



What is new?

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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

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Budget: €2,649,587

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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

SCIROCCO Exchange Community



- Australia
- Alberta, Canada
- Flanders, BE
- Sofia, BG
- Olomouc region, CZ
- Region of Southern DK
- Gesundes Kinzigtal, D
- Saxony, D
- Attica, GR
- Carinthia, GR
- Iceland
- India
- Bologna, IT
- Campania, IT
- Lombardy, IT
- Puglia, IT
- Kaunas, LT
- Poland, PL
- Amadora, PT
- Asturias, SP
- Badalona, SP
- Basque Country, SP
- Catalonia, SP
- Extremadura, SP
- Murcia, SP
- Valencia, SP
- Norrbotten, SE
- Skane, SE
- Northern Ireland, UK
- Scotland, UK
- Slovakia, SVK
- Slovenia, SLO
- Wales, UK



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”

Knowledge Management Hub

Dedicated support and infrastructure for capacity-building

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

3. Knowledge transfer

Access to existing evidence

Capacity-building support

SCIROCCO Tool for Integrated Care v 2.0

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

Refinement of two domains of
the Tool

5 additional translations
(availability in 9 languages)

Validated and tested in over 70
regions/organisations





Integrated care requires data-sharing across diverse care teams. It leads progressively to systems that enable continuous collaboration, and the measurement and management of outcomes. This means building on existing digital care infrastructure in new ways to support integration and augmenting them with new capabilities such as enhanced security and mobility. The task can be made easier if the number of different systems in use, and the formats in which they exchange and store data, can be simplified.

Assessment scale

0– There is no infrastructure to support integrated care.

1– There is a recognition of need but there is no strategy and/or plan on how to deploy and standardise digital infrastructure to support integrated care.

2– There is a mandate and plan(s) to deploy regional/national digital infrastructure, including a set of agreed technical standards, across the health and social care system, but it is not yet implemented.

3– Digital infrastructure to support integrated care are piloted but there is not yet region-wide coverage. A set of agreed technical standards exists to enable shared procurement of new systems; some large-scale consolidations of ICT are underway.

4– Digital infrastructure to support integrated care is deployed widely at large scale but is not used by all stakeholders involved. A unified set of agreed standards is published; many shared procurements of new systems have been performed; shared services are widely deployed.

5– Universal, at-scale regional/national digital infrastructure used by all stakeholders involved exists. A unified and mandated set of agreed standards is fully incorporated into procurement processes; the systems are fully interoperable; and use of shared services (including the cloud) is normal practice.

Using the SCIROCCO Tool v2.0

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

New Maturity Model Questionnaire

Please reply to all of the questions

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

2. Structure & Governance * **Required** ⓘ

- Fragmented structure and governance in place
- Recognition of the need for structural and governance
- Formation of task forces, alliances and other infrastructure
- Governance established at a regional or national level
- Roadmap for a change programme defined and agreed
- Full, integrated programme established, with full governance

If someone asked you to justify your rating here with short sentences:

How confident are you of your rating?

Who do you think could provide a more confident judgement?

Questionnaire name: *

ALEC DEMO

Save questionnaire

Q2. Structure and Governance: Objectives

The broad set of changes needed to deliver integrated care at a regional or national level presents a significant challenge. It needs multi-year programmes with excellent change management, funding and communications, and the power to influence and (sometimes) mandate new working practices. This means alignment of purpose across diverse organisations and professions, and the willingness to collaborate and put the interest of the overall care system above individual incentives. It also means managing the introduction of eHealth services to enable integrated care in a way that makes them easy to use, reliable, secure, and acceptable to care professionals and citizens alike.

- Enabling properly funded programmes, including a strong programme, project management and change management; establishing ICT or eHealth competence centres to support roll-out; distributed leadership, to reduce dependency on a single heroic leader; excellent communication of goals, progress and successes.
- Managing successful eHealth innovation within a properly funded, multi-year transformation programme.
- Establishing organisations with the mandate to select, develop and deliver eHealth services.

Ok



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) * **i**

- 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



1. Maturity Assessment

Are you ready?

Strengths



READINESS TO CHANGE



STRUCTURE & GOVERNANCE



BREADTH OF AMBITION

Weaknesses



FINANCE & FUNDING



INFORMATION & eHEALTH SERVICES



POPULATION APPROACH



1. Maturity Assessment

Facilitation of Discussions & Negotiations

Policy-maker



Healthcare unit



Voluntary sector



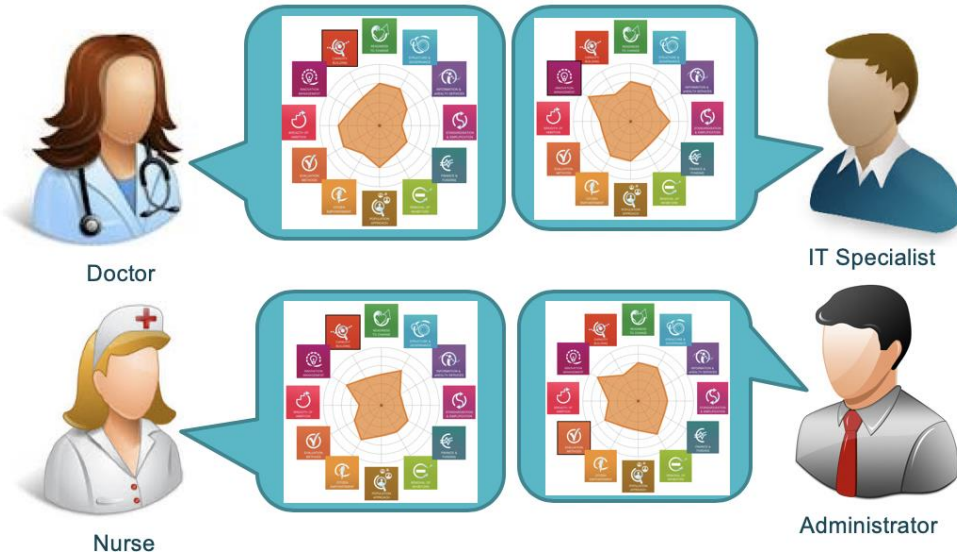
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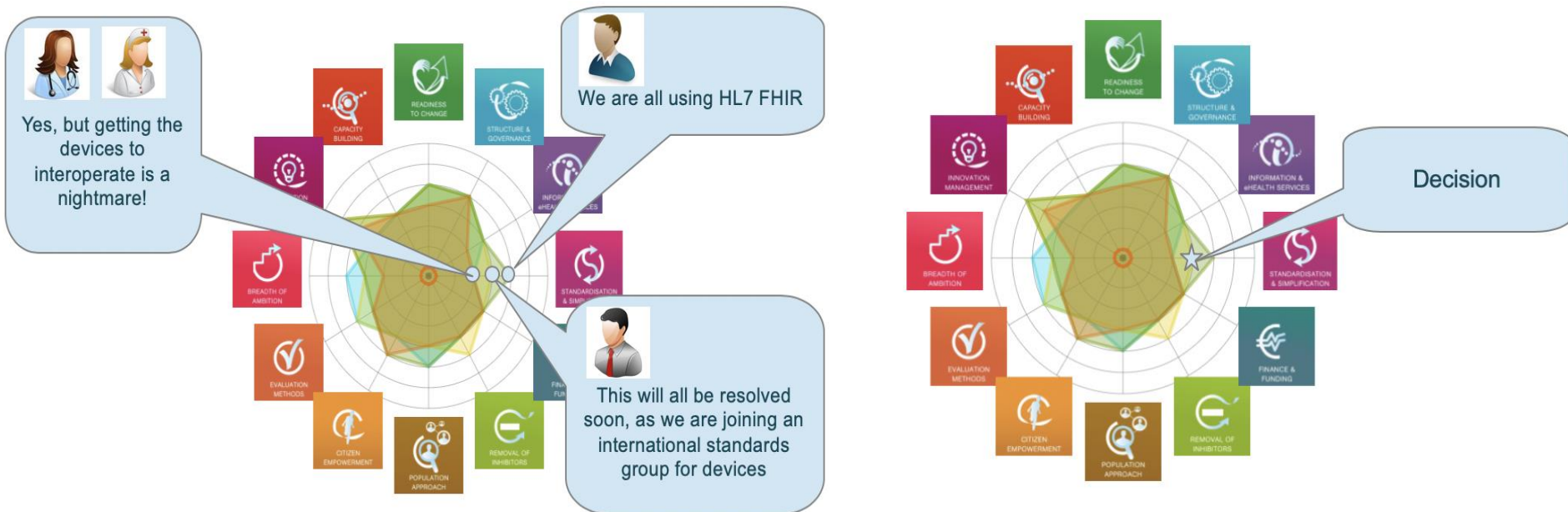
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Are all stakeholders involved?

1. Maturity Assessment



Can we agree on common priorities?



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.



How can you get involved?

- ▶ **Testing of SCIROCCO Exchange tool**
 - To assess your readiness and maturity to adopt integrated care;
 - To search for existing evidence on integrated care.
- ▶ **Contribute to the mapping of capacity-building assets.**
- ▶ **Participate in the awareness-raising events on the benefits of integrated care/experience with implementation of integrated care.**

Next steps

▶ Knowledge transfer programme

- Study visits
- Mentoring
- Exchange of staff
- Educational webinars
- Awareness-raising events

▶ Improvement planning

- Technical assistance to improve local solutions enabling the adoption and scaling-up of integrated care



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Disclaimer

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