WELCOME AND INTRODUCTIONS

Dr Iveta Nagyova, PJ Safarik University, Slovakia

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)

SCIROCCO Exchange Workshop, 23 November 2019, Marseille, France

EU level actions and instruments to support the implementation of integrated care

Dr Loukianos Gatzoulis
Unit "Performance of national health systems"
Directorate-General for Health and Food Safety
European Commission

European Commission

Health

Policy context

April 2014

European
Commission

Commission Communication on "effective, accessible and resilient health systems"

EU agenda for effective, accessible and resilient health systems

Strengthening effectiveness	Increasing accessibility	Improving resilience
Health systems performance assessment Patient safety and quality of care Integration of care	A fit-for-purpose health workforce Access to innovative medicines Optimal implementation of 2011 Directive on cross-border healthcare	Health technology assessment (HTA) Information for better governance eHealth, mHealth

Health

Policy context

European Commission

State of Health in the EU
Companion Report
2017

ec.europa.eu/health/state

1. Health Promotion & Disease Prevention
2. Strong Primary Care
3. Integration of care
4. Health workforce
5. Patient at the centre

Health and Food Safety

European Commission

Communication on enabling the digital transformation of health and care in the Digital Single Market

Three pillars for action:

1. CITIZENS' SECURE ACCESS TO AND SHARING OF HEALTH DATA

2. BETTER DATA TO PROMOTE RESEARCH, DISEASE PREVENTION AND PERSONALISED HEALTH AND CARE

3. DIGITAL TOOLS FOR CITIZEN EMPOWERMENT AND FOR PERSON-CENTRED CARE

Health

In a nutshell…

Essential support to implement at large scale

1. **Raise** the **know-how** & **capacity** of health and care authorities to **design & implement** integrated care

2. **Mobilise investments** for deployment at scale

Practical support available from the European Commission

1. **Online Resource Centre** for Integrated Care

2. **Best Practice Portal** - health promotion, disease prevention and management of non-communicable diseases

3. **Dedicated workshops** – the "Implementation Rooms"

4. **"Twinning" projects** for transfer of knowledge and good practice (from Health Programme)

5. **Technical assistance schemes**

6. **Financing instruments**

Health

Integrated Care

Resource Centre

Collection of knowledge resources – support implementation

European Commission

EU Health Policy Platform

https://webgate.ec.europa.eu/hpf/

Health

Non-communicable Diseases

Best Practice Portal

https://webgate.ec.europa.eu/dyna/bp-portal/

Knowledge transfer

"Implementation Rooms"
How to design and implement integrated care: Lessons from early adopters in Europe

@ ICIC17 in Dublin & ICIC18 in Utrecht

- Focusing on successful examples from European regions and transferring knowledge in relation to aspects important for deployment

➢ Change management
➢ Political engagement
➢ Patient engagement
➢ ICT infrastructure and solutions
➢ Workforce/patients education and training
➢ Incentives

European
Commission

Health Programme projects –
Laying the ground for scaling-up

- **SCIROCCO** project - **Maturity Model**
  - ✓ Care authorities: self-assess maturity to implement integrated care
  - ✓ Good practices: assess maturity requirements for transfer

- **ACT@Scale** project
  - ✓ Drivers for scaling-up and guidance how to change care service delivery
  - ✓ Collaborative methodology

Health

"Twinning" projects

European Commission

Support from EU Programmes

- *SCIROCCO Exchange* and *VIGOUR* projects launched in 2019 – Health Programme

- *DigitalHealthEurope* launched in 2019 – Horizon 2020

- Bring together "**early** adopters" of integrated care with "**new** adopters"

- "**Early** adopters" assist the "**new** adopters"
    - ✓ prepare the local environment for implementation
    - ✓ transfer of knowledge and good practice
    - ✓ dedicated seminars and workshops
    - ✓ study visits, mentoring, etc.

Health

The structural reform support programme (SRSP)

REGULATION (EU) 2017/825 OF THE EUROPEAN PARLIAMENT AND OF THE COUNCIL

of 17 May 2017

on the establishment of the Structural Reform Support Programme for the period 2017 to 2020 and amending Regulations (EU) No 1303/2013 and (EU) No 1305/2013

Key takeaways:

☑ Technical support is demand-driven, based on request from Member States;

☑ It is available to all Member States;

☑ Technical support covers the entire process of reform: from design to completion;

☑ No co-financing is required;

☑ The SRSS engages in dialogue with Member States to discuss technical support needs and to agree on cooperation and support plans.

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TECHNICAL SUPPORT PROJECTS ON HEALTH IN 21 COUNTRIES
(on-going and under preparation)

SOME EXAMPLES:
- INTEGRATED SERVICE PROVISION
- NATIONAL E-HEALTH CENTRE
- CAPACITY BUILDING FOR INFRASTRUCTURE PROJECTS
- FUNCTIONAL INTEGRATION OF HOSPITALS
- PRIMARY HEALTH CARE REFORM
- CANCER SCREENING PROGRAMMES
- DRG SYSTEM
- SPENDING REVIEW ON MEDICINES
- CENTRALISED PROCUREMENT
- HEALTH SYSTEM PERFORMANCE ASSESSMENT

European Commission
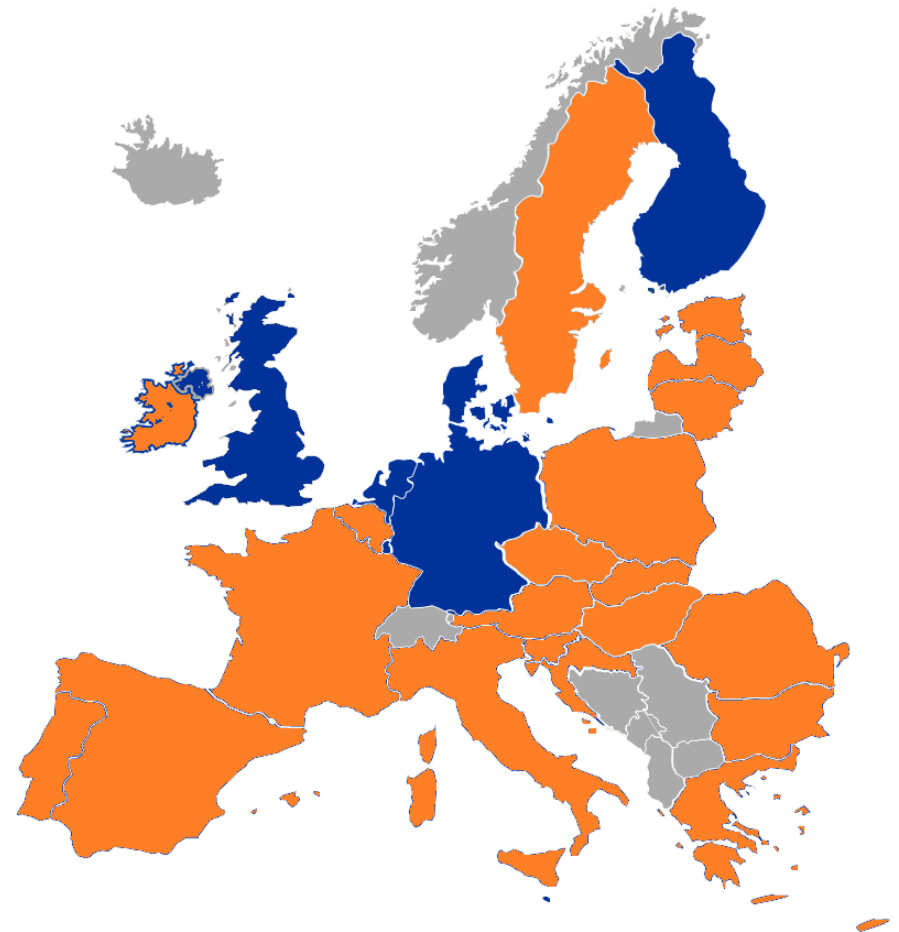
Supporting Integrated Service Provision reform in Estonia

The Commission is supporting the Ministry of Social Affairs in its efforts to develop and implement an integrated system of care for targeted patient groups.

Context

National health authorities intend to move to a more integrated and person-centred provision of social, medical and vocational support services to people with disabilities and elderly with high support needs.

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Support delivered

The support is provided by the SRSS over 18 months in the form of continuous technical advice.

The support measures consist of:
- articulate a high-level strategy for integrated care provision;
- (ii) support improvement in the interoperability of registries and administrative datasets;
- (iii) examine the prototype models of care; and
- (iv) assess options for the introduction of performance-based financing and payment elements.

Expected results

Support from the SRSS aims at the following results:
- 1. Developing a High-Level Strategy Towards Integrated Care Provision
- 2. Review of Information Systems and Databases
- 3. Developing Models of Care
- 4. Examining Financing and Incentive Models for Integrated Care

- **TAIEX-REGIO PEER 2 PEER** scheme

  ❖ Related to the European Regional Development Fund (ERDF) and the Cohesion Fund

  ❖ Helps public officials exchange knowledge, good practice and practical solutions to concrete problems --> better results from EU Structural Funds investments

    ✓ Expert missions
    ✓ Study visits
    ✓ Single or multi-country workshops

    https://ec.europa.eu/regional_policy/index.cfm/en/policy/how/improving-investment/taiex-regio-peer-2-peer/

European Commission

Technical Assistance to support the use of Structural Funds

❖ Offered in order to reduce the administrative burden

❖ Can be requested by Member States for:

- capacity building and preparatory actions supporting the **design** and future **implementation** of the strategies

- implementation of operations

- management, monitoring and evaluation of the strategy

Health

Structural Funds in 2014-2020

European Commission

Strong support to the reforms of health and care systems

- EUR 1.6 billion invested so far (mid-period)

- 1,738 identified projects in 16 Member States

- Biggest recipients of funding: PL, ES, CZ, BG

- Themes covered:

  - ✓ integrated social and health services to support older people and people with disabilities

  - ✓ strengthening primary care and supporting the transition away from hospital care

  - ✓ development, expansion or modernisation of healthcare facilities

http://esifundsforhealth.eu/

Health

EU level financing possibilities

Supporting Integrated Care

European Commission

2014 - 2020

- **Horizon 2020**

- **Health Programme**

- **Structural Funds**

   (ERDF/ESF)

- **Investment Plan for Europe**

- **EIB financing**

EC proposals for 2021 - 2027

- **Horizon Europe**

- **Digital Europe Programme**

- **Structural Funds**

  - ➤ **ERDF**

  - ➤ **ESF+** *with* **Health strand**

- **InvestEU Programme**
  (Implementation + Advisory Services)

- **Reform Support Programme**
  (Implementation + Technical Support)

- **EIB financing**

Health

Thank you

Health

INTRODUCTION TO SCIROCCO EXCHANGE

Dr Tamara Alhambra-Borras

University of Valencia, Spain

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)

SCIROCCO Exchange Workshop, 23 November 2019, Marseille, France

Who we are?

9 Health and Social Care Authorities:

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

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

Co-funded by
the Health Programme
of the European Union

Budget: €2,649,587

Start: 1 January 2019

Scirocco
Exchange

Aim of SCIROCCO Exchange

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

Scirocco Exchange

Why Integrated Care?

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

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

Integrated care is being adopted at different rates and in diverse ways across regions in Europe…

Local context matters!

How to use existing evidence?

Repositories and resources centres of good practices

Tools and methodologies

Reports and guidelines

Educational materials

EU funded projects

National projects

Human expertise and skills

What conditions enable the adoption of integrated care?

Is my environment ready for integrated care?

How to change existing boundaries?

How to share learning?

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

Online

self-assessment tool

to assess readiness for

integrated care

Validated and tested in over

72 regions/organisations

Available in 9 languages

READINESS TO CHANGE

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

Assessment scale

0– No acknowledgment of compelling need to change

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

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

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

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

5– Political consensus; public support; visible stakeholder engagement

New Maturity Model Questionnaire

Your questionnaire was successfully saved

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

○ No acknowledgement of compelling need to change

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

○ Dialogue and consensus-building underway; plan being developed

○ Vision or plan embedded in policy; leaders and champions emerging

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

○ Political consensus; public support; visible stakeholder engagement

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

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

How confident are you of your rating?

> Moderately confident

Who do you think could provide a more confident judgement?

> XXX who leads on Change Mar

Questionnaire name: *

ALEC DEMO

[Update questionnaire]

Knowledge Management Hub

Evidence-based Capacity-building Support

1.Maturity assessment for integrated care

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

4. Improvement Plans

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

SCIROCCO Exchange Knowledge Management Hub

2. Capacity-building assets

Access to existing evidence

3. Knowledge transfer

Capacity-building support

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Thank you!

Objective of the Assessment

► The objective of the assessment process is to:

- **Capture the perceptions of stakeholders** on maturity and readiness of their healthcare systems for the adoption of integrated care;

- **Identify strengths and weaknesses** of regions/organisations in adoption of integrated care;

- **Facilitate multi-disciplinary discussions** and dialogue of stakeholders involved, including consensus on the current progress towards integrated care and future actions to address the gaps;

- **Provide basis for further improvement** of a particular domain of integrated care through knowledge transfer and twinning and coaching activities.

Scoping the Assessment – "What is a healthcare system"?

► The structure of healthcare systems vary considerably, as well as ambitions and understanding of integrated care across regions and countries

► As a result, scoping the system for the assessment remains flexible and tailored to the local circumstances and needs.

► However, the following should be taken into consideration:
- **Local objectives of the assessment process**
  - What do you want to achieve with these outcomes?
- **Local organisation of healthcare system**
  - What level of assessment to consider e.g. macro, meso and/or micro levels? National versus regional perspective?
- **Local understanding of integrated care**
  - What is your ambition in integrated care?
  - Who is involved in the planning, commissioning and implementing integrated care?

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Assessing the Maturity of a Healthcare System

The self-assessment **process** consists of the following steps:

1. Local organiser(s) **identify local stakeholders** to be involved, based on the objectives and scope of the assessment process.

2. The stakeholders **individually conduct the assessment** by using SCIROCCO tool

3. The stakeholders **share their individual assessments** with the organiser(s) of the assessment process

4. A **workshop** is organised to **discuss the outcomes and reach a consensus** on the maturity of the healthcare system and future actions to be considered for the improvement.

Step 1: A Multidisciplinary Team

Integrated care is designed and deployed by the multidisciplinary teams. As such, it is important to capture the diversity of perspectives in the assessment process. The following should be taken into account:

- **Discipline** – decision-maker, healthcare professional, IT specialist, regulators, payers, users group, innovation agencies
- **Sector** – health care, social care, housing and voluntary sector.
- **Position in organisation** – seniority, front-line, back-office.

Step 2: Performing an Individual Assessment

► Invite the selected stakeholders to register and use SCIROCCO tool https://scirocco-exchange-tool.inf.ed.ac.uk/login/?redirect_to=https%3A%2F%2Fscirocco-exchange-tool.inf.ed.ac.uk

► Inform / Distribute the various supportive documentation to inform stakeholders about the self-assessment process, including the online tutorials: http://www.scirocco-project.eu/maturity-model-in-practice-scirocco-tools-demos/

► **Timeline: Usually 2 weeks**

Step 2: Performing an Individual Assessment

Registration

Scirocco Self-Assessment Tool for Integrated Care

HOME   HEALTHCARE SYSTEM ASSESSMENTS   GOOD PRACTICE ASSESSMENTS   TWINNING AND COACHING   **LOGIN/REGISTER**

Login/Register

Choose your language!

Username or E-mail

Password

☑ Keep me signed in

[Login]   [Register]

Forgot your password?

Step 2: Performing an Individual Assessment
Healthcare system assessment

Healthcare System Assessments

Starting from this page, you can perform the following actions:

- conducting a private healthcare system assessment with regards to integrated care HELP
- facilitating multi-disciplinary discussions and consensus-building about the healthcare system assessment HELP
- facilitating twinning and coaching informed by the maturity of the healthcare system for integrated care HELP

New private healthcare system assessment

Work assessments   Public assessments

PRIVATE HEALTHCARE SYSTEM ASSESSMENTS	SHARED HEALTHCARE SYSTEM ASSESSMENTS
APavlLithuaniaTest	

Step 2: Performing an Individual Assessment
New private healthcare system 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:

APavl[HealthcareSystem]   10chars max

| 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

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

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

○ 5- Political consensus; public support; visible stakeholder engagement

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

*

Step 2: Performing an Individual Assessment Description

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:

APavl[HealthcareSystem]   10chars max

| Assessment | Description* |

Healthcare system this is meant to assess:* ⓘ

✓ –Please select–
  Basque Country, Spain
  Norrbotten, Sweden
  Czech Republic
  Puglia, Italy
  Scotland
  Stavanger, Norway
  South Denmark
  Iceland
  Asturias, Spain
  Greece

Step 2: Performing an Individual Assessment

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 cha

○ 1- Compelling need is recognised, but no clear visio

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○ 3- Vision or plan embedded in policy; leaders and c

○ 4- Leadership, vision and plan clear to the general p

○ 5- Political consensus; public support; visible stakel

If someone asked you to justify your rating here what

short sentences):

*

Q1. Readiness to Change: Objectives

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

- Creating a compelling vision, with a real sense of urgency, and enlisting stakeholder support including political leadership, management, care professionals, public and press.
- Accepting the reality that care systems are unsustainable and need to change.
- Considering the need to address the risk of health and social inequalities.
- Publishing a clear description of the issues, the choices that need to be made, and the desired future state of the care systems, stating what will be the future experience of care.
- Creating a sense of urgency to ensure sustained focus and building a "guiding coalition" for change.

Ok

Save

CAPACITY BUILDING

READINESS TO CHANGE

STRUCTURE & GOVERNANCE

DIGITAL INFRASTRUCTURE

PROCESS COORDINATION

FINANCE & FUNDING

EN RMENT

POPULATION APPROACH

REMOVAL OF INHIBITORS

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Step 2: Performing an Individual Assessment

Assessment   Description*

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

12. Capacity Building ⓘ

○ 0- Integrated care services are not considered for capacity building

○ 1- Some approaches to capacity building for integrated care services are in place

◉ 2- Cooperation on capacity building for integrated care is growing across the region

○ 3- Learning about integrated care and change management is in place but not widely implemented

○ 4- Systematic learning about integrated care and change management is widely implemented; knowledge is shared, skills retained and there is a lower turnover of experienced staff

○ 5- A "person-centred learning healthcare system" involving reflection and continuous improvement is in place

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

*

Test

Step 2: Performing an Individual Assessment

► The outcomes of the self-assessment process are visually captured in the form of spider diagrams.

► The diagrams provide the quick detection of your strengths and weaknesses in the integrated care.

► The diagrams provide the basis for the discussion / negotiation with other stakeholders to reach the consensus on the current state of art.

► The involvement of the multi-disciplinary team in the assessment process implies the different perceptions / spider diagrams from each stakeholder.

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Step 2: Performing an Individual Assessment

Doctor

IT Specialist

Nurse

Administrator

Scirocco Exchange

Step 2: Sharing of Individual Assessment

Maturity Assessment

The objective of this page is to assess t
rated care.

Questions marked with * are compulsor

Assessment name:

APavlScotland | Test

| 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
○ 3- Vision or plan embedded in policy; leaders and champions emerging
○ 4- Leadership, vision and plan clear to the general public; pressure for change

---

Your assessment was successfully saved

. What would you like to do next?

● Continue editing
○ Keep as private assessment, close
○ Share assessment with individual users, close
○ Share assessment with all Scirocco Exchange partners, close
WARNING: This will share this assessment with up to 40 users
○ Make the assessment public (for all users to view only)

Submit

CAPACITY BUILDING

INNOVATION MANAGEMENT

READI
TO CH

Share Assessment

If you are the editor of an assessment, this page allows you to:

- Share your assessment with somebody else who has an account, by providing the person's email address and choosing whether he/she will be a viewer or editor of the assessment. You can later decide to change the person's role, or even un-share the assessment with the person.
- Share your assessment publicly with all users, for viewing only (i.e. they will not be able to edit it). You can later decide to remove the public sharing of your assessment.

Users who share assessment APavlScotlandTest

USER	ROLE
andreapavlickova@nhs.net (you)	Editor, originator

The assessment is not currently shared with other users

Please indicate the email address of ONE (other) user whom you would like to share the assessment with:

○ viewer   ○ editor   Share

Share with the Scirocco Exchange project partners

Step 2: Sharing of Individual Assessment

Step 3: Data Collection and Data Analysis

► Each regional organiser of the assessment process:

- Reviews the individual responses and produce the composite spider diagram combining all stakeholders' responses using SCIROCCO tool.

- Identifies the areas where consensus has been reached.

- Identifies the areas where the consensus has not been reached and further consensus-building process needs to be planned.

- Prepare face-to-face consensus-building workshop to review the outcomes of the individual assessments and reach the agreement on the maturity of a particular healthcare system, including suggestions for the future improvements.

Step 3: Data Collection and Data Analysis
Composite diagrams

Work assessments   Public assessments

PRIVATE HEALTHCARE SYSTEM ASSESSMENTS

☑ APavlLithuaniaTest

☑ APavlScotlandTest

Compare Only

Compare and Enter Consensus

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Step 3: Data Collection and Data Analysis
Composite diagrams

Assessment Comparison

Legend

APavlLithuaniaTest saved by andreapavlickova@nhs.net 2019-10-10 23:52:28
APavlScotlandTest saved by andreapavlickova@nhs.net 2019-10-10 23:42:00

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 ⬤
◯ 3- Vision or plan embedded in policy; leaders and champions emerging
◯ 4- Leadership, vision and plan clear to the general public; pressure for change
◯ 5- Political consensus; public support; visible stakeholder engagement

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

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Step 4: Negotiating and Reaching Consensus
Consensus-building Workshop

► The follow up workshop is organised with the participants of the self-assessment process to discuss the preliminary findings of the process.

► The discussion is mainly focused around the dimensions with the greatest diversity of scoring.

► The workshop is facilitated by SCIROCCO partner and/or organiser of the assessment process in a particular region.

► At least one moderator and one person to take the notes from the meeting is needed.

► Outcomes of the workshop:
  ▪ Commonly agreed spider diagram
  ▪ Agreement on the priority areas for action to take forward

Step 4: Negotiating and Reaching Consensus

Decision

Step 4: Negotiating and Reaching Consensus

Step 4: Negotiating and Reaching Consensus

Assessment   Description*****

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

6. Removal of Inhibitors ⓘ

- ○ 0- No awareness of the effects of inhibitors on integrated care
- ○ 1- Awareness of inhibitors but no systematic approach to their management is in place
- ○ 2- Strategy for removing inhibitors agreed at a high level
- ○ 3- Implementation Plan and process for removing inhibitors have started being implemented locally ●●
- ○ 4- Solutions for removal of inhibitors developed and commonly used
- ● 5- High completion rate of projects & programmes; inhibitors no longer an issue for service development

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

test
Test

Test

Mark 'Removal of Inhibitors' as your number one priority ○

Scirocco — Scaling Integrated Care in Context

Step 4: Negotiating and Reaching Consensus Decisions

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 🟡
○ 3- Vision or plan embedded in policy; leaders and champions emerging
○ 4- Leadership, vision and plan clear to the general public; pressure for change
○ 5- Political consensus; public support; visible stakeholder engagement

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

test
Testing

| Testing | Question 1 |

Mark 'Readiness to Change' as your number one priority ○

Step 4: Negotiating and Reaching Consensus
Next steps – Priority for improvement

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 ⬤
○ 3- Vision or plan embedded in policy; leaders and champions emerging
○ 4- Leadership, vision and plan clear to the general public; pressure for change
○ 5- Political consensus; public support; visible stakeholder engagement

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

test
Testing

| Testing |
| |
| Question 1 |

Mark 'Readiness to Change' as your number one priority ⊙

Analysis of the Outcomes

► Analysis of the outcomes (gap analysis) of the maturity assessment process is conducted to identify the strengths and weaknesses of particular region/organisation in integrated care – **Local report on the outcomes of maturity assessment.**

► The outcomes of the assessment process will serve as the basis to define local priorities for the improvement which will be addressed through dedicated knowledge transfer and improvement planning support (December 2019-May 2021).

Thank you!

MATURITY OF INTEGRATED CARE IN SCOTLAND

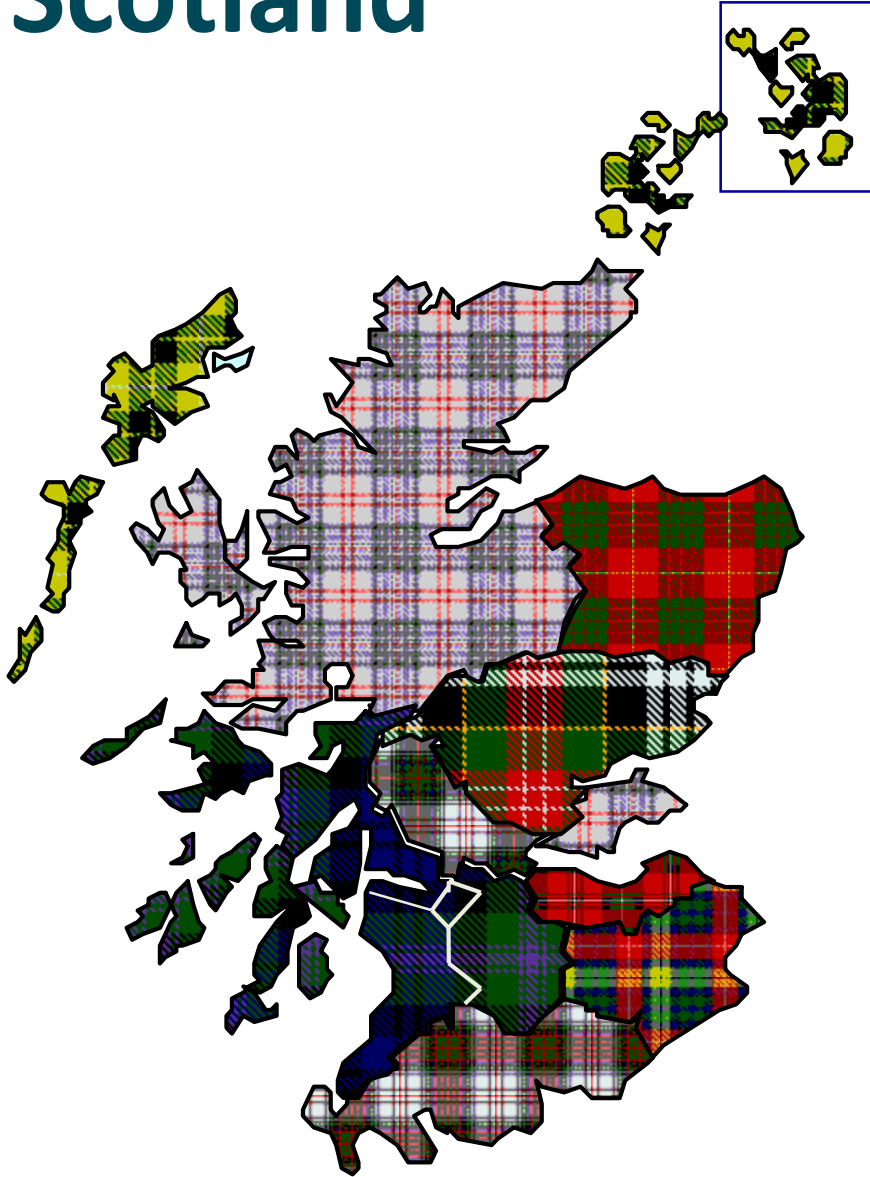Dr Andrea Pavlickova, Scottish Government

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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)

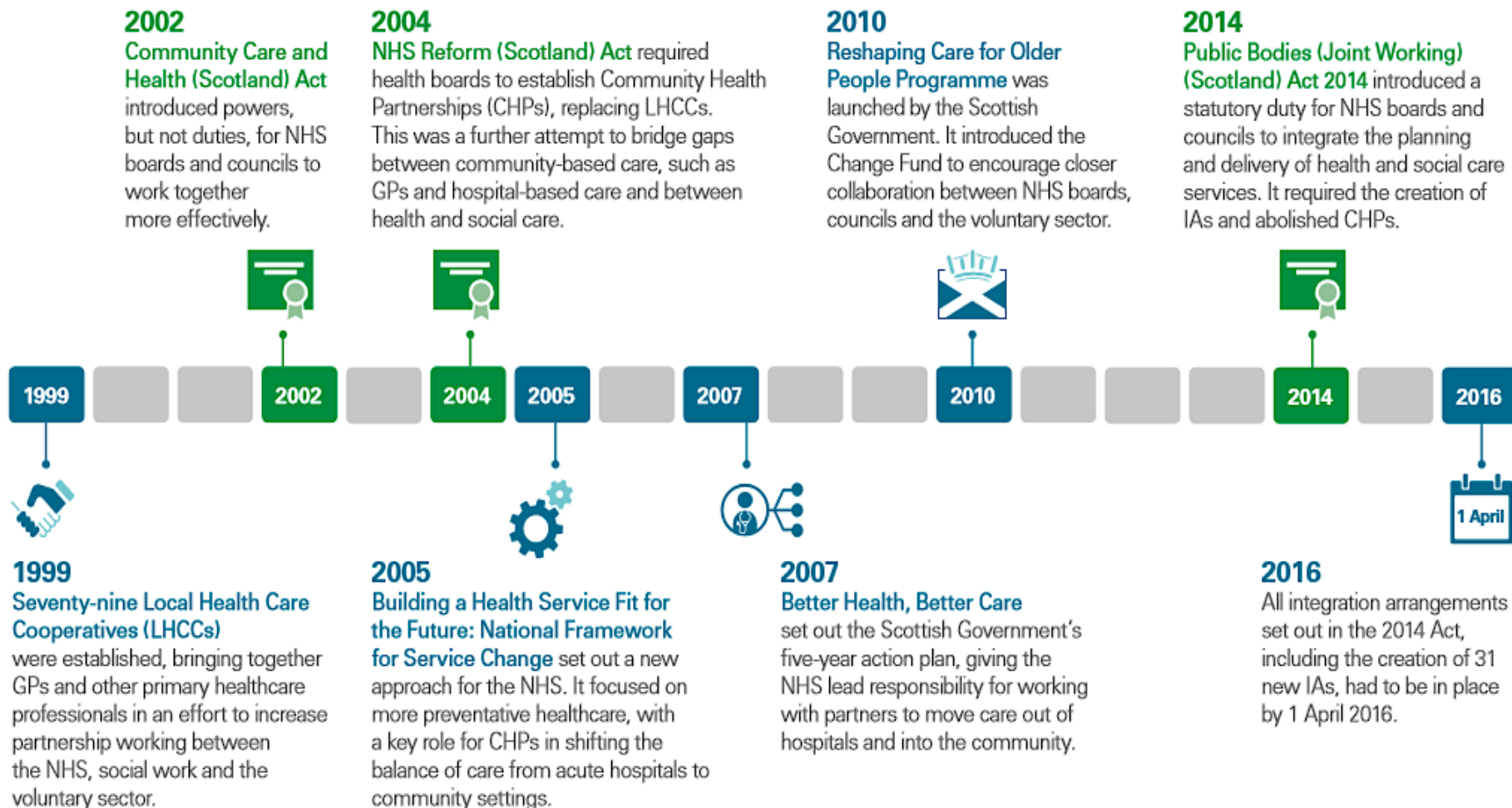**SCIROCCO Exchange Workshop, 23 November 2019, Marseille, France**

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+

A brief history of integration in Scotland

Integrating health and social care services has been a key government policy for many years.

2002
Community Care and Health (Scotland) Act introduced powers, but not duties, for NHS boards and councils to work together more effectively.

2004
NHS Reform (Scotland) Act required health boards to establish Community Health Partnerships (CHPs), replacing LHCCs. This was a further attempt to bridge gaps between community-based care, such as GPs and hospital-based care and between health and social care.

2010
Reshaping Care for Older People Programme was launched by the Scottish Government. It introduced the Change Fund to encourage closer collaboration between NHS boards, councils and the voluntary sector.

2014
Public Bodies (Joint Working) (Scotland) Act 2014 introduced a statutory duty for NHS boards and councils to integrate the planning and delivery of health and social care services. It required the creation of IAs and abolished CHPs.

Timeline: 1999 · 2002 · 2004 · 2005 · 2007 · 2010 · 2014 · 2016

1999
Seventy-nine Local Health Care Cooperatives (LHCCs) were established, bringing together GPs and other primary healthcare professionals in an effort to increase partnership working between the NHS, social work and the voluntary sector.

2005
Building a Health Service Fit for the Future: National Framework for Service Change set out a new approach for the NHS. It focused on more preventative healthcare, with a key role for CHPs in shifting the balance of care from acute hospitals to community settings.

2007
Better Health, Better Care set out the Scottish Government's five-year action plan, giving the NHS lead responsibility for working with partners to move care out of hospitals and into the community.

2016
All integration arrangements set out in the 2014 Act, including the creation of 31 new IAs, had to be in place by 1 April 2016.

cirocco Exchange

What Scotland wants to achieve in health and care?

COMMISSION ON
THE FUTURE DELIVERY
OF **PUBLIC SERVICES**

People are supported to live well at home or in the community for as much time as they can.

Guiding principle:

". . . effective services must be designed with and for people and communities – not delivered 'top down' for administrative convenience"

The Christie Commission Report

Commission on the future delivery of public services, June 2011

Relevant policies and strategies

Health and Social Care Integration

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

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

There's no ward like home

9 national health and wellbeing outcomes

- People are able to look after and improve their own health and wellbeing and live in good health for longer
- People, including those with disabilities or long-term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community
- People who use health and social care services have positive experiences of those services, and have their dignity respected
- Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services
- Health and social care services contribute to reducing health inequalities
- People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing
- People using health and social care services are safe from harm
- People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide
- Resources are used effectively and efficiently in the provision of health and social care services
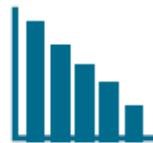
12 principles within the Act

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

6 national indicators

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

Various local priorities, performance i and outcomes

Health and social care series

Health and social care integration
Update on progress

ACCOUNTS COMMISSION   AUDITOR GENERAL

Prepared by Audit Scotland
November 2018

Key ingredients - Integrated Joint Boards

Source: Audit Scotland
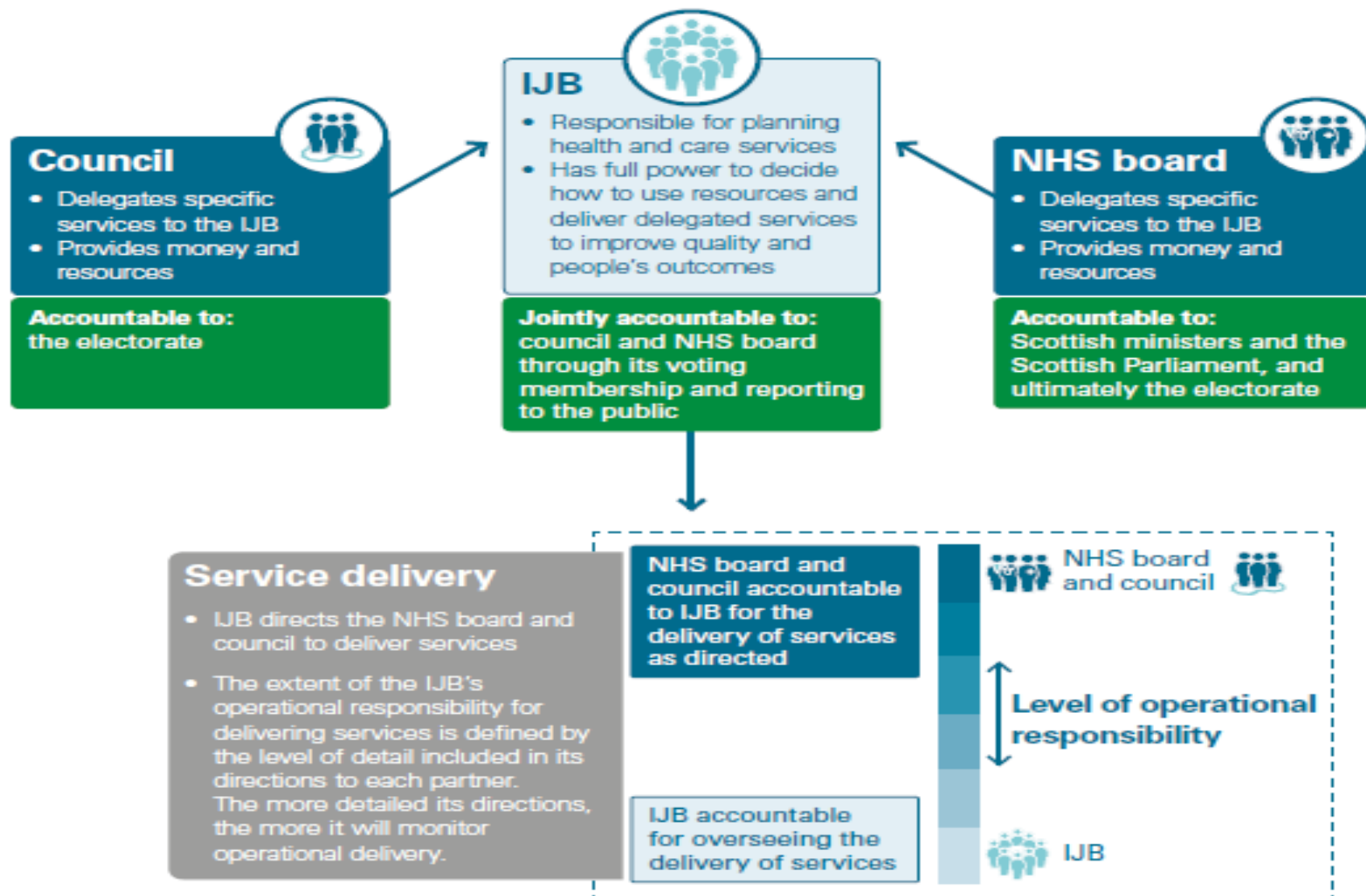
Key ingredients – Nationally agreed outcomes and indicators

9 national health and wellbeing

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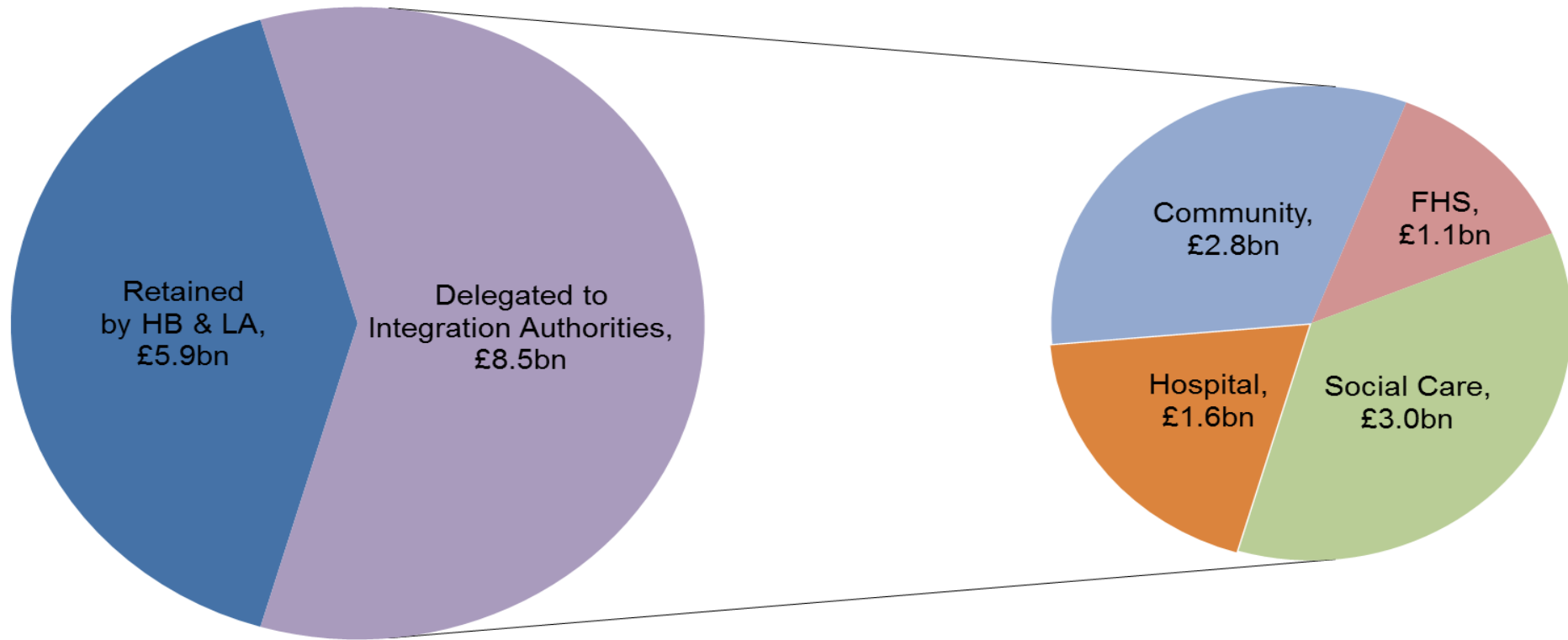- Make best use of the available facilities, people and other resources

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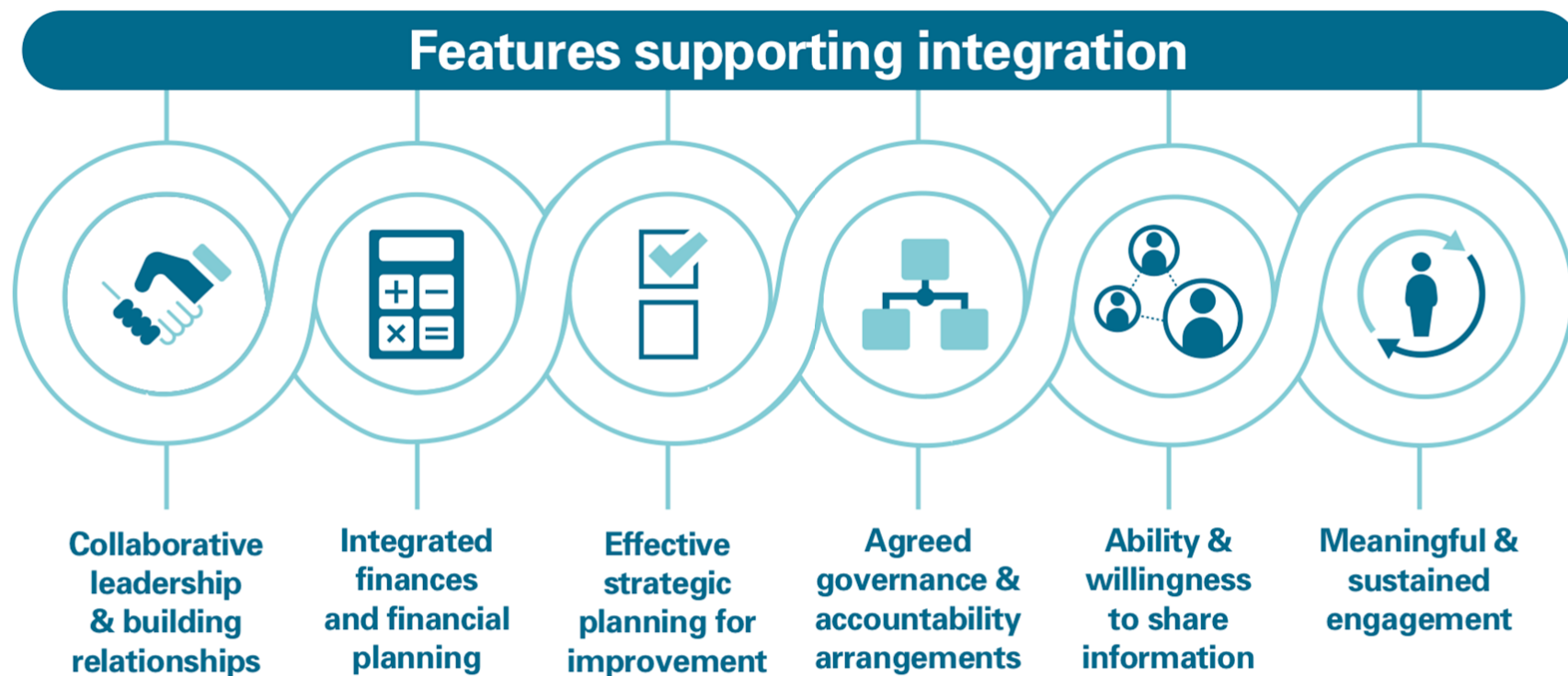- Proportion of over-75s who are living in a community setting

Various local priorities, performance indicators and outcomes

Key ingredients – Delegated Budgets

Other ingredients…

Features supporting integration

- Collaborative leadership & building relationships
- Integrated finances and financial planning
- Effective strategic planning for improvement
- Agreed governance & accountability arrangements
- Ability & willingness to share information
- Meaningful & sustained engagement

Source: Audit Scotland

Maturity assessment process in Scotland

1. Identification of regional/local stakeholder

2. Self-assessment survey

3. Data collection/data analysis

4. Stakeholder workshops

5. Summary of results and feedback on the process

Local Stakeholders

► Process of engagement with local stakeholders

► Size of the team
  - 10 invitations issued;

► Disciplines / Profiles of the local stakeholders
  - Head of Division for Integrated care, Scottish Government
  - Head of TEC Division & Innovation, Scottish Government
  - eHealth Directorate, Scottish Government
  - SCVO (Scottish Council for Voluntary Organisations)
  - DHI (Digital Health & Care Institute)
  - SCTT (Scottish Centre for Telehealth & Telecare)
  - COSLA (Convention of Scottish Local Authorities)
  - Healthcare Improvement Scotland
  - ALLIANCE
  - Scottish Government Housing Strategic Lead

Readiness for Integrated Care "Stakeholders' perspective"

Policy-maker   **Health and Social Care Partnership**   **Voluntary sector**

Maturity Assessment of Integrated Care in Scotland

Strengths
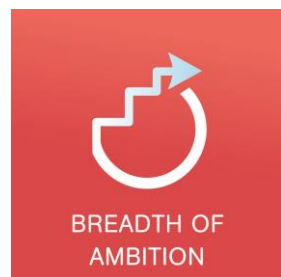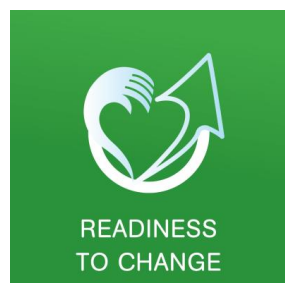
Weaknesses
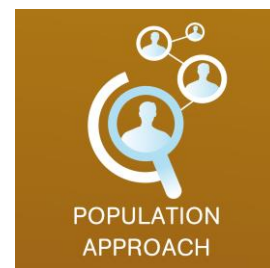
Take home message

► Very informative and comprehensive assessment, covering all aspects of integrated care;

► A real sense-check of current progress and gaps;

► Consensus-building aspects was very much welcome as most of the standardised assessment questionnaires do not required any further reflections on the outcomes;

► SCIROCCO tool is not an end itself, it is the process which is valuable;

► Participatory tool, supportive collaborative way working.

Thank you!

Basque Country

► Population: 2.17M

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

► Fiscal autonomy, own system of taxation

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

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

  ▪ 3,605 M€ in 2018

► Social services are managed by local and provincial authorities

2017-2020 Basque Health Department Strategy

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

2. Disease prevention and promotion of health

3. Ageing, chronicity and dependence

4. System sustainability and modernisation

5. Professionals of the health system

6. Research and innovation

Health Research & Innovation Strategy 2020

Health Ministry 2017-2020

Health Plan 2013-2020
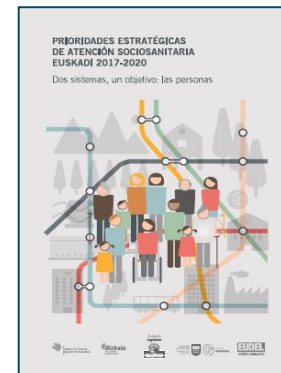
Social and Health Care guidelines 2017-2020
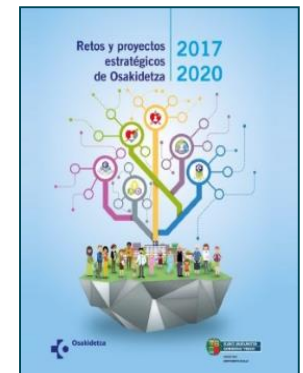
Osakidetza Strategy 2017-2020

Care problems

Fragmentation

Discontinuity

Enviroment

Hospital centered care

Focused on episodes

Increasing costs

Patient out of the radar

Reactive

…

Integrated care in the Basque Country

► **Based on three pillars:**

➢ Integrative governance

- Create synergies between different levels of care

➢ Population approach

- Coordination with social and public health actors

➢ Culture and values

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

Integrated care in the Basque Country

► Structural integration - Integrated Healthcare Organisations (IHO)

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

- Merges a hospital and primary care centers under one organisation with a defined population catchment area.
  - 13 Integrated HealthCare Organizations (IHO).
  - +30.000 Healthcare professionals

► Functional integration:

- Coordination of care process between primary and specialist care

- Design clinical pathways for High Complexity Patients or Multimorbid patients

- Polypharmacy management

- Social and Health coordination

Success factors in implementing integrated care

ANTICIPATION

- Risk stratification approach

High complexity patients (5%)
43.000

High risk Patients(15%)
173.000

Chronic patients (80%)
636.000

General Population
1.394.539
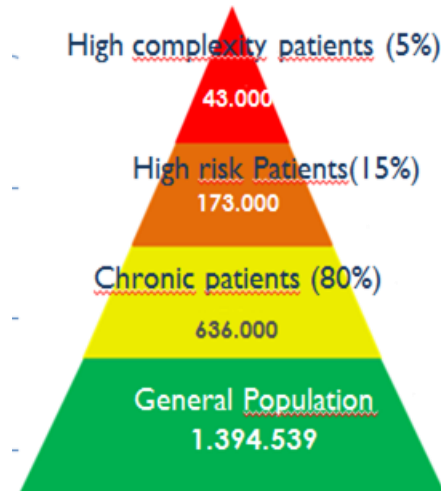
LONGITUDINAL PERSPECTIVE CARE

- Individualised plans of care

- Integrated care pathways

- Citizen empowerment

Individualized Plan of Care

MULTIDIMENSIONAL ACTION

- Inside healthcare system
- With the social services

6000 N
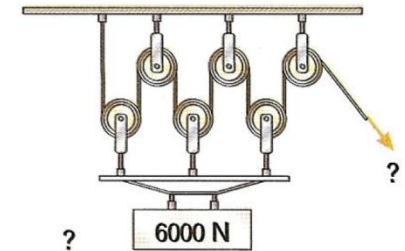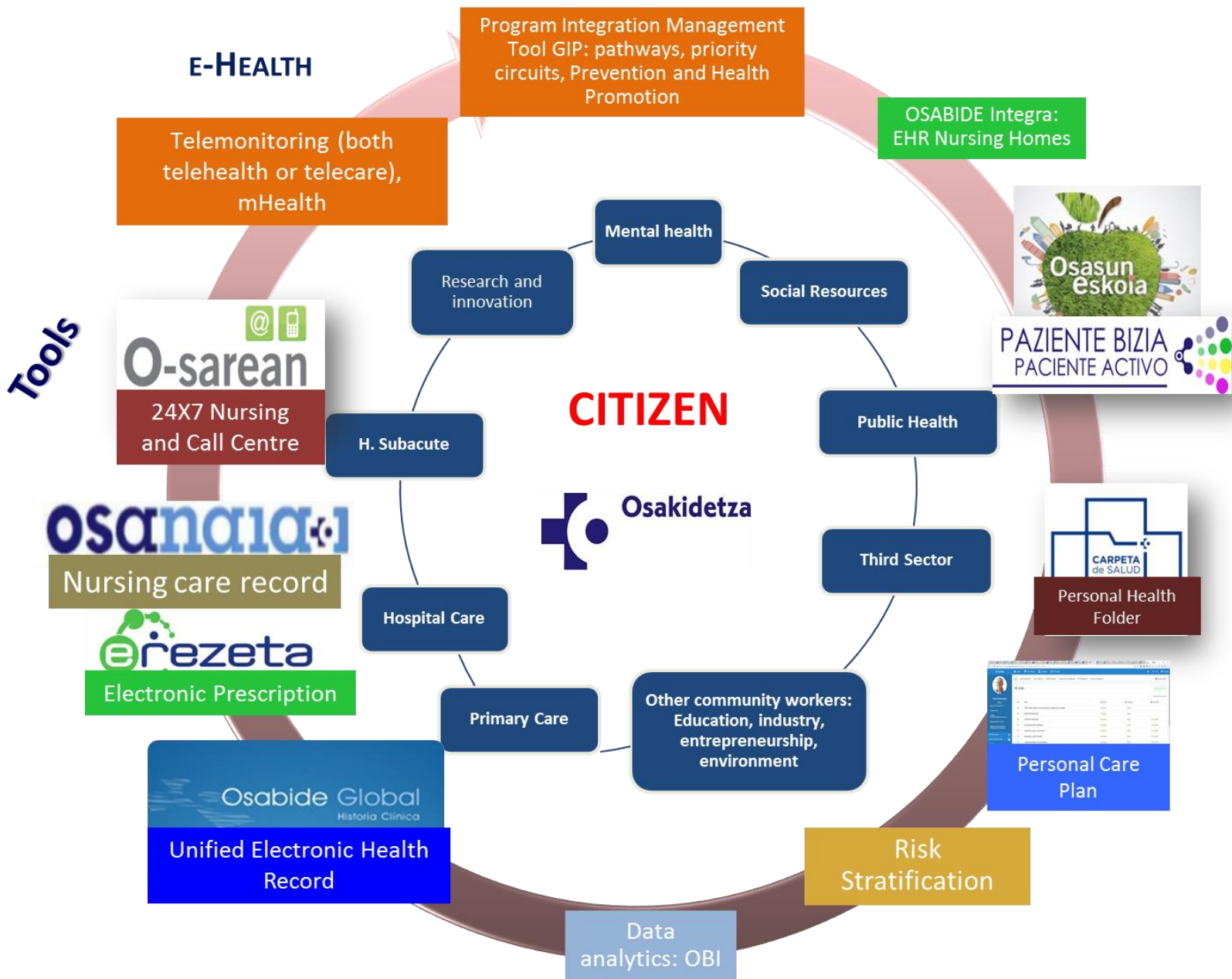
Maturity for integrated care – Basque Country

2017

2019

Take home message

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

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

Use population **risk stratification**

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

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

European projects help!

Scirocco Exchange

Thank you!

www.sciroccoexchange.com

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