

## Improvement Planning - Puglia, Italy

(extract from D8.1 Improvement Planning Programme)

### Agenzia Strategica Regionale per la Salute e il Sociale (AReSS) - Puglia, Italy

Regional partner(s) defined the improvement objective as “To improve integrated care in the region by capacity building with a special focus on EU Project/fundraising/and team building of the Puglia local health authorities.” Regional partner identified financial resources as a common need across all regions and utilised the logic model construction process as an opportunity to map out how building regional capacity in grant-writing can improve financial reserve to better strengthen integrated care progress. Within the next year(s), the region aims to train professionals specifically in grant-writing and obtaining funds under a specialised Masters program, based within each of the six local health authorities. Regional partner outlined four areas of inputs (and activities) linked to intended outcomes - data availability, human resources, organisational, financial. Outcomes included the increased awareness of available EU funding, increased knowledge, and skills to apply for EU funding, and improved access to funding across local health authorities. Assuming successful training of human resource personnel and increased financial reserve, the region identified longer term outcomes including strengthening the coordination of care and improved partnership to follow.

Taking advantage of an ongoing workshop with diverse stakeholders (including civil servants, lawyer and accountant), the second logic model workshop was facilitated on July 10<sup>th</sup>, 2021, with this group. By test-driving the logic model with users in the system, the gaps were identified including missing stakeholders that should be engaged (e.g. social sector, and Anci Puglia), value-add outputs (e.g. one stop shop for all grant funding information to improve resource efficiency and share intelligence) and building training opportunities (e.g. using the trainer model to encourage cooperate learning and spread the network).

Region: Puglia, Italy

Goal of improvement: To improve Integrated Care in the Region by Capacity Building with a special focus on EU Project/Fundraising/ and team building of the Puglia Local Health Authorities

Planned Work			Intended Results		
Input	Activities	Outputs (Sample)	Short-term Outcome	Medium-term Outcome ~1 years	Long-term Outcome 3-5 years
Data availability: SCIROCCO Exchange Project/Analysis	Conduct maturity assessment in Puglia Region  Local Health Authorities regularly synthesize results of maturity assessments  Invite social sector participants to join	Maturity Assessment accomplished by each LHA (very useful to have a cross-analysis of the IC maturity at local level but also to understand LHAs gaps, and to achieve a common vision on how to fill them through a common Regional strategy)  Directory of interested participants established (incl. social sector participants)  Maturity Assessment results synthesised  Strategies and priorities reassessed regularly	Increased awareness/knowledge of LHA and social sector of strengths and weaknesses in the local integrated care system  Use SE Tool to critically review the requirements priorities and strategies expressed by the healthcare authorities, and social sector for integrated care policy and end-users organisations, patients, associations etc	Updating and continuously feedback to program improvement (distributed responsibilities) - > cultural change  Reduce variability (organisational, HR) between regional LHAs -> standardisation of practices, informatic tools and internal requirements, knowing these differences can feedback to other processes when planning	More innovative and technologically advanced public administration

<p><b>Human Resources:</b></p> <p>A selected multilevel stakeholders group involved in SE project</p>	<p>Implement Knowledge Transfer Program in Puglia</p> <p>1) virtual workshop with 6 LHA to engage on MA process</p> <p>2) Analysis of Training Courses and Opportunities addressing the “Fund” dimension</p> <p>Implement capacity building to bridge skill and organisational gaps</p> <p>Transform training to a virtual platform</p> <p>Develop recruitment policy to recruit specialised project managers</p>	<p>Co-design of the Master: <a href="https://management.lum.it/master/pianificazione-e-programmazione-dei-fondi-europei/">https://management.lum.it/master/pianificazione-e-programmazione-dei-fondi-europei/</a></p> <p>Training is accessed by others (target: LHAs, municipalities, social sector)</p> <p>Train the trainer model (cooperative learning)</p> <p>Network creation (network of sharing training resources) b/w social and health sector</p> <p>More specialised project managers available</p>	<p>Experimentation of a one-year - recurrent - Capacity Building Path addressing the Fund dimension and focusing on IC and multilevel professional collaboration</p> <p>(First edition launched in April)</p> <p>Relationships built between different professionals, increased partnership -&gt; increased integration of services</p> <p>Improved management of projects to deliver results</p>		
<p><b>Organisational/IC:</b></p> <p>Already existing project in IC such as the Puglia Care Model, FOODIANET, Talisman, ACCASA, GATEKEEPER, etc<sup>1</sup></p>	<p>AReSS Puglia signed a memorandum of understanding with the LHAs in order to activate a systematic change based on the KT and capacity building aiming at creating a regional task force and a stronger</p>	<p>3 out of 6 LHAs signed the memorandum of understanding (ongoing) incl. Anci Puglia (regional representatives) works every day on integrated care</p>	<p>At regional level: a network to work with in order to launch and coordinate actions for future projects</p>		

<sup>1</sup> For more information on Puglia Care Model: <https://www.sanita.puglia.it/web/aress/care-puglia-e-presa-in-carico-delle-cronicita>

For more information on FOODIANET: <https://www.sanita.puglia.it/web/aress/foodia-net>

For more information on Talisman: <https://www.progettotalisman.it/>

For more information on ACCASA: <https://www.sanita.puglia.it/web/aress/gatekeeper>

For more information on GATEKEEPER: [https://www.sanita.puglia.it/web/aress/archivio-news\\_det/-/journal\\_content/56/45631926/-accasa-la-telemedicina-pugliese-ai-tempi-del-covid](https://www.sanita.puglia.it/web/aress/archivio-news_det/-/journal_content/56/45631926/-accasa-la-telemedicina-pugliese-ai-tempi-del-covid)

	<p>cross-cutting institutional collaboration</p> <p>Intentional in early engagement of missing stakeholders (e.g. Anci Puglia)</p>	<p>Funding and dedicated activities with a strategic commitment and organisational role allocated</p> <p>Creation of a one-stop shop for all activities, administrative preparation for all projects for all agencies (central hub) -&gt; make efficient use of resources and share intelligence</p>			
<p><b>Financial:</b></p> <p>SE budget, LHAs budget devoted to continuous training</p> <p>(In the last decade, the level of investment in integrated care increased in Puglia but not enough to meet needs; there is a funding gap compared to Northern regions. Investing in health infrastructure is only part of the solution. Financing of services, training and human resources represent the largest costs in health and long-term care. There is need to secure more private investments; making long-term investment plans can help. Freeing public resources for infrastructure can accelerate the</p>	<p>The memorandum of understanding with the LHAs provide economic support to train the LHAs stakeholders</p>	<p>Training was possible for one HR per LHAs</p> <p>At local level: the minimum number (1, at management level) or dedicated resources/offices dedicated to fundraising and strategic planning in each LHAs</p> <p>Create a network within their organisation to strategize and build collaborative culture</p>	<p>Increased awareness among LHAs experts of financing possibilities for integrated care and population health management solutions, including the opportunities offered by EU financial instruments.</p>		

development of integrated care models).					
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