Digital Health & Care Scotland

International Engagement
Technology Enabled Care and Digital Healthcare Innovation

Dr Andrea Pavlickova
International Engagement Manager
Scottish Government

Scotland's International Framework

"The Scottish Government believes that collaboration with global partners offers the best international framework to deliver prosperity for the people of Scotland. Such collaboration has delivered enormous social, cultural and economic benefits to Scotland for more than 40 years, and has allowed us to make distinctive contributions to addressing global challenges such as climate change; delivering sustainable growth; and energy security. It has also enabled us to make our progressive voice heard in the world"

Scotland's Action Plan for EU Engagement, 2015

#digicare4scot

Digital Health
& Care Scotland

International Engagement
Action Plan
Technology Enabled Care
& Digital Healthcare Innovation
2017-19

#digicare4scot

Global Outlook & Reputation

Engagement Activity Areas

Securing Investment

Relationships & Partnerships

Digital Health & Care Scotland

International engagement is aligned to national strategic ambitions…

Supporting & Empowering Scotland's Citizens

National Action Plan for Technology Enabled Care
August 2016

Scottish Government
Riaghaltas na h-Alba
gov.scot

Public Bodies (Joint Working) (Scotland) Act 2014

2014 asp 9

#digicare4scot

eHealth

Home **About Us** **News** **Key Topics** **Groups** **Resources** **Case Studies** **Contact Us**

eHealth > Strategies > Digital Health and Social Care Strategy 2017-22 – Development

Digital Health and Social Care Strategy 2017-22 – Development

Person-centred health and social care is at the heart of our strategic agenda in Scotland. We are developing a new, integrated Digital Health and Social Care Strategy that will build on achievements to date and set out future development and priorities.

Join the discussion – visit our Dialogue site.

Digital services offer real benefits to clinicians, health and care workers and patients. Our Case Studies section contains a range of examples that illustrate the positive impact of digital. In November 2016 we began to develop the new Strategy and since then we have been seeking general views, ideas and feedback.

This approach, which will continue through the Summer, will inform the draft document which will form the basis for more focused engagement with stakeholder groups in the Autumn. We currently envisage that the new Strategy will be published at the end of 2017.

Do you have any suggestions for events where we could participate and discuss the new Strategy? If you know of any groups or organisations holding events in September or October and feel that we could contribute, please email us here.

Our Vision

w.ehealth.nhs.scot/case-studies/

Global Outlook & Reputation
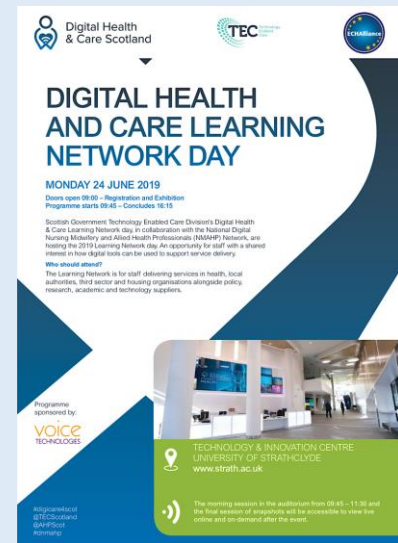
Global Outlook & Reputation

Visits to Scotland 18-19
Basque Country, Spain
Denmark – 4 visits
Flanders (Government)
France (Government)
Galicia, Spain
Israel
Singapore
Stavanger, Norway – 3 visits
Sweden

Visits to other regions 18-19
Agder, Norway
Catalonia, Spain
Puglia, Italy

Visits to Scotland 19-20
Austria
Denmark – 3 visits
New Zealand
Switzerland
Wales
China
UK Reference Sites

Visits to other regions 19-20
Agder, Norway
Flanders, Belgium
Tuscany, Italy
Tel Aviv, Israel

Relationships & Partnerships

INTER-REGIONAL COOPERATION

MEMORANDUM OF UNDERSTANDING

Between

Basque Ministry of Health, and Basque Ministry of Employment and Social Policies (Basque Country)

and

NHS Scotland (Scottish Government)

September 2015

INTER-REGIONAL COOPERATION

MEMORANDUM OF UNDERSTANDING

Between

The Region of Southern Denmark and Odense University Hospital ("OUH")

ɣAnd

The University of Strathclyde
incorporated by Royal Charter a charitable body registered in Scotland with registration number SC015263 and having its Principal Office at 16 Richmond Street, Glasgow, SCOTLAND G1 1XQ, acting through its
Digital Health and Care Institute ("DHI")

June 2017

ACADEMIC COOPERATION

MEMORANDUM OF UNDERSTANDING

Between

The University of Agder, Norway
Faculty of Health and Sport Science
The Centre for eHealth
registered in Norway with organization number 970 546 200, and having its Principal Office at Gimlemoen 25A, 4630 KRISTIANSAND S

And

The University of Strathclyde
incorporated by Royal Charter a charitable body registered in Scotland with registration number SC015263 and having its Principal Office at 16 Richmond Street, Glasgow, SCOTLAND G1 1XQ, acting through its
Digital Health and Care Institute ("DHI")

January 2018

…and a Collaboration Action Plan with Catalonia, Spain

Securing Investment

SCIROCCO Exchange
EU Capacity-building action for integrated care

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

SCIROCCO Exchange Community

BLOCKS

TOOLS AND METHODOLOGIES TO ASSESS INTEGRATED CARE IN EUROPE

Report by the Expert Group on Health Systems Performance Assessment

European Innovation Partnership on Active and Healthy Ageing

euregha
European Regional and Local Health Authorities

AER
Assembly of European Regions

optimity
ADVISORS

- Australia
- Alberta, Canada
- Flanders, Belgium
- Sofia, Bulgaria
- Region of Southern Denmark
- Gesundes Kinzigtal, Germany
- Saxony, Germany
- Attica, Greece
- Carinthia, Greece
- Iceland
- India
- Campania, Italy
- Lombardy, Italy

- Kaunas, Lithuania
- Amadora, Portugal
- Asturias, Spain
- Badalona, Spain
- Catalonia, Spain
- Extremadura, Spain
- Murcia, Spain
- Valencia, Spain
- Skane, Sweden
- Northern Ireland, UK
- Scotland, UK
- Wales, UK

ACT@Scale

smartcare

BeyondSilos

scirocco
Scaling Integrated Care in Context

Aim of SCIROCCO Exchange

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

Why Integrated Care?

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

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

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?

Knowledge transfer as an enabler of capacity-building support

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

SCIROCCO Exchange Knowledge Management Hub

Integrator and facilitator of capacity-building support

Support is needed…

Speed up!

Dedicated support and infrastructure for capacity-building

Knowledge Management Hub

Evidence-based Capacity-building Support

1. Maturity assessment for integrated care

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

4. Improvement Plans

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

SCIROCCO Exchange Knowledge Management Hub

2. Capacity-building assets

Access to existing evidence

3. Knowledge transfer

Capacity-building support

Scirocco
Scaling Integrated Care in Context

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

Online

self-assessment tool

to address the challenge of

adoption and scaling-up of

integrated care

Validated and tested in over

65 regions/organisations

Available in 9 languages

CAPACITY BUILDING

READINESS TO CHANGE

INNOVATION MANAGEMENT

STRUCTURE & GOVERNANCE

BREADTH OF AMBITION

DIGITAL INFRA-STRUCTURE

EVALUATION METHODS

FUNDING

CITIZEN EMPOWERMENT

PROCESS COORDINATION

POPULATION APPROACH

REMOVAL OF INHIBITORS

Scirocco Exchange

READINESS TO CHANGE

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

Assessment scale

0– No acknowledgment of compelling need to change

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

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

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

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

5– Political consensus; public support; visible stakeholder engagement

Using the SCIROCCO Tool

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

New Maturity Model Questionnaire

Your questionnaire was successfully saved

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

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

○ No acknowledgement of compelling need to change

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

○ Dialogue and consensus-building underway; plan being developed

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

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

○ Political consensus; public support; visible stakeholder engagement

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

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

How confident are you of your rating?

| Moderately confident |

Who do you think could provide a more confident judgement?

| XXX who leads on Change Mar |

Questionnaire name: *

ALEC DEMO

[Update questionnaire]

How can you use SCIROCCO Exchange Hub?

1. Maturity Assessment

Are you ready?

Strengths

Weaknesses

1. Maturity Assessment
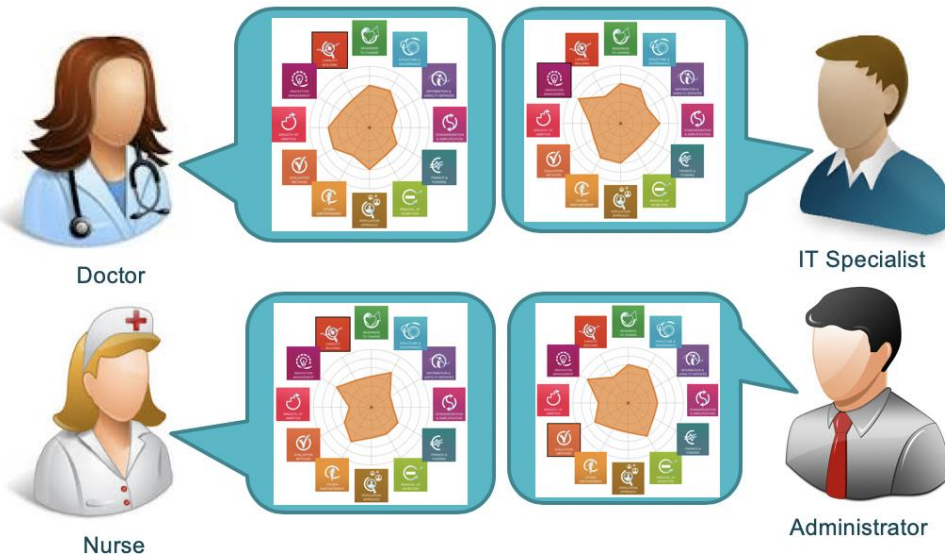## Facilitation of Discussions & Negotiations

Policy-maker

Healthcare unit

Voluntary sector

Are all stakeholders involved?
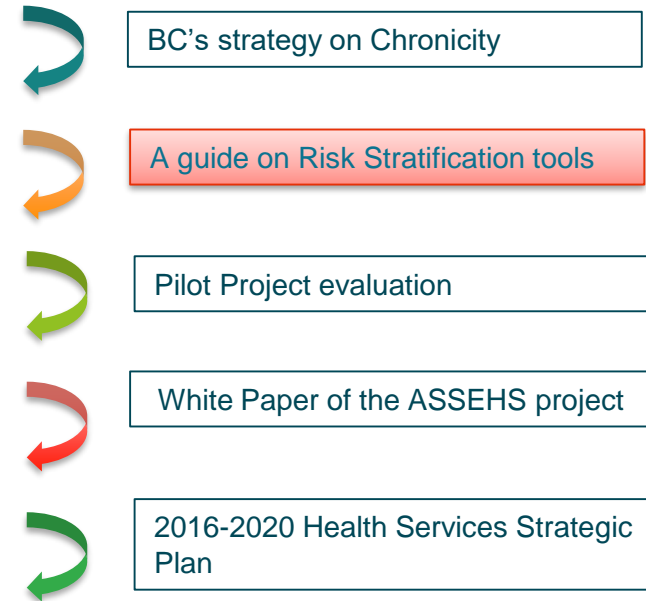
1. Maturity Assessment

2. Capacity-building Assets

What support is available?

Improvement of Population Approach dimension

Assessment scale:

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

1 – Population-wide risk stratification considered but not started

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

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

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

5 – Whole population stratification deployed and fully implemented.

BC's strategy on Chronicity

A guide on Risk Stratification tools

Pilot Project evaluation

White Paper of the ASSEHS project

2016-2020 Health Services Strategic Plan

3. Knowledge Transfer

Study visits
Mentoring
Exchange of staff
Educational webinars
Awareness raising events

Where to access the support?

How to share learning?

- The use of a fully integrated EHR that is accessible to all professionals
- The use of tele-consultations between primary care and the hospital
- The use of a Personal health folder, accessible for the entire population, which allows intercommunication between them and the health professionals

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

- The Personal health folder is used as a tool for patient empowerment. Using it, patients can interact with the clinicians. This procedure replaces some face-to-face consultations

scirocco
Scaling Integrated Care in Context

3. Knowledge Transfer

COMMONALITIES

Capacity building

Innovation Management

Structure and Governance

eHealth

Local conditions enable transferability of learning

DIFFERENCES
Readiness to change

Standardisation & Simplification

Population approach

Citizen Empowerment

Evaluation methods

Breadth of ambition

Not feasible to transfer

How to capture the learning?

STRENGTHS

5. Finance and funding

6. Removal of inhibitors

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

4. Improvement Plans

What can I do to improve my local conditions?

Is it feasible?

Priority Action	Objective of the Action	Anticipated outcomes	Policy implications, including the responsible actor and anticipated duration.
Reform of the third sector at a regional level	1. Embed third sector collaboration in the regulation and policies related to health and social care service delivery. 2. Map and coordinate third sector initiatives including at a regional level and thus facilitate the partnership building in order to systematically share strategies and co-design the Action Plans.	Extension of the existing pilots at a regional level and embracement of innovation; e.g. improvement of the *"Buoni Servizio"* experience carried out in Puglia with a similar methodology for Self-Directed Support as applied in Scotland, including testing of the digital platform in use (Car Gomm).	The regional Agency for Health and Social Service (ARESS) provides the technical support for Department for Health Promotion, Social Affair and Sports for all. The Agency main role is to foster health and social Innovation processes in the region. As such, the Agency will be involved in developing these priority actions further, e.g. by forecasting the skills, competences and knowledge needed for their implementation, including the development of feasibility study and SWOT analysis As a result, the Agency might consider useful to propose to the Department for Health Promotion, Social Affair and Sports for all to develop a Memorandum of Understanding with Scotland as a coaching region in order to support the transferability, adaptation and embedment of this successful experience of Scotland in engaging the third sector in the provision of integrated care.
Integration of funding system	1. Overcome the fragmentation of funding for integrated care service 2. Promote the scaling up of existing pilots (e.g. *Buoni Servizio*) carried out in Puglia on the definition of "Health and Social Care Pathways" (PDTA) and related co-payment system "concept" to be shared between health and social sector (integration of funds)	More effective distribution of resources	
Improved data collection and information sharing	1. Make possible the full implementation of the concept of personalise medicine and "big data" in order to inform the definition of the Health and Social Care Pathways and protocols (PDTA). 2. Accelerate the integration of ICT platform in order to share data (across health and social care settings)	Better management of citizens needs and reduction of inappropriate use of health and social care services	

cirocco Exchange

Expected Outcomes

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

andreapavlickova@nhs.net

www.sciroccoexchange.com

www.scirocco.eu

@ SCIROCCOxchange

@SCIROCCO_EU

Disclaimer

"The content of this Presentation 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."

Co-funded by
the Health Programme
of the European Union