Scirocco Exchange

Capacity-building for integrated care

ACHIEVEMENTS OF SCIROCCO EXCHANGE PROJECT

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

Capacity-building for integrated care

MATURITY ASSESSMENT FOR INTEGRATED CARE IN 9 EUROPEAN REGIONS AND COUNTRIES

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Co-funded by the Health Programme of the European Union

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The WP5 “Maturity Assessment for Integrated Care” in numbers

9 262 11 13

EUROPEAN REGIONS

The Basque Country, Spain
Flanders, Belgium
Germany
Lithuania
Poland
Puglia Region, Italy
Scotland, UK
Slovakia and Slovenia

STAKEHOLDERS

Including:
71 Top Managers
48 Medical Doctors
73 Health Professionals
17 Social Care Professionals
21 ICT Specialists
27 Patients’Representatives

LANGUAGES

5 existing translations of the SE Tool were updated (Czech, Hebrew, English, Italian and Spanish).

6 adaptations and translations were also provided (Flemish, German, Lithuanian, Polish, Slovak and Slovenian).

WORKSHOPS

12 face to face
1 online

The WP5 in numbers

1 Tool, but really improved

NEW FUNCTIONALITIES

to capture the perspectives of larger number of stakeholders (i.e. up to 100) and, as such, also to allow a wide range of valuable comparisons and analysis at different levels

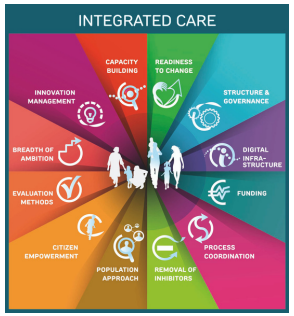
ADDITIONAL LANGUAGES

Flemish, German, Lithuanian, Polish, Slovak and Slovenian languages.

MODIFICATION OF 2 DIMENSIONS

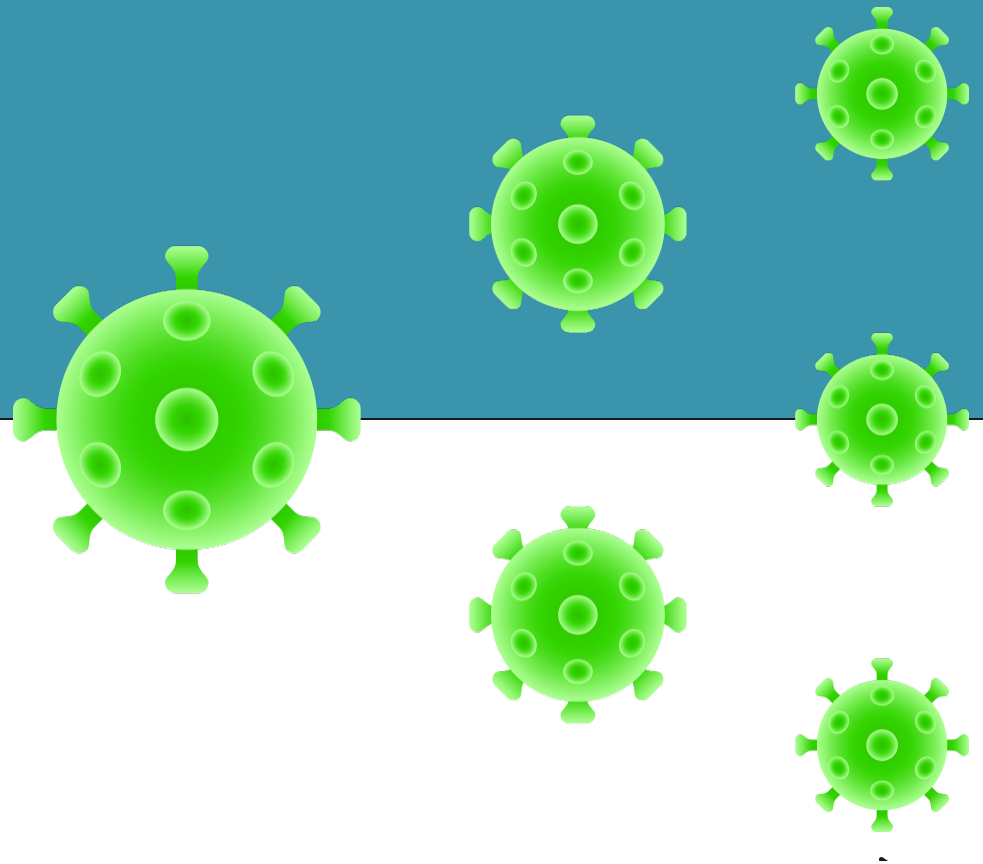
- eHealth Services was redefined as Digital Infrastructure
- Standardisation was redefined as Process Coordination.

GRAPHIC AND VISUALIZATION ENHANCEMENT



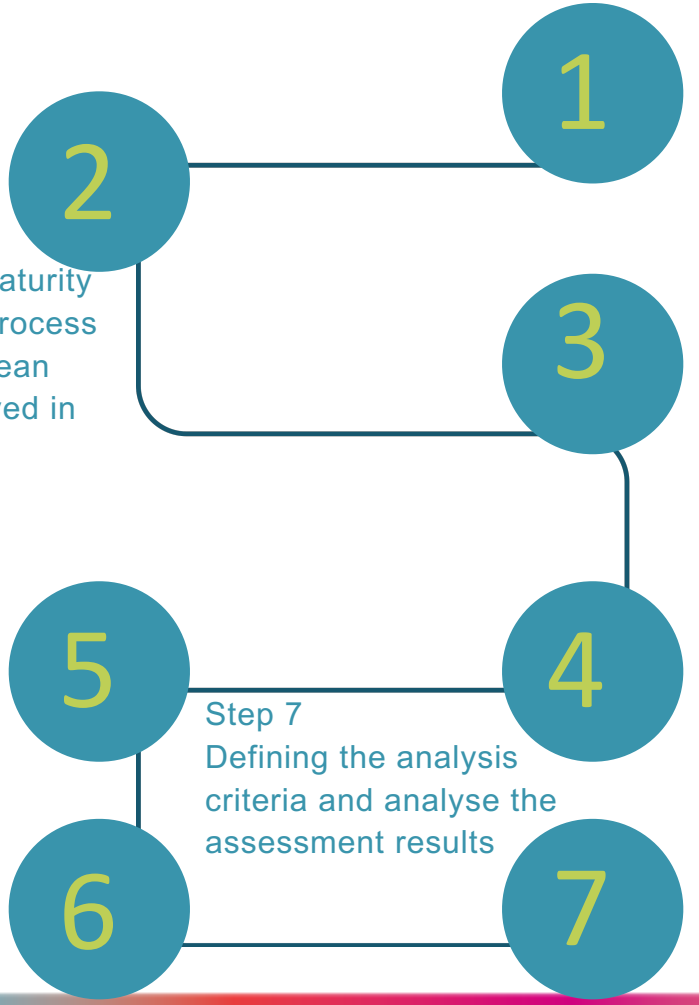
The WP5 in numbers

1 Pandemic



- FROM FEB 2020, LOW RESPONSE FROM THE STAKEHOLDERS
- ONE CONSENSUS WORKSHOP ONLINE
- DATA ANALISYS DURING THE LOCKDOWN

METODOLOGY


1
Step 1:
Defining the objectives of the Maturity Assessment Process
2
Step 2:
Scoping the Maturity Assessment Process in the 9 European Regions involved in the project
3
Step 3
Selection of the stakeholders
4
Step 4
Conducting the individual Assessment in the Regions
5
Step 5
Building the consensus among the involved stakeholders
6
Step 6
Conducting the Focus Group to explore the stakeholders experience with the Scirocco Exchange Tool
7
Step 7
Defining the analysis criteria and analyse the assessment results

1 DEFINING THE OBJECTIVES

TO FIND OUT AND FOCUS ON:

- local key success factors and barriers in relation to the implementation of integrated care;
- local needs and priorities (maturity gaps) in nine European regions;
- strengths and weaknesses in integrated care informing areas for future improvement and capacity-building;
- stakeholders' perspectives on the progress of integrated care in nine European regions;
- stakeholders' experience in using the SE Tool for the assessment of integrated care.

2 SCOPE OF THE MATURITY ASSESSMENT PROCESS

National level

Poland:
Assessing the maturity of primary care zones in delivering integrated care

Regional level

Basque Country : Assessing the maturity of healthcare system, including coordination with social care services

Flanders: Assessing the maturity of integrated care services by VIVEL or Primary Care Institute

Germany: Assessing the maturity of a newly implemented integrated care system with a focus on digital health technologies

Lithuania: Assessing the maturity of primary care providers in delivering integrated care

Local level

Puglia: Assessing the maturity of the six local healthcare authorities in delivering integrated care

Scotland: Assessing the maturity of implementing integrated care in one selected Joint Integration Board

Slovenia: Assessing the maturity of health and social care integration in one municipality

3 SELECTION OF THE STAKEHOLDERS

Examples of stakeholders involved in the maturity assessment process include:

- Macro level: national or regional decision makers, political representatives, top management representatives;
- Meso level: top and middle management representatives of health and social care institutions, representatives of professionals' patients and citizens associations; representatives of voluntary and housing sectors;
- Micro level: local representatives of citizens, professionals, patients.

4 CONDUCTING INDIVIDUAL ASSESSMENT

The individual assessment process required the following steps:

- Registration on the SE platform and choice of language; a username and password were provided;
- Conducting a new individual assessment: each stakeholder was required to provide their scoring, as well as justifications for their decision, for all 12 dimensions of the SE Tool;
- Sharing of the outcomes (in the form of a radar diagram) with the assessment manager/co-ordinator of the process, in order to provide data for the next phase.

5 BUILDING CONSENSUS

Puglia Bari LHA final spider diagram

Consensus-building meeting in Basque Country

Consensus-building meeting in Germany

6 FOCUS GROUP

7 DATA ANALYSIS

Criteria for the maturity assessments' analysis were defined and agreed by the Consortium. In particular, the following criteria were highlighted:

- Highlight of the dimensions with the highest score among the 12 SE Tool dimensions (perceived strengths);
- Highlight of the dimensions with the lowest score among the 12 SE Tool dimensions (perceived weaknesses);
- Overview of the perspectives of multiple stakeholders (i.e. Top Management - TM, Medical Doctors - MD, Health Professionals - HP, Social Care Professionals - SCP, ICT Specialists - ICTS, Patients' Representative - PR); and
- Overview of the three levels of the analysis (i.e. national, regional, and local) conducted by the SE partners.
- The overview of the general readiness of the assessed portion of Europe

MATURITY ASSESSMENT AT NATIONAL LEVEL

Poland

Self-assessment level

The self-assessment process was conducted at a national level and, specifically, within 39 Primary Health Care Centres (PHCCs), in which two or three stakeholders were selected by the Senior Management to be interviewed, resulting in a total of 93 telephone interviews conducted
between January and April 2019.

Stakeholders

During the consensus building process, the 93 stakeholders were grouped according to the size of the PHCC of affiliation: 29 stakeholders belonged to a small size PHCC (i.e. <5,000 patients); 46 stakeholders belonged to a medium size PHCC (i.e. 5,000 < patients < 10,000); and 18 stakeholders belonged to a large size PHCC (i.e. > 10,000 patients). As a result, three different final consensus diagrams were generated, with diverse key messages.

ANALISYS OF DIMENSIONS

Poland

Region	size	Final Consensus Dimensions											
		Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12
01_01	M	2	3	3	3	3	2	3	3	3	2	3	3
01_03	M	1	3	3	2	2	2	2	3	3	3	1	1
02_01	M	3	3	3	3	4	3	3	4	3	3	4	4
03_01	S	3	3	3	3	4	3	4	3	3	3	3	3
03_02	S	3	3	4	3	4	4	4	3	3	3	3	3
04_01	M	2	2	1	1	1	1	1	0	0	2	0	1
05_01	M	3	3	3	2	4	2	3	3	4	2	3	2
05_02	M	1	3	3	2	3	2	2	2	1	2	3	2
05_03	M	2	3	1	2	4	2	3	2	3	3	2	4
06_01	L	3	3	3	2	5	3	4	2	3	3	3	3
06_02	M	3	3	3	2	5	3	4	2	3	3	3	3
06_03	L	2	1	1	0	1	2	2	0	3	2	0	1
06_04	M	2	3	2	2	3	2	3	3	2	3	4	3
07_01	L	3	3	3	3	5	4	4	4	3	3	4	3
07_02	L	3	4	1	2	4	2	2	2	4	3	2	2
07_03	L	2	1	2	2	1	2	3	2	3	3	2	2
07_04	M	3	3	4	4	4	3	4	3	3	3	4	4
07_05	M	4	3	4	3	4	2	4	4	3	3	4	4
07_06	L	4	4	4	3	4	4	4	2	3	3	3	2
08_01	S	2	3	2	3	4	3	3	3	3	3	3	2
08_02	S	1	3	2	3	4	3	3	3	3	3	3	1
09_01	S	4	3	2	2	0	3	3	1	1	3	1	2
09_02	S	4	3	2	2	0	3	3	1	1	3	1	2
10_01	S	3	3	4	2	3	2	1	0	3	4	2	2
10_02	M	3	3	4	2	3	2	1	0	3	4	2	2
11_01	M	3	3	3	3	4	4	3	3	3	3	4	3
11_02	M	4	4	2	3	4	3	2	2	4	4	3	3
11_03	M	3	3	3	3	3	3	3	3	3	3	3	3
12_01	M	4	4	4	2	4	3	3	4	3	3	2	3
12_02	M	4	3	3	3	4	3	3	3	3	3	3	3
12_03	M	3	3	3	3	3	4	3	3	3	2	3	3
12_04	M	4	3	3	3	4	3	3	3	3	3	3	3
13_01	S	3	3	4	3	3	3	2	2	2	1	3	2
14_01	S	2	3	3	3	5	1	2	2	2	2	1	3
15_01	M	1	2	2	1	1	2	2	2	1	2	1	1
15_02	S	1	0	1	1	3	1	1	2	1	3	1	1
15_03	S	3	3	3	3	3	2	2	1	1	3	3	3
15_04	M	4	4	3	3	4	4	2	3	3	3	2	3
16_02	S	4	3	3	3	3	3	3	3	3	3	3	3

Ratings		
5 to 4	3 to 2	1 to 0

Final consensus dimensions at National level

28,10,2020

MATURITY ASSESSMENT AT NATIONAL LEVEL

Summary of outcomes

Poland

- The assessment of PHCCs in Poland reflected the actual state in healthcare system, rating “3” or “4” in all dimensions, with the exception of the large size Primary Health Care Centres which rated “2” in two dimensions (i.e. Q4 - Process Coordination and Q12 - Capacity Building).
- The Pilot Project “Primary Care PLUS model” proved to be a key enabler for the transformation of care processes and the implementation of co-operation between primary and specialised care.

- The dimension that was rated in the highest (in green) end of the scale,Q5 - Finance & Funding. Seventeen stakeholders out of 39 (i.e. 43.6 %)rated this dimension 5 to 4, with a predominance of 4 – Regional/national funding and/or reimbursement schemes for on-going operations is available.
- The dimensions with room for improvement, as perceived by all the stakeholders, were: Q3 – Digital Infrastructure; Q4 - Process Coordination; and Q8 - Citizen Empowerment.

MATURITY ASSESSMENT AT REGIONAL LEVEL

Basque Country
Flanders
Germany
Lithuania
Slovakia

Final consensus dimensions at Regional level

Region	Final Consensus Dimensions											
	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12
Basque Country	4	4	4	3	4	3	4	3	3	4	3	3
Flanders	2	3	2	1	1	1	2	2	1	2	2	2
Germany	1	2	2	2	1	1	1	2	1	1	1	1
Lithuania	2	2	3	2	2	1	3	3	2	2	2	2
Slovakia	1	0	1	2	1	1	0	1	0	0	1	1

Ratings		
5 to 4	3 to 2	1 to 0

ANALISYS OF STAKEHOLDERS
Stakeholders matrix at Regional level

Top Management" (TP), "Medical Doctor" (MD), "Health Professional" (HP), "Social Care Professional" (SCP), "ICT Specialist" (ICTS), "Patients' Representative" (PR), and "Other" where no alike characteristics were identified.l

		Region				
		Basque Country	Flanders	Germany	Lithuania	Slovakia
Stakeholders	TM	3	5	2	12	-
	MD	-	4	2	29	-
	HP	3	3	3	8	1
	SCP	-	6	2	2	2
	ICTS	1	-	-	-	-
	PR	1	2	-	14	-
	Other	1	3	-	-	-

ANALISYS OF STAKEHOLDERS

TRENDS OF PERCEPTION

Stakeholders' Perceptions of Q8 – Citizen Empowerment

Basque Country – Patients' Representative

Flanders – Patients' Representative

ANALISYS OF STAKEHOLDERS

TRENDS OF PERCEPTION

Stakeholders' Perception of Q8 - Citizens' Empowerment

Basque Country – H&SC Coordinator

Lithuania – Top Management

MATURITY ASSESSMENT AT LOCAL LEVEL

Puglia Bari LHA
Puglia Brindisi LHA
Puglia Barletta LHA
Puglia Foggia LHA
Puglia Lecce LHA
Puglia Taranto LHA
Scotland
Slovenia

Final consensus dimensions at local level

Region	Final Consensus Dimensions											
	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12
Puglia_BA LHA	3	3	2	3	1	2	3	4	3	4	3	3
Puglia_BR LHA	3	4	4	3	3	3	3	4	3	4	3	3
Puglia_BT LHA	3	2	3	4	1	1	4	2	2	4	3	3
Puglia_FG LHA	4	2	3	2	3	1	4	3	1	1	2	2
Puglia_LE LHA	2	2	4	3	4	3	3	3	3	3	2	3
Puglia_TA LHA	2	2	3	3	0	1	3	3	2	1	2	3
Scotland	3	2	1	2	2	1	3	2	3	4	3	3
Slovenia	1	1	3	0	1	1	0	1	0	2	1	1

Ratings		
5 to 4	3 to 2	1 to 0

ANALISYS OF STAKEHOLDERS
Stakeholders matrix at Local level

Top Management" (TP), "Medical Doctor" (MD), "Health Professional" (HP), "Social Care Professional" (SCP), "ICT Specialist" (ICTS), "Patients' Representative" (PR), and "Other" where no alike characteristics were identified.l

		Region							
		PUG BA LHA	PUG BR LHA	PUG BT LHA	PUG FG LHA	PUG LE LHA	PUG TA LHA	Scotland	Slovenia
Stakeholders	TM	1	1	1	1	1	-	10	1
	MD	1	1	1	1	1	2	-	-
	HP	1	1	1	1	1	1	7	1
	SCP	1	-	-	-	-	-	1	3
	ICTS	1	1	1	1	1	1	1	-
	PR	2	1	1	1	2	1	2	-
	Other	-	-	-	-	-	-	-	1

ANALISYS OF STAKEHOLDERS

TRENDS OF PERCEPTION

Perception of Q11 – Innovation Management

BT LHA CEO

BT LHA IT Specialist

ANALISYS OF STAKEHOLDERS

TRENDS OF PERCEPTION

Perception of Q5 –Funding

LE LHA H&SC District Director

LE LHA Health Professional

MATURITY ASSESSMENT PER DIMENSION

Readiness to Change

All regions have experienced the implementation of pilot projects and strategic reforms to foster integrated care and to integrate different levels of care.

Leaders and champions are emerging in the regions and countries, however task
forces and informal alliances are still the predominant ways of collaboration.

The greatest challenge is to make systematic change and make it available to the greater part of the population.

Pilot Projects

- Basque Strategy of Active Ageing 2015-2020;
- Primary Care PLUS model in Poland;
- Puglia Care 3.0 in Puglia;
- Belgian State Reform in 2014;
- Slovak new strategic planning framework of 2014;
- Poland pilot project “Preparation, testing and implementation of coordinated care in the healthcare system, Stage II. Pilot phase –Primary Care PLUS model”;
- Slovenia 2017 Reform;
- Lithuanian Health Strategy for 2014–2025 and “Health for All” National Development Strategy: Lithuania 2030;
- Public Bodies (Joint Working)(Scotland) Act 2014;
- Healthy and Active Ageing in Germany

MATURITY ASSESSMENT PER DIMENSION

Structure & Governance

What emerged from the conducted integrated care assessment in the nine SE Regions is the need for a new kind of leadership.
Governance is in place, but integrated care needs to be implemented by leaders
able to manage transformational change.
This new kind of leadership needs to be inclusive and able to work on the engagement of communities and building their resilience.
Also, the need for a strong collaboration among governance levels emerged as being important for the establishment of strong governance mechanisms at national, regional and local levels.

MATURITY ASSESSMENT PER DIMENSION

Digital Infrastructure

Digital solutions are increasingly emerging to support the monitoring, diagnosis and treatment of patients, especially those living with long-term conditions and multi-morbidity.
Many good practices have been implemented locally and they need to be scaled up to achieve greater benefits for citizens.
Even if the arguments for greater use and investment have become increasingly compelling, the rate of adoption is still below expectations.
Furthermore, even if most health and care organisations have a comprehensive ICT infrastructure and electronic care record systems to effectively enable data and information collection, storage and sharing, a lack of integration amongst the care levels can be observed, along with a lack of population awareness and literacy.
The digital divide emerged as a relevant inhibitor for healthcare workers and for a considerable part of the population.

Digital transformation is supported by reforms and legislative frameworks

- Health Plan for the Basque Country 2013-202;
- Digital Care and Support Plan DZOP in Flanders;
- IT infrastructure in Poland;
- Lithuania E-Health System Development Programme for 2009-2015;
- National Guidance for Telemedicine in Italy;
- Scotland's Digital Health and Care Strategy

FINANCE & FUNDING

Funding

The nine SE Regions shared the common view that moving towards integrated care requires initial investment and a degree of operational funding during the transition to the new models of care.
The capability of identifying funds and accessing well-established incentives, financing and reimbursement schemes appears higher at a national level (Poland) and increasingly lowers as we progress down the levels (from national to local), apart from specific pilot projects.

MATURITY ASSESSMENT PER DIMENSION

Process Coordination

Despite the existence of some good practices, Process Coordination appears to be the dimension that is most connected and dependent on a number of other dimensions of the SCIROCCO Exchange Tool. Many regions have launched structural reforms in the recent years but the changes are still in their early phases. Contextual factors influencing Process Coordination are: Structure and Governance; Digital Infrastructure; and Removal of Inhibitors.
Coordinated actions are required to overcome resistance to new IC models, new stakeholders' roles and out-of-the-box work approaches.

MATURITY ASSESSMENT PER DIMENSION

Removal of Inhibitors

Stakeholders who participated in the maturity assessment process have a great awareness of inhibitors. However, good awareness of inhibitors is not accompanied by a systematic approach to their management in any of the nine SE Regions and the solutions are still not
considered to be the priority for the managers and policy makers.

main Inhibitors

- lack of ICT systems integration;
- planning and funding for integrated care are separated between health and social care;
- staffing systems are obsolescent and do not take into account the rapid changes in care pathways;
- existing resistance to organisational changes (e.g. as ICT literacy, change schedules, and workflow processes).

MATURITY ASSESSMENT PER DIMENSION

Population Approach

In the nine SE Regions, a population risk approach is being applied but not yet systematically or to the entire population. In the main, there has been small-scale implementation projects related to the stratification of primary care in order to contain costs of delivering care to chronically ill patients; and, above all, programmes targeted at patients with specific conditions (e.g. diabetes and cancer).
Care programmes have not yet been deployed for all patient groups - they are available only for the most complex patients.
Population Approach is among those dimensions that require to be scaled up in a systematic way and enlarged from pilot projects to an at-scale roll-out.

MATURITY ASSESSMENT PER DIMENSION

Citizen Empowerment

There is a clear vision shared by the nine SE regions and countries:

"the design of health and care systems needs to be a process that is shared with citizens and patients"

Despite some good practices and growing evidence that empowering local communities is essential for citizens' wellbeing and for the care system to function effectively, the outcomes of the maturity assessment proved that this domain remains a challenge.
Above all, not all of the assessed regions and countries enable their citizens to have access to health information and health data. The assessment results highlight the need to engage citizens / patients and involve them more in the co-design of integrated care services. This is particularly important for people with multiple health conditions who need to receive support and care from different providers.

MATURITY ASSESSMENT PER DIMENSION

Evaluation Methods

The maturity assessment showed that integrated care is still not systematically implemented across the nine SE regions and countries, including its evaluation.

The main challenge is to complement the scaling up of integrated care services with independent, effective and explicit evaluation methods that can provide evidence to determine its real value.

A wide application of Health Technology Assessment strategy to integrated care is also needed.

MATURITY ASSESSMENT PER DIMENSION

Breadth of Ambition

Breadth of ambition is the dimension of the SCIROCCO Exchange Tool that showed a significant variation between the SE regions and countries. There are Regions (e.g. Basque Country and Puglia) implementing clinical pathways to support IC with pilot projects but the lack of integration among the different care levels remains the challenge that all of the Regions have to address as a priority.

MATURITY ASSESSMENT PER DIMENSION

Innovation Management

Despite the potential benefits of integrated care, challenges in embedding new solutions into existing healthcare systems and organisations exist in all of the nine regions and countries.
With the exception of several good practices, a lack of organisational integration emerged from the analysis.
At a lower level of the decision-making chain, individual and professional resistance to change can be attributed to the difficulty in reconfiguring the roles of different stakeholders; interactions and collaboration of actors at different level of care are not fluid. It is necessary to improve the cooperation and active engagement of stakeholders, fostering the
creation of networks to promote and support knowledge transfer, dissemination of findings, reflections and feedback on the implementation of integrated care services.

MATURITY ASSESSMENT PER DIMENSION

Capacity Building

Capacity building is the dimension that stakeholders emphasised as the solution to foster progress in the other dimensions of the SCIROCCO Exchange Tool and address the existing gaps in implementation of integrated care.
In particular, the dimension of Capacity Building is very much linked to the dimension of Removal of Inhibitions; a barrier to change existing professional culture and practice, but also fundamental to enhance the ability of the population to act s pivotal in the care pathways.
Availability of grants and funding for capacity building is also crucial to enhance the implementation of integrated care.

Strengths

Weaknesses

Early adopters

BASQUE COUNTRY

The dimensions that can be offered to other regions for potential coaching are: Q1 – Readiness to Change; Q2 – Structure & Governance; Q3 –Digital Infrastructure; Q5 – Funding; Q7 – Population Approach; and Q10 – Breadth of Ambition.

POLAND

Poland's assessment has described a positive situation in the involved organisations at a national level, with an average maturity scoring of 3. Dimension Q5 – Funding was identified as the dimension for potential coaching.

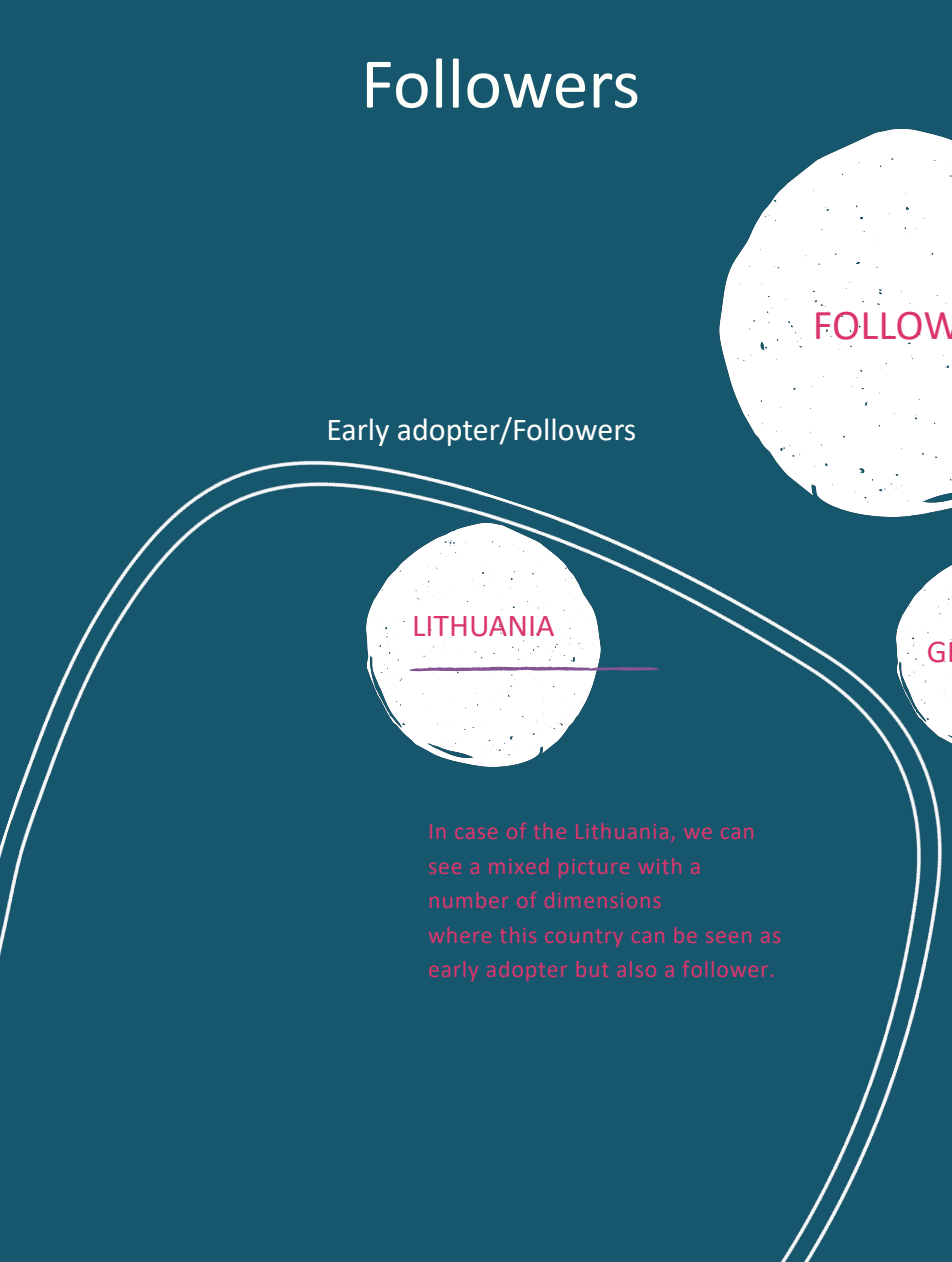
PUGLIA

Puglia has emerged as an early adopter for the dimensions:
Q3 – Digital Infrastructure;
Q4 – Process Coordination;
Q7 – Population Approach;
and Q8 – Evaluation Methods.

SCOTLAND

- Scotland has emerged as an early adopter for the following dimensions: Q1 – Readiness to Change; Q10 – Breadth of Ambition; Q3 Innovation Management; and Q12 Capacity Building. The region is characteristic of the existence of strong policies and strategies, supported by dedicated funding and support for change management.

Followers



FOLLOWERS

SLOVAKIA

Slovakia's final consensus showed that only one dimension, Q4 - Process Coordination, was able to reach a higher, but still not satisfactory, level of maturity (score 2). The overall scores across all 12 dimensions was very poor and the maturity level in the final consensus varied mostly between 0 (in four dimensions) and 1 (in seven dimensions)

SLOVENIA

Slovenia's assessment also showed the need for improvement – specifically, for the dimensions ofQ9 – Evaluation Methods (where no standards or evaluation methods are in place as a result of absence of long-term integrated care policy); Q4 – Process Coordination (where no shared database exists between different stakeholders); and Q7 – Population Approach

FLANDERS

Flanders emerged as a follower on four dimensions with a maturity rating of "1": Q4 – Process Coordination; Q5 - Funding; Q6- Removal of Inhibitors; and Q9 –Evaluation Methods.

GERMANY

Germany's assessment depicted a weak integrated care situation, for which work is still needed; eight out of the 12 dimensions scored a maturity score of "1".

LITHUANIA

In case of the Lithuania, we can see a mixed picture with a number of dimensions where this country can be seen as early adopter but also a follower.

Is Europe ready for integrated care?

- The outcomes of the maturity assessment in the nine SCIROCCO Exchange regions reveal that there is still further development and improvement needed to better integrate health and social care services in Europe
- None of the regions has already reached the stage of the full integration. However, the collected data clearly revealed that there is a great awareness of the importance and value of integrated care in these regions and countries. Stakeholders with different profiles and roles stated that there has been an increase in understanding of the benefits of integrated care in recent years, which has resulted in considerable mobilisation for its implementation.
- Many variations were observed across the SE regions and countries. European strategies are in place; however, lack of policies the national, regional and local actions to fulfil these strategies, resulting in proliferation or restrictions, according to specific and temporary circumstances. It Is clear the need to follow sharing policies and good practices.

Is Europe ready for integrated care?

- Communication appears particularly relevant, both inside the organisations and outside the organisations. Asymmetric information and different levels of knowledge among the stakeholders involved in the integration of health and social care impacts on multiple elements of care planning and delivery across the nine SE regions and countries.

- Culture has emerged as crucial factor for an effective change and modernisation of the organisations' integrated care models. As more information devices and digital services will be available for citizens, it is important to work on the resistance to change. The presence of an older and unmotivated workforce also emerged as a substantial issue in need for change. ICT literacy has consistently been identified as the barrier to the integration of health and social care.

- Citizen empowerment is interlinked with poor communication, culture and ICT literacy. All these elements play a role in how citizens manage their own care in order to release pressure from the care system. The outcomes of individual online assessments and the consensus meetings showed that citizens are very much willing to take responsibility for their own care even if disinformation, cultural barriers and lack of ICT knowledge do not ease this process.

Key enablers of IC in Europe

Data gathering and analysis: the SE Tool

The outcomes of the SE maturity assessment emphasised how important measuring and reporting on progress is to ensure cross-organisational actions and initiatives of integrated care. There is widespread awareness about the importance of defining and understanding what success will look like for each integrated care initiative, for the different stakeholders involved, over the medium to long-term period.
The SE Tool was highly valued by all the stakeholders who articipated in the assessment process.

Key enablers of IC in Europe

Information sharing and Communication strategies

Information sharing was perceived as a valuable way for clinical, administrative, and organisational processes to improve coordinated and integrated care. However, the technologies and existing organisational models make it difficult for health and social care organisations to easily capture, share and retrieve relevant information.

Effective communication strategies establish trust, confidence, good collaboration and involvement of all stakeholders. It is also necessary to overcome any communication barriers and increase awareness among participant organisations.

The assessment results demonstrated the need for a novel communication platform for stakeholders to discuss, compare and create a shared vision to foster interdisciplinary communication.

Key enablers of IC in Europe

Training strategies and continuous professional development

The assessments' results revealed that core competencies for integrated care are relational: patient involvement, communication, interdisciplinary working, people-centred care and continuous professional development (CPD) are critical skills for strong, trusting relationships between care practitioners across sectors, but also with volunteers and third sector partners.

Relevant and continuous training also plays a major role in preparing health and social care professionals in the use of ICT devices and new platforms, in order to keep their knowledge updated in an ever-changing environment; and for citizens and communities, in order to enable them to be able to access new services in the most appropriate way.

The rationale is to start with an accurate and continuous analysis that provides an improvement plan and develops a skills framework, particularly for the health and social care professionals involved in the delivery of digital services.

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Capacity-building for integrated care

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