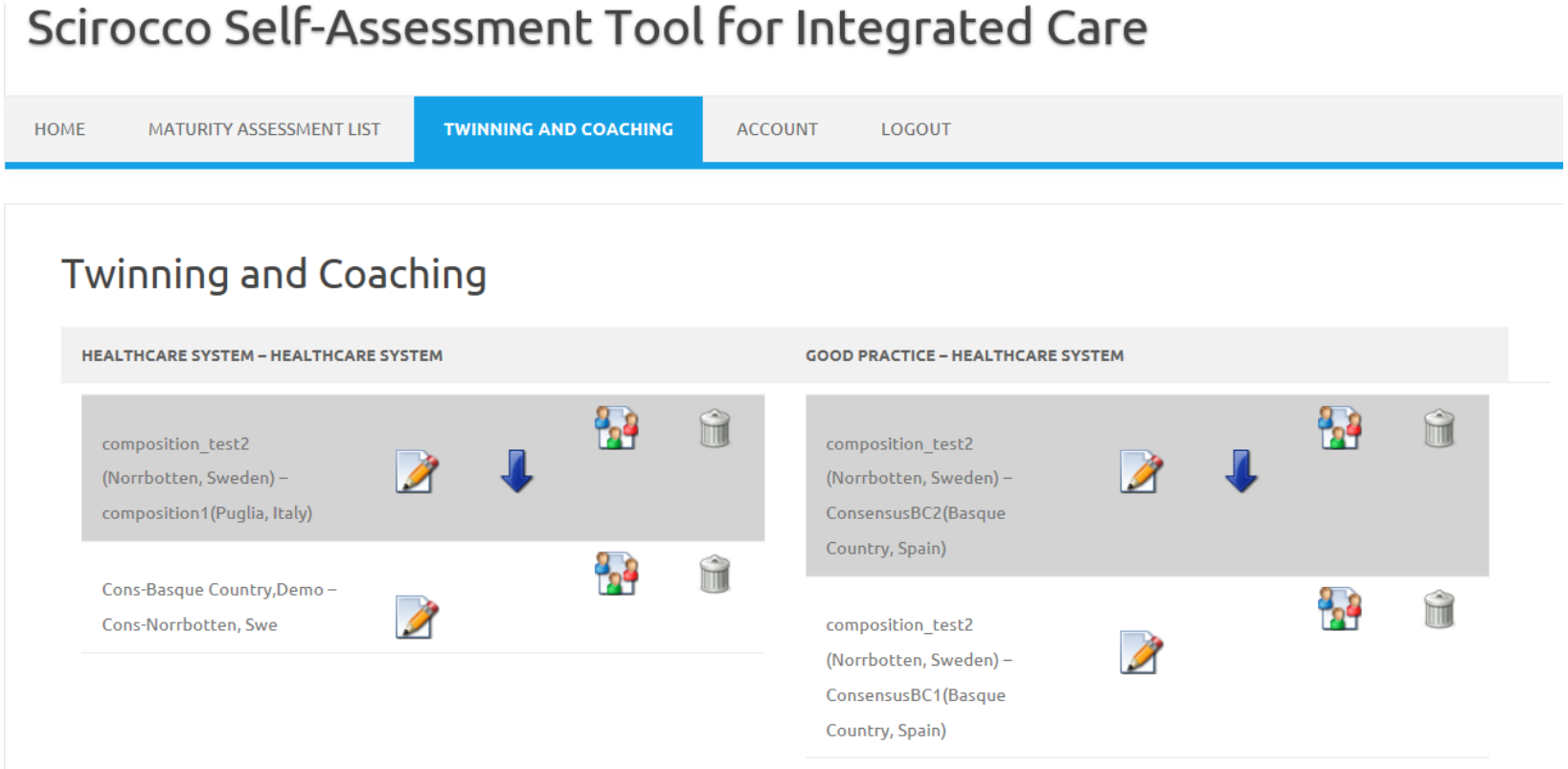
Dear Cristina Alexandru,

You have successfully invited the owner of the healthcare system assessment entitled Cons-Norrbotten, Swe, wpadmin, for a twinning and coaching meeting between your teams. The comparison between your assessment entitled Cons-Basque Country,Demo and Cons-Norrbotten, Swe has also been shared between you, and is available here:http://scirocco-project-msa.inf.ed.ac.uk/tc-meeting?view=HS_HS&meeting=5. Please use this page to record the discussion between your teams.

Kind regards,

The Scirocco Project Team

4. Recording adaptation features required locally to enable creation of conditions for improvement



4. Recording adaptation features required locally to enable creation of conditions for improvement

Twinning and Coaching Meeting

Legend

Cons-Basque Country,Demo saved by cristinutza0107@yahoo.com 2018-10-22 10:52:29
Cons-Norrbotten, Swe saved by wpadmin (you) 2018-10-22 12:44:32

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

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- 3- Citizens are consulted on integrated care services and have access to health information and health data
- 4- Incentives and tools exist to motivate and support citizens to co-create healthcare services and use these services to participate in decision-making processe about their own health
- 5- Citizens are fully engaged in decision-making processes about their health, and are included in decision-making on service delivery and policy-making

If someone asked you to justify your rating here what would you say (please provide a few short sentences):
jcons8
jNorrbotten8

Which features need to be implemented in the receiving healthcare system (Basque Country, Spain) in order to improve its maturity assessment for the 'Citizen Empowerment' dimension?
*

Feature name	Already partially implemented?	Feasibility	Adaptation	
Offering incentiv	yes	possible	We need to change...	

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The knowledge transfer process: HS-GP

- **Similar high level steps:** visually comparing maturity, inviting for knowledge transfer, agreeing on features that HS must adopt/improve/adapt.
- **Differences:**
  - Starting from a GP which one is potentially interested in to transfer locally
  - Comparison of that GP's assessment with one's own HS assessment(s).
  - Inviting the GP organisers for knowledge transfer
  - During twinning and coaching meeting, features are about what needs to change locally for adoption of GP.

Validity and reliability

of the SCIROCCO tool

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Validity and reliability

of the SCIROCCO tool

OBJECTIVE:

To systematically test the validity and reliability of the B3-MM/ SCIROCCO tool.

Step1 - **Content Validity of B3-MM**: Does the content of B3-MM, reflect what it is intended to?

- *Methods*: Literature review and Delphi survey.
- *Outcomes*: The wide range of dimensions and measurement scales reflect the maturity for integrated care.

Grooten L, Borgermans L, Vrijhoef HJM. An Instrument to Measure Maturity of Integrated Care: A First Validation Study. International Journal of Integrated Care. 2018;18(1):10.

Step2 - **Structural validity of SCIROCCO tool**: Do all the 12 dimensions contribute to assessing maturity for integrated care?

- *Methods*: Quantitative analysis to examine the structure of the Tool in the dataset.
- *Outcomes*: All 12 dimensions contribute to assessing maturity for integrated care.

Validity and reliability

of the SCIROCCO tool

Step3 - **Convergent Validity of SCIROCCO tool**: Does the SCIROCCO tool show a relation with another tool which is supposed to assess a similar concept?

- *Methods*: Comparing the SCIROCCO tool to another test that assesses a related concept.
- *Outcomes*: Some support for convergent validity was found.

Step4 - **Reliability of SCIROCCO Tool**: Are the responses by stakeholders to the 12 dimensions on the tool consistent with each other?

- *Methods*: Quantitative analysis to examine the reliability of the tool in the dataset.
- *Outcomes*: The SCIROCCO tool showed good internal consistency.

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Users experience

with the SCIROCCO tool

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Users experience

with the SCIROCCO tool

Focus Groups to capture the experiences of the SCIROCCO regions on:

- Assessment of **maturity of each regional context** for integrated care.
- Assessment of **maturity requirements of good practices** implemented in the regional context.
- Process of **twinning and coaching** among regions.

The lessons learned from the Focus Groups were on:

The tool itself and on the process of using the tool

Potential enhancements of the tool

Future uses/wider(policy) implications of the tool

Users experience
with the SCIROCCO tool

The tool itself and on the process of using the tool

- **Facilitates constructive collaboration between different professionals for the purpose of consensus-building.**
- **Enables dialogue.**
- **Generates knowledge and promotes reflection on the 'object of assessment' (health system or a good practice).**
- **Provides support to make decisions or to present rationales to decision-makers and policy-makers with regard to integrated care.**

Users experience

with the SCIROCCO tool

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Scaling Integrated Care in Context

Potential enhancements of the tool

- Language was an issue when using the tool.
- Some difficulties in understanding some dimensions (these may be due to language issues).
- Make the tool friendlier at a visual level and offer fewer features.
    - Use brighter colours.
    - Produce the final consensus diagram in only one colour.

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Users experience
with the SCIROCCO tool

Future uses/wider(policy) implications of the tool

- **SCIROCCO can be used in a great diversity of organisations, at different organisational and system levels, and with different stakeholders.**
- **Particularly useful when used at a high organisational level (e.g. from a strategic perspective, with management and decision-makers).**
- **Potentially useful in terms of determining areas of policy-making.**

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PRACTICAL EXPERIENCE WITH SCIROCCO TWINNING AND COACHING: THE PERSPECTIVE OF A TRANSFERRING REGION

Dr Andrea Pavlickova

Scottish Government

Co-funded by the Health Programme of the European Union

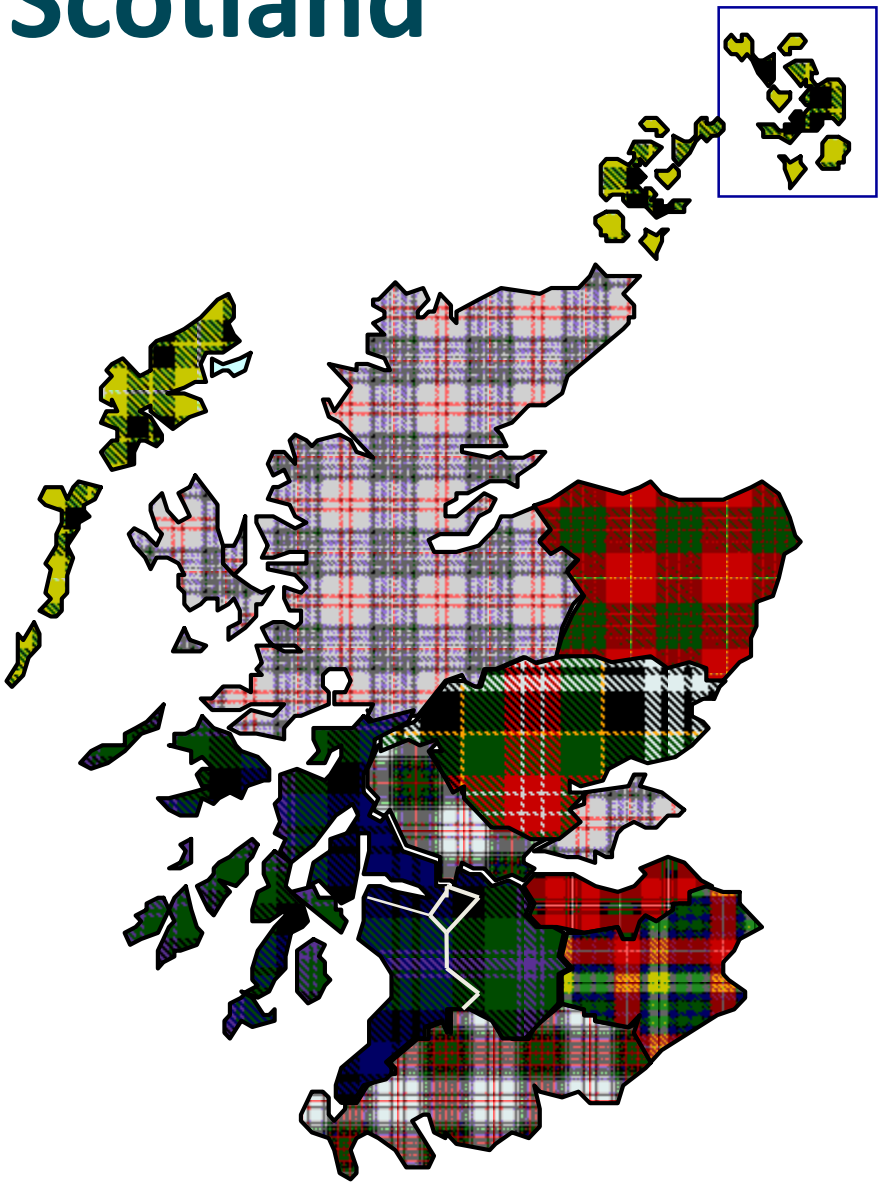
Objective of Twinning and Coaching

- **Type of the twinning and coaching:**
  - Transferability of particular aspect of integrated care

- **Role of the regions in twinning and coaching:**
  - Basque Country – Receiving Region
  - Puglia Region – Receiving region
  - Scotland – Transferring region

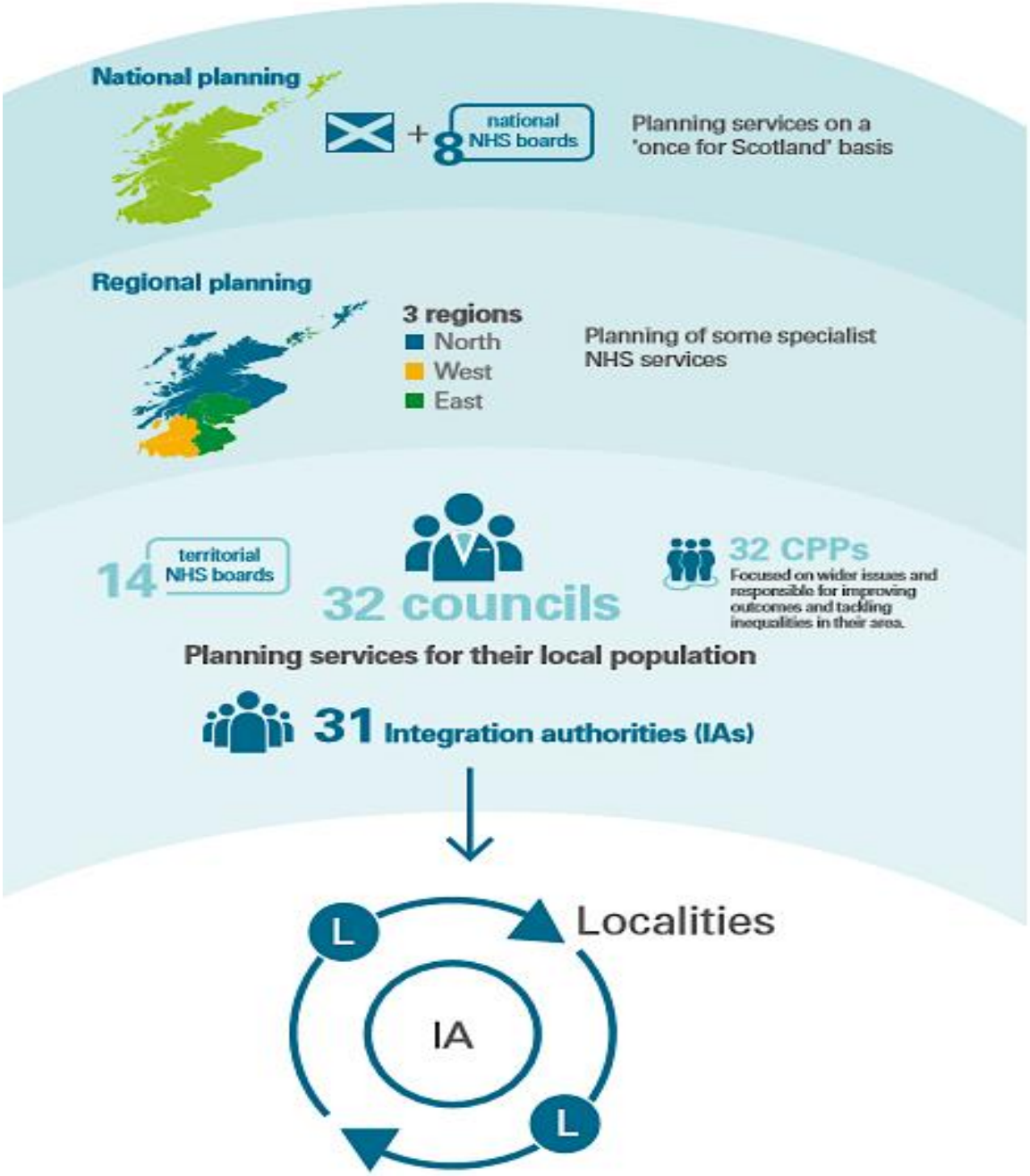
- **Focus of the twinning and coaching**
  - Role and engagement of the third sector organisations in the provision of health and social care in Scotland

Scotland



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

Integration in Scotland



Third Sector

Added Value of the Legal Framework for the Third Sector

- It has enabled greater awareness and understanding of the role of the third sector in public service provision, particularly among integration authorities.
- It has improved the position of third sector as an equal partner in the planning and provision of integrated care services; there is a framework in place to build more strategic relationships among the third sector and the statutory service providers built on trust, partnership and genuine understanding of the benefits of these relationships to both service delivery and community wellbeing.
- It has secured greater connectivity and collaboration around the delivery of community-based care; the services are perceived less fragment from the perspective of service users.
- It has promoted wider knowledge of how community assets can be better used to co-produce the national health and wellbeing outcomes, particularly in relation to integration outcomes.

The Third Sector in Scotland

- Comprises over 40, 000 non-governmental and non-profit organisations:
  - 23, 300 registered charities
  - 20,00 grassroot community groups
  - 163 housing associations
  - 5, 200 social enterprises
  - 432 community interest companies
  - 107 credit unions.
- Has an annual turnover > £5 Billion
- Employs 130,000 paid workers (one of Scotland's biggest employers)

The Third Sector in Scotland

5 main national membership organisations that represent third sector interests:

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

Activities of The Third Sector in Scotland

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

The Third Sector in Social Care in Scotland

- Provides 69% of the total social services
- Supports over 206,000 people and their families
- Manages a total annual income of £1 billion, (of which 77% relates to publicly funded services)
- Employs 43,000 paid workers
- Mobilises the support of 5,000 volunteers
- Works in all 32 of Scotland's council areas (and also elsewhere in the UK and overseas)

Situation of Third Sector in Scotland

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

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

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

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

Outcomes and Impact

National Health and Wellbeing Outcomes: Information Framework

People are able to look after and improve their own health and wellbeing and live in good health for longer.

People, including those with disabilities, long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.

People who use health and social care services have positive experiences of those services, and have their dignity respected.

Health and social care services are centred on helping to maintain or improve the quality of life of service users.

Health and social care services contribute to reducing health inequalities.

People who provide unpaid care are supported to reduce the potential impact of their caring role on their own health and well-being.

People who use health and social care services are safe from harm.

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

Resources are used effectively in the provision of health and social care services, without waste.

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PRACTICAL EXPERIENCE WITH SCIROCCO TWINNING AND COACHING: THE PERSPECTIVE OF A RECEIVING REGION

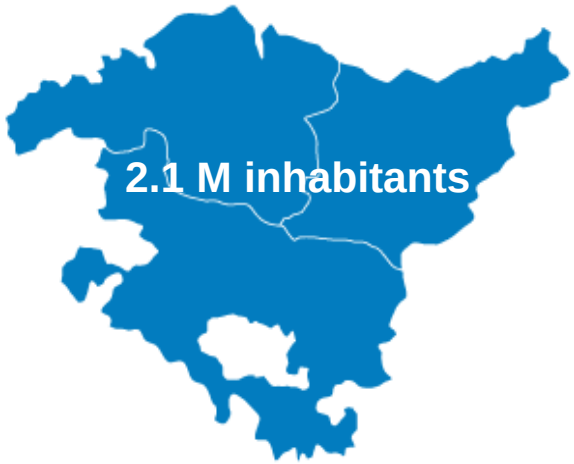
Jon Txarramendieta

Kronikgune- Institute for Health Services Research

Co-funded by the Health Programme of the European Union

Situation of the Third sector in the Basque Country

It is composed of entities of social initiative, voluntary action and non-profit, which guide their activity to defend the rights and meet the social needs of the Basque population



- **3,500** organisations
  - 125,000 volunteers (5.7% of the Basque Population)
  - 36,000 directly paid-staff (1.7% of the Basque Population)
- It is coordinated by the Ministry of Employment and Social Policies
- 42% of the organisations more than 20 years of history
- Annual turnover of 1,400 M€ (2.2% GDP)
- 45% of the total funding is private

Rationale for twinning with Scotland – Perspective of the Basque Country

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

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

Objectives of this twinning

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

Local conditions for the transferability of learning – Basque Country

Scottish maturity requirements

Maturity of the Basque Country's Health system

Local conditions for the transferability of learning – Basque Country

- There is a strong ambition for the full integration of health, social, housing and third sector services, supported by legislation and dedicated funding however the Integration Act is not yet fully implemented.

Local conditions for the transferability of learning – Basque Country

- There is a Care Inspectorate in place which oversees the quality of the provided integrated care services, including the provision of third sector services.

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

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

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

Lessons learned

► Basque Country

- Thanks to this exercise, the team has learned about the challenges and developments in a Region with a long tradition, strong culture, established structures and integrated governance in the volunteer sector
- Using the SCIROCCO Tool, the team identified and discussed areas for the Third Sector engagement in the provision of a more integrated care to our citizens

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STEPS FORWARD FOR THE SCIROCCO TOOL AND ITS EVALUATION AS PART OF SCIROCCO EXCHANGE

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Co-funded by the Health Programme of the European Union

INTRODUCTION TO SCIROCCO EXCHANGE

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- **Budget: €2,649,587**
- **Start: 1 January 2019**

9 Health and Social Care Authorities:

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

3 Universities and Competence Centers

- University of Edinburgh, Scotland
- University of Valencia, Spain
- Kronikgune, Basque Country, Spain

2 Membership Organisations

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

INTRODUCTION TO SCIROCCO EXCHANGE

OBJECTIVE

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

Knowledge Management Hub

Evidence-based Capacity-building Support

1.Maturity assessment for integrated care

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

SCIROCCO Exchange Knowledge Management Hub

4. Improvement Plans

Co-designing technical assistance tailored to the maturity and local context.

2. Capacity-building assets

Access to existing evidence

3. Knowledge transfer

Capacity-building support

THE CONCEPT OF ASSETS

► Assets are the collective resources which individuals and communities have at their disposal and which bring benefits and promote health status.

► Practically speaking, assets can be:

- the practical skills, capacity and knowledge of stakeholders
- the networks and connections in a “community”
- the resources of public, private and third sector organisations that are available to support a “community”
- the physical and economic resources of a place that enhance wellbeing.

AIMS OF THE KNOWLEDGE MANAGEMENT HUB

- Provide direction to learning by allowing the articulation of issues and assets that tackle them
- Facilitate building of social networks that creates a constituency behind the new good practice, facilitates interactions between relevant stakeholders, and provides the necessary resources (such as money, people, expertise);
- Facilitate learning processes at multiple dimensions
- Facilitate understanding the local context for integrated care
- Facilitate personalisation of providing capacity-building support

MAIN SOLUTION: FACILITATING GROWTH IN ASSET VALUE FOR COMMUNITIES

- How can asset value be increased?
  - More assets accessible to more of the community
    - Grow number of assets
    - Grow accessibility
  - Improve the connection between issues and assets so there is better linkage between assets and issues (issues are just a particular kind of asset).
  - Improve the network around issues and assets:
    - Understanding who is an expert, who is working on particular issues/assets
    - Facilitate communication and linkage.

SUMMARY OF PROPOSED FUNCTIONALITY FOR THE HUB

1. Enriching assets with information (including linkage with other assets)
2. Searching for assets by filtering the knowledge graph
3. Capturing experience with using assets
4. Identifying improvement opportunities from using assets
5. People as assets
6. Adapting and reusing assets
7. Supporting assets in different languages

1. ENRICHING ASSETS WITH INFORMATION

- We want the Hub to be a sustainable source of high quality information.
- So **when a user has identified a useful asset they may want to add information**.
- **Example:** A user has recovered an example of public/private coproduction in Iceland but the user also knows of another asset on private sector carers managing hospital discharges in Northern Ireland. In a couple of clicks the user can link these assets identifiing them as similar.

2. SEARCHING FOR ASSETS

- We should be able **easily to filter the collection of assets so we can find useful assets**.
- We can do this with filters on the knowledge graph.
- **For example:**
  - I am interested in innovative practices.
  - The maturity requirements should be less that the maturity of my Health System
  - With the exception of “Breadth of Ambition” where it must be at least 4 or 5.

3. CAPTURING EXPERIENCE OF USING ASSETS

- For example, suppose we have found an asset that reviews implementation plans for feasibility.
- We use the asset on a current implementation plan and we find it is particularly strong on identifying issues in interactions between activities but is poor in identifying resourcing issues.
- The Hub should have the capacity to **capture aspects of use and at the very least record strengths and weaknesses.**

4. IDENTIFYING IMPROVEMENT OPPORTUNITIES

- One class of asset is “innovative practice”
- Some innovative practices may result in improvements in the maturity dimensions of an adopting health system.
- The Hub will be capable of **recording evidence of such improvements in maturity resulting from the adoption of an asset**.

5. PEOPLE AS ASSETS

- People are assets too
- They will be linked to other people, to projects, practices, to other assets, to services they can provide.
- A key aspect of the Hub is **supporting an Improvement Community** within a particular health system and across health systems.
- The hub should **include good ways of capturing the human network**.

6. ADAPTING AND REUSING ASSETS

- Some categories of asset (e.g. “innovative practices”) may be susceptible to “adaptation” into a new context.

- For example, we might want to take a good practice asset, make a copy of it and then alter the good practice so it fits better into a different health system.

- So, the hub should have ways of **creating derived assets by “dismantling” and combining existing assets**.

7. SUPPORTING ASSETS IN DIFFERENT LANGUAGES

- We will **experiment with automated translation services to provide an indication of content.**

- We aim to support people working in multiple languages and, where possible, make the Hub language agnostic.

- **Language will be an important filter on content and indicator of relevance.**

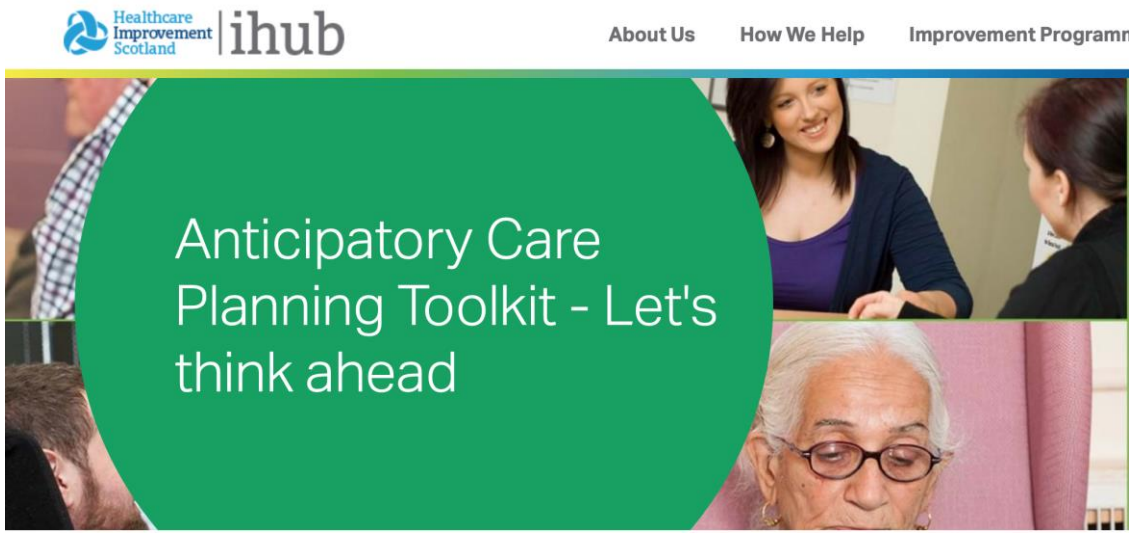
EXAMPLE: UNPLANNED ADMISSIONS

- Suppose a French region is concerned about the number of unplanned admissions of older people in their region.

- They search the Hub, filtering out assets that depend on asses that are significantly more mature or require significantly more maturity than their maturity assessment of their region.

- One asset that is discovered is the Scottish innovative practice of “Anticipatory Care Planning”

FOUND: ANTICIPATORY CARE PLANNING



EXAMPLE: UNPLANNED ADMISSIONS

- It is a problem that all the literature is in English
- However the Hub has a link to a Francophone expert who is also linked to a review of ACP in French.
- The review mentions SPARRA (the Scottish risk stratification approach used in the implementation of ACP in Scotland.
- SPARRA is linked to the Basque assets on risk stratification and these are linked to Kronikgune.
- This establishes a link to transfer risk stratification.

Plans towards the evaluation of SCIROCCO

Plans towards the evaluation of SCIROCCO

OBJECTIVES

1. To **evaluate the personalised knowledge transfer and capacity-building support** facilitated by SCIROCCO Exchange Knowledge Management Hub.

2. To **validate the new version of the SCIROCCO tool**.

Plans towards the evaluation of
SCIROCCO

EVALUATION OF KNOWLEDGE TRANSFER AND CAPACITY BUILDING SUPPORT

Has the Knowledge Management Hub improved or not the capacity of the regions for integrated care?

OBJECTIVE: to provide an **identification and assessment of the factors** (positive and negative) **and the mechanisms that contribute to the effective knowledge transfer and capacity-building support for integrated care**, facilitated by SCIROCCO Exchange Knowledge Management Hub.

ULTIMATE GOAL: to optimize the potential of SCIROCCO Exchange Knowledge Management Hub as a key facilitator and integrator of knowledge transfer and capacity-building support for integrated care.

EVALUATION OF KNOWLEDGE TRANSFER AND CAPACITY BUILDING SUPPORT

Knowledge transfer evaluation model extracted from Prihodova *et al.* (2019)

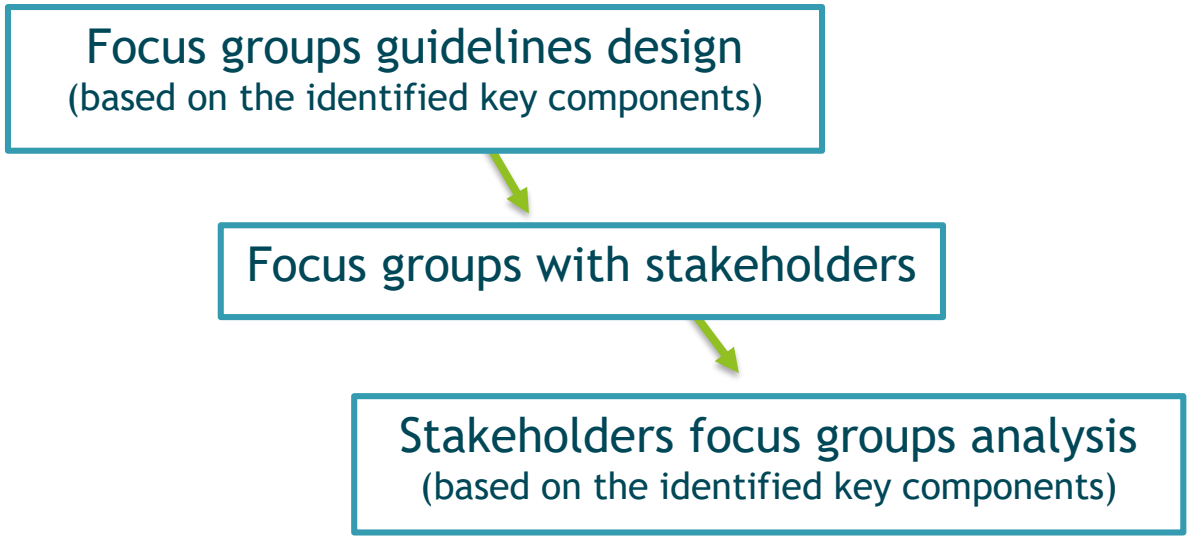
Key components of knowledge transfer and exchange in health services research:

- **Message**: represents the information to be shared.
- **Process:** represents the activities intended to implement the transfer of knowledge.
- **Stakeholders:** represent the people involved on either side of the exchange process.
- **Inner context**: represents local/organisational context.
- **Social cultural and economic context**: represents the wider context.
- **Evaluation**

EVALUATION OF KNOWLEDGE TRANSFER AND CAPACITY BUILDING SUPPORT

The evaluation follows a qualitative approach based on **focus groups discussions** among stakeholders in each of the 9 regions participating in the project.

EVALUATION PROCESS OF KNOWLEDGE TRANSFER AND CAPACITY-BUILDING SUPPORT



Plans towards the evaluation of SCIROCCO

VALIDATION OF THE NEW VERSION OF THE SCIROCCO TOOL

1. Refinement of the Standardisation domain

This process will be conducted by SCIROCCO Exchange partners.

2. Face-validity and content validity

This process will be conducted by SCIROCCO Exchange partners.

3. Database construction

By gathering responses of experts filling in the questionnaire on the SCIROCCO Tool within the SCIROCCO project.

4. Structural validity and reliability analysis

Structural validity and reliability analysis of SCIROCCO Tool. These analyses will be conducted by the WP3 leaders (UVEG) in parallel to the other project activities.

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FACILITATED DISCUSSION

Diane Whitehouse, EHTEL

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How would you like to get more involved in SCIROCCO Exchange?

Reflections on: what the tool can do for you, how you can shape its content, and posing your own questions

- **The tool:**
  What do you think about the tool as it stands today?
  Can you see ways of using the tool in your own region/on your site?
  What do you think about the plans to expand the tool as part of the current project (SCIROCCO Exchange)?

- **Shaping and enhancing the tool:**
  Would you be willing to get involved in shaping and enhancing the tool?
  Would you be willing to get involved in expanding the tool's use further?
  Could you use the tool for any twinning and coaching?
  Do you have any suggestions for improving the functionality of the tool?

- **Evaluating the tool:**
  What are your opinions about the proposed way of evaluating the enhanced SCIROCCO tool?
  Do you have any suggestions for improving the evaluation?

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