D5.1 Readiness of European Regions for Integrated Care

Annex J: Self-assessment process in Municipality of Trbovlje, Slovenia

WP5 Maturity Assessment for Integrated Care

Co-funded by the Health Programme of the European Union

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

Document information

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Delivery date: 10 December 2019

Dissemination level

I	Public

Statement of originality

This Report contains original unpublished work except where clearly indicated otherwise.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

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1. Introduction

The Social Protection Institute of the Republic of Slovenia was founded in 1996 by the Republic of Slovenia. On its behalf, the executive rights and obligations are carried out by the Ministry of Labour, Family, Social Affairs and Equal Opportunities (MLFSA). In 2004, the Child Observatory joined the Research Department. The Social Protection Institute of the Republic of Slovenia creates and maintains a variety of databases for social assistance and social services including development and experimental programmes. The Institute monitors the implementation of a number of government programmes by establishing specialised systems of indicators and provides informational support for them by collecting and analysing data. For the purposes of effective decision-making, it provides expert opinions on a number of government measures and advises the MLFSA. The Institute is experienced in evaluation, monitoring and mapping of community and institutional services in the national context.

1.1 Characteristics of healthcare system

Table 1 – Characteristics of the Municipality of Trbovlje

Item	Description
Municipality	Municipality of Trbovlje
Geographical scale of the municipality	City-wide
Geographical size and dispersion of the municipality (km ^{2})	58 km2
Population size of the municipality (thousands)	16.339
Population density of municipality (inhabitants/km^2)	282
Life expectancy of the region (years)	Region: Zasavje Men: 76,94 years Women: 82,60 years
Fertility rate of the municipality (births/woman)	1,45 (2018)
Mortality rate of the municipality (deaths/1,000 people)	10,92 (Municipality of Trbovlje)
Top three causes of death of the municipality	Cardiovascular diseases, neoplasms, injuries, poisonings and some other external causes.
Organisation and governance of healthcare services	See Annex 1
Healthcare spending of the country (% of GDP)	Slovenia: 8,19%
Healthcare expenditure of the municipality (thousands)	300.000
Distribution of spending in the municipality	No data available
Size of the workforce (thousands) and its distribution (%) in the country	See Annex 2
Healthcare policies in the country	See Annex 3

1.2 Integrated care in Municipality of Trbovlje, Slovenia

In Slovenia, the field of long-term care is not systematically regulated as a single independent area but is provided in the health and social care sector by several service providers with each of them having its own history and culture of service provision. Slovenia has been paying considerable attention to regulating long-term care for many years. For almost fifteen years, legislation to regulate long-term care has been in preparation. The Ministry responsible for social affairs has already identified several weaknesses of the existing system in the National Report on Social Protection and Social Inclusion Strategies 2008-2010, including: existing services and benefits are not integrated into a single system; poor coordination between services providing different services, impedes access to services and diminishes their quality; users are not always given equal access to quality services and many times services are not meeting their needs. In 2017, the Ministry of Health took over the preparation of the law. With the aim of finding better solutions, pilot projects are currently underway in Slovenia to test new services and the new way of organisation of long-term care delivery.

2. Self-assessment process in Municipality of Trbovlje, Slovenia

2.1 Identification process of local stakeholders

The selection of stakeholders was made by the Municipality of Trbovlje with the rationale that the selected stakeholders are the most familiar with the problems of long-term care in the region because they are daily in touch with the elderly and disabled people. The following stakeholders were invited to participate in the self-assessment process:

- Health centre of Trbovlje
- Centre for Social Work
- Zagorje ob Savi Occupational Activity Centre
- Retirement home of France Salamon Trbovlje
- Association of people with disabilities Trbovlje
- Municipality of Trbovlje
- Youth centre of Trbovlje
- Adult education centre of Zasavje
- Seniors Association Trbovlje
- Intergenerational Association Upanje, Trbovlje

2.2 Self-assessment survey

On the 16th of October 2019, an email with an invitation to participate in the maturity assessment survey was sent to selected stakeholders. The email included instructions on how to complete the survey (pdf document with screenshots for every step of assessment process). The first completion deadline was set on the 25th of October 2019, but it was later

prolonged until the 18th of November 2019 due to a low response rate. Therefore, the data were collected from the 16th of October until the 18th of November 2019.

8 stakeholders responded to the survey. Two stakeholders did not complete the survey for unspecified reasons. Some stakeholders completed the survey on their own, but for some of them help via a phone call was provided (the institute staff fulfilled the survey according to their responses).

2.2.1 Outcomes of self-assessment survey

The following spider diagrams reflect the diversity of the stakeholders' perceptions on the maturity of the municipality of Trbovlje for integrated care.

Figure 1- Outcomes of the individual self-assessments

1. Municipality of Trbovlje

2. Retirement home of France Salamon Trbovlje

3. Health Centre of Trbovlje

4. Zagorje ob Savi Occupational Activity Centre

5. Centre for social work Trbovlje

6. Association of people with disabilities Trbovlje

7. Youth centre of Trbovlje

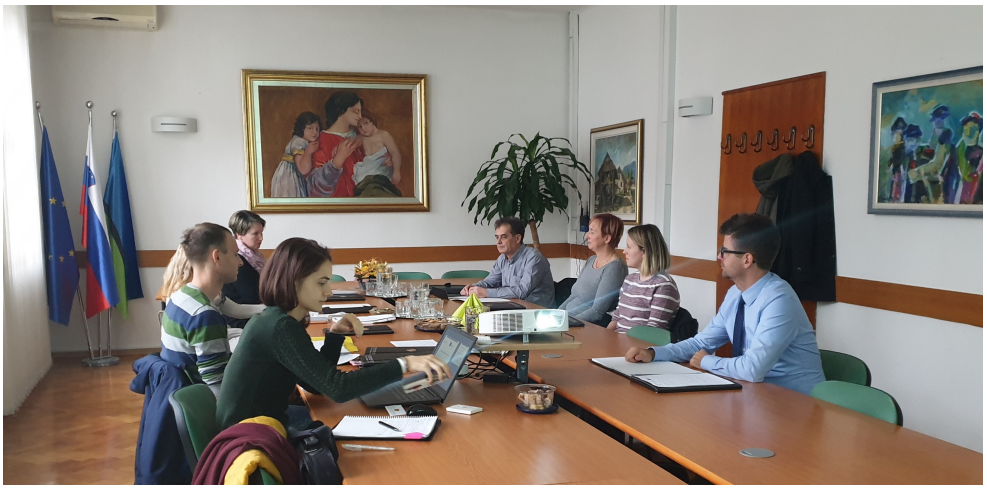
8. Adult education centre of Zasavje

2.3 Stakeholder workshop

The consensus building workshop was carried out on the 27th of November 2019 from 12.00 to 16.00, in the town hall of Municipality of Trbovlje. Six out of nine invited stakeholders attended the workshop. The total number of attendees was eight, because two organisations (Heath Centre and Centre for Social Work) were represented by two attendees. The workshop was led by two researchers from the Social protection institute of the Republic of Slovenia.

For further information about the workshop, see Annex 4.

Figure 2: Consensus building workshop in progress.



2.3.1 Negotiation and consensus building

Figure 3: Composite diagram for the Municipality of Trbovlje

First, we presented the individual results of the maturity assessment and explained each dimension of the SCIROCCO Maturity Model so that all attendees would understand them the same way. Then, attendees were separated into two groups for the negotiation process. Researchers asked that the attendee from the Municipality of Trbovlje and the attendee from the Retirement home were not in the same group due to the outcomes of their self-assessment surveys (they both gave much higher scores than the other stakeholders, so we did not want them to build consensus in the same group). Each group was provided with

instructions to score every dimension of the Maturity Model and suggest any possible improvements towards integrated care. Researchers did not take part in groups negotiation, but only monitored the process.

Two dimensions appeared with the biggest differences:

- *Breadth of Ambition* - one group gave a score 3 with justification that, at the local level, care is integrated (primary and secondary level) but more collaboration with NGOs and the general hospital would be needed. The second group scored this dimension with 0 and justified that, at the local level, there is only some sort of coordination of services, but not integration. We assume that groups interpreted this dimension slightly differently and that is a possible reason for the big difference in their scores.

- *Structure and Governance* – in the group which scored the dimension with the maturity of 2, one attendee was a coordinator of a home care service. She justified that the home care service is well coordinated with community nursing services. The second group gave this dimension a score of 0 and explained that they did not see a real collaboration between organisations and professionals from different sectors. Here, the reason may also be the difference in understanding of the dimension and the different working experiences in this field.

2.3.2 Final consensus

The consensus spider diagram shows the maturity of the municipality of Trbovlje for integrated care. The local stakeholders reached consensus across the twelve dimensions of SCIROCCO tool.

Figure 4- Final consensus diagram of the municipality of Trbovlje

Table 1: Scores, Justifications and Reflections assigned to each of the dimensions

Dimension	Scoring	Justifications & Reflections
Readiness to Change	1	We are aware of the problems in the field of integrated care, but there are no actual measures. We suggest raising awareness of importance of integrated care. First, an analysis of the current state at national level should be done and then it can be applied locally.
Structure & Governance	1	Patronage and home care are functioning, but the networking of services is not systematic. There is no coordination. The local hospital lacks a social worker (it is the only hospital in the country without this role) and it would be necessary to provide one in near future. Also, suggestions should be sent to the authorities on the national level.
Digital Infrastructure	3	There are some options, but they are not fully spent. More promotion and information sharing among citizens would be needed.
Process Coordination	0	There is no unified database, data is fragmented and duplicated. Often GDPR makes things complicated.
Funding	1	Some little investments are in telecare (SOS button), otherwise funding is mostly at national level. We expect pilot projects to be funded.
Removal of inhibitors	1	There should be more collaboration between sectors and organisations. If municipalities would collaborate, they could achieve more. First, we need a resolution and then an action plan.
Population Approach	0	We are aware, but there is no strategy, no goal, no plan. There should be made clear definition and distinction between social and health services and then single-entry point should be set (social and health services at one place).
Citizen Empowerment	1	We try to provide as much information as we can, but at the national level there is no unified information system. People should be informed when, where and how they can get services they need.
Evaluation Methods	0	Evaluation is not systematic. Unless there is no long-term care act, we cannot plan evaluation, because it is unknown what we should evaluate.
Breadth of Ambition	2	There is good coordination of services at the local level. We miss more collaboration with NGOs and public hospital. Both formal and informal forms of care should be included.
Innovation Management	1	Innovations are always welcome. Every year the region picks the best innovation of the year. But locally there is envy of those who give ideas and innovate. Also fear of change is present.
Capacity Building	1	Some organisations run human resource management, but generally there is lack of specialised professionals (e.g. psychology specialist, logopedics specialist). The profession of a home care worker is low valued. There should be systematic planning of personnel development, starting at education level (e.g. presentation of professions, scholarships). We need to define which are key competences of people working in the field of long-term care.

3. Analysis of the outcomes

1. Stakeholders concluded that the maturity for integrated care in Municipality of Trbovlje is low. These results can be compared with previous analysis of home care (Nagode et al. 2019), which is poorly developed in the region. It can be concluded that outcomes of maturity assessment process shows the actual situation of the integrated care in Zasavje region. Additionally, attendees of the workshop provided us with some important insights about the current state of long-term care in the Municipality of Trbovlje. Their information mostly supported the results of the survey.
2. The outcomes of the maturity assessment process were not specifically surprising, because we selected the Municipality of Trbovlje according to some previous indicators that showed poorly developed home care, so we expected maturity for integrated care to be low in this region.
3. Some connections between the dimensions of the SCIROCCO Maturity Model can be observed. There is a connection between the dimensions "Removal of Inhibitors" and "Capacity-building". Stakeholders pointed out that lack of trained staff presents a big obstacle for the implementation of integrated care.
4. Digital infrastructure and digital services are seen as the strongest dimension, but there is still space for improvement (e.g. better and more systematic organisation of ehealth capacities). The overall maturity of the region is low and each dimension needs improvement (especially those dimensions with the maturity levels of 0 or 1).
5. Even though all of the dimensions showed many weaknesses of the local environment for integrated care, the following dimensions were particularly highlighted:
    - Evaluation Methods – except from informal evaluation between some of stakeholders (talking, sharing reflections and experiences) no standards or methods are available, especially not in integrated care. This can be considered as a result of absence of long-term care legislation, which is going to be the main guidance document and basis for defining integrated care services.
    - Process Coordination – lack of a unified database and efficient transfer of data between different stakeholders.
    - Population Approach – because there is no strategy and clear distinction between social care and health services, it seems impossible to local stakeholders to make plans where considering the whole population who would benefit of integrated care.

Readiness to change should be addressed as a priority for knowledge transfer and improvement activities planned for the SCIROCCO Exchange project as we see this dimension as a starting point of transformation towards more integrated health and social care delivery in the Municipality of Trbovlje. Without being ready to change a current situation, no further steps can be taken.

6. When it comes to specific factors influencing the outcomes of the maturity assessment process, these are mainly organisational. Stakeholders participating in the maturity assessment process pointed out that the national authorities are fully aware of the needs in the field of long-term care, but they do not take enough action to change the current

state and organisation of health and social care delivery. Beside this, the health and social sectors are divided and do not collaborate enough effectively.

4. Key messages

The assessment process provided stakeholders with a broader picture about integrated care and highlighted the areas/aspects of integrated care organisation in the municipality of Trbovlje with the highest needs and gaps for improvement. The consensus building workshop, as a part of assessment process, had a positive influence on stakeholders because they received an impetus to get together and collaborate in the future. The overall results of the assessment process showed many weaknesses in the implementation of integrated care, not only in the Municipality of Trbovlje, but also in the region and, at some levels, in the whole country. These findings are the basis for planning and taking actions in a direction of more integrated care.

Furthermore, to raise the efficiency of using the SCIROCCO self-assessment tool, stakeholders recommended that is should be simplified because some of the stakeholders had problems to understand and successfully complete the survey.

5. Conclusions and next steps

Stakeholders agreed that not having a social worker employed in the general hospital of Trbovlje represents a great disadvantage of the readiness of local environment for integrated care. They have decided to take an initiative to employ a social worker, who will become a part of multi-disciplinary team of professionals in the regional hospital. Also, stakeholders concluded that the social and health sectors should be more collaborative and this is the reason why participating stakeholders decided to run regular meetings for all important decision-makers in the field of long-term care.

Findings of projects like SCIROCCO Exchange should be taken in account when preparing new law regarding long-term care.

Annex 1 Organisation and governance of healthcare services

The Slovenian healthcare system is largely financed by compulsory healthcare insurance with the only provider the Health Insurance Institute of Slovenia. Insured people under the compulsory healthcare insurance are the employed, owners of private companies, recipients of various social benefits, other people with income and citizens of the Republic of Slovenia with permanent residence in Slovenia and their family members such as children, spouse, etc.

The compulsory healthcare insurance does not cover all financial costs incurred during treatment. Full coverage is only provided for children, schoolchildren and only for certain illnesses and conditions. For other services, compulsory insurance provides only a certain percentage of the price of the health care service, while the other part is covered by supplementary health insurance.

With the collected funds, the Insurance Institute provides insured persons equal access to healthcare services and other rights covered by the insurance system.

Healthcare in Slovenia is provided at three levels:

- Primary (basic) healthcare which consists of general and family medicine specialists, paediatrics, gynaecology, and dentistry. Primary-level healthcare enables first-time contact with a doctor to diagnose and treat acute and chronic illnesses, promote health and healthy lifestyles, prevent disease, counsel and educate patients. The health care network at the primary level is designed and implemented by the municipality.
- Secondary health care is carried out by hospitals, health resorts, medical specialists in specialised fields in health centres, concessionaires and private doctors without a concession.
- Tertiary healthcare addresses the most serious illnesses, injuries and other conditions.

For secondary and tertiary treatment, the patient requires a referral from the GP. The GP is the gatekeeper in the healthcare system. Most of the funding is spent on hospital treatment, followed by specialist outpatient services and funds for medicines and medical devices.

Annex 2 Healthcare policies in Slovenia

In Slovenia, the priority in this area is to prepare an efficient, high-quality and also financially sustainable long-term care system, for which a broader social consensus needs to be reached, by adopting a long-term care law and appropriate systemic solutions in the field of organised care for the elderly. The role and responsibility of the local community in providing long-term care should be defined. At the level of providers (social and health services and other providers in the public and private sectors and civil society), it is essential to ensure mutual cooperation and integration with the aim of improving communication, mutual respect, better organisation and quality of services. In the system itself, support is provided to informal caregivers in the form of training, counselling, and assistance in the absence of informal carers and more.

Annex 3 Size of the workforce and its distribution in the Municipality of Trbovlje, Slovenia

Healthcare sector

Trbovlje General Hospital

- Total employees: 319,15
- Health sector: 22,7 doctors (specialists), 14 specialist registrars, 59 registered nurses, 9 midwives, 88 nurses, 8,75 physiotherapists.
- Social sector: 19 health administrators
- Non-health sector: 82,7 employees

Health centre Trbovlje

- Total employees: 105
- Health sector: 1 doctor, 14,75 specialists, 6 specialist registrars, 8 dentists, 21 registered nurses and midwives (5 of nurses also work as community care nurses), 1,5 physiotherapists, 33 health care technicians
- Social sector: 1 clinical psychologist
- Others: 22 administration and technical work

Retirement home of Dr. Franc Salamon Trbovlje

- Total employees: 175
- Health care: 75 employees
- Social care service: 92 employees (11 of them working at home care)
- Others: 12 management and administration, 3 others

Social sector

Youth centre of Trbovlje

Social work centre of Trbovlje

- Employees: 12

Adult education centre of Zasavje

- Total employees (in year 2018): 11
- Volunteers (in year 2018): 26

NGOs (social sector)

SOCIOS – Institution for social services

Institute SRC3, Institution for social and just society

- 2 volunteers (in year 2018)

Annex 4 Self-Assessment Workshop in Municipality of Trbovlje, Slovenia

Agenda

Time	Session content
12.00	Project presentation and methodology
12.15	Presentation of self-assessment tool outcomes • Presentation of individual spider diagram results • Split stakeholders into two groups
12.45	Consensus building in groups • Discussion about individual results with aim to build a consensus and preparation of group diagram (»spider diagram«)
14.00	Break
14.15	Consensus building for all stakeholders • Representatives of two groups present group diagrams • Consensus building and preparation of spider diagram of Municipality of Trbovlje
15.30	Discussion about self-assessment process – experience sharing
15.45	Conclusion and further work on SCIROCCO Exchange project