Scirocco Exchange
Capacity-building for integrated care

Maturity Assessment Process
for Integrated Care
Midlothian Health
and Social Care Partnership
SCOTLAND

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METHODOLOGY

The SCIROCCO Exchange online self-assessment tool was used in the maturity assessment process. The objective of this process was to assess the readiness of Midlothian Health and Social Care Partnership (HSCP) to adopt integrated care.

The Tool is structured as a **12 questions** survey, each of which is associated to a particular "dimension".

The maturity level in each dimension is evaluated by an assessment scale which ranges from a **minimum rating of "0" to a maximum rating of "5"**.

DIMENSIONS

Q1	Readiness to Change		Q7	Population Approach
Q2	Structure & Governance		Q8	Citizen Empowerment
Q3	Digital Infrastructure		Q9	Evaluation Methods
Q4	Process Coordination		Q10	Breadth of Ambition
Q5	Finance & Funding		Q11	Innovation Management
Q6	Removal of Inhibitors		Q12	Capacity Building

The maturity assessment process comprised **two separate stages**:

a • Individual self-assessments, completed by each of the selected stakeholders separately; and

b • Face-to-face workshop with an objective to reach the consensus among all participating stakeholders on the final level maturity of their organisations, regions and countries for integrated care.

Stakeholders'perspectvies
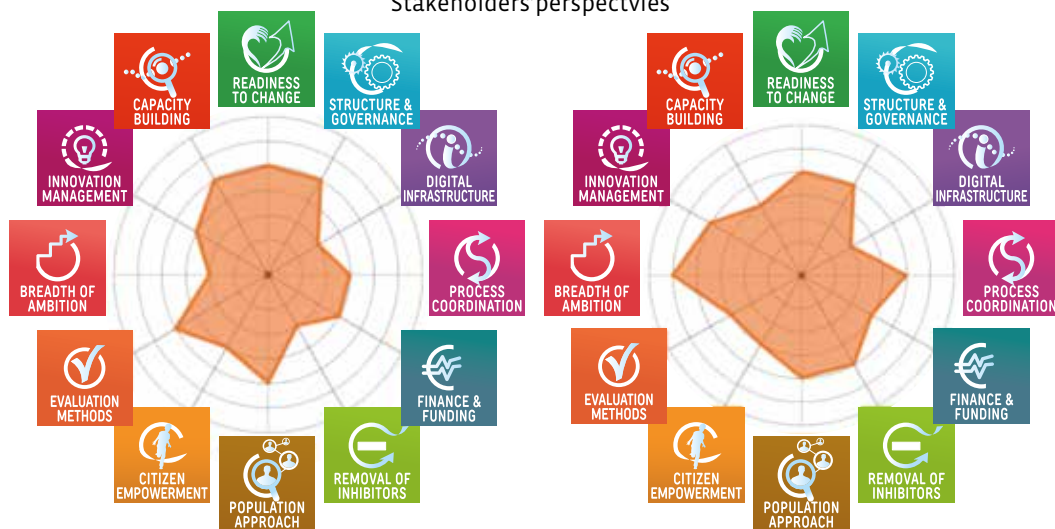
MATURITY OF MIDLOTHIAN HSCP IN INTEGRATED CARE

The consensus diagram represents the view of the following stakeholders

Chief Officer	Integration Joint Board & SPG & JMT
Head of Service – social work and adult services	Strategic Planning Group
Elected Member	Integration Joint Board
Community Representative	Integration Joint Board
Service User Representative	Strategic Planning Group
Strategic Planning Lead	Strategic Planning Group
Lead Physiotherapist	Joint Management Team
Union Representative Member	Strategic Planning Group
Strategic Planning Lead – Acute hospitals	Strategic Planning Group
Public Health Consultant	Strategic Planning Group
Lead Occupational Therapist	Joint Management Team
Service Manager - Disability	Joint Management Team
Programme Manager – mental health/COPD	Joint Management Team
Service Manager – Community justice	Joint Management Team
Operational Lead – Intermediary care	Joint Management Team
Technology Enabled Care Strategic Lead	Strategic Planning Group
Elected Member	Integration Joint Board
Integration Manager	Joint Management Team
Integration Manager	Joint Management Team
Chief Nurse	Integration Joint Board & SPG
Lead Pharmacist	Joint Management Team

MATURITY OF MIDLOTHIAN HSCP
IN INTEGRATED CARE

KEY FINDINGS

STRENGTHS

The greatest strengths were observed in a number of dimensions: **Q1 – Readiness to Change**, **Q7 - Population Approach**, **Q10 – Breadth of Ambition**, **Q11 – Innovation Management** and **Q12 – Capacity Building**.

WEAKNESSES

Room for improvement was recorded for the dimensions: **Q2 – Structure & Governance**, **Q3 – Digital Infrastructure**, and **Q6 – Removal of Inhibitors**.

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"It was summarised that the main added value of SCIROCCO Exchange tool is not to provide an objective representation of where we are; it is an aid to thinking about ourselves and what we might need to work on in the future and prompt fruitful discussion."

SUMMARY AND CONCLUSION

The self-assessment outcomes reflect the actual maturity of Midlothian HSCP, showing great progress towards integrated care in a number of dimensions . The outcomes provide diverse picture of maturity raising between "1" and "4" in All dimensions. No results were particularly surprising for Stakeholders.

MATURITY OF MIDLOTHIAN HSCP IN INTEGRATED CARE

KEY MESSAGES

- There are some connections/grouping of specific dimensions that can be observed: Q2 - Structure and Governance; Q3 Digital Infrastructure and Q6 – Removal of Inhibitors. This is particularly the case when it comes to the deployment and use of digital services. The competences for digital infrastructure are mostly at a national level which not always meet the local needs and requirements. This often discourages the use of digital services or requires more effort at the local level to deliver these services.

- The factors that justified the scoring and influenced the outcomes of the maturity assessment process are mostly organisational. Most of the competences when it comes to Digital Infrastructure are at a national level with no ability to influence it from the local level. The size of the HCSP is also an important factor – the relatively smaller size of Midlothian HCSP enables the quicker establishment of new governance, service redesign or innovation management. Cultural factors also still play a role and more effort needs to be invested in change management.

- It was emphasised that the commitment to further integration and the use of digital solutions, are enablers of close and transformative working in Midlothian. Working together across organisational boundaries is essential to progress complex issues such as the co-ordination and integration of health and social care services.

NEXT STEPS

- A follow up meeting was organised with the involved stakeholders to agree on the priorities for the upcoming knowledge transfer and improvement planning activities of the SCIROCCO Exchange project. The Health and Social Partnership agreed to focus upon three areas for improvement through the programme: Public Engagement, Population Management, and Digital Infrastructure. The outcomes from this work will then feed into the Partnership's new 2022-25 Strategic Plan.

About SCIROCCO Exchange

SCIROCCO Exchange is a 32 month project, running from January 2019 to February 2022. The project's total budget is € 2,649,587. The project consortium consists of 14 partners from 10 countries, including national and regional healthcare authorities, universities, competence centres and membership organisations. Capacity-building support will be provided to 9 national and regional healthcare authorities, with diverse maturity and organisation of integrated care.

SCIROCCO Exchange Consortium

National and Regional Health and Social Care Authorities

Belgium - Flanders Agency for Health and Care
Germany - Optimedis
Italy - Regional Agency of Health and Social Care of Puglia
Lithuania - Vilnius University Hospital Santaros Klinikos
Poland - National Health Fund
Scotland - Scottish Government (Project Co-ordinator)
Slovakia - Pavol Jozef Safarik University
Slovenia - Institute of Social Protection of the Republic of Slovenia
Spain - Basque Health Service - Osakidetza

Universities and Competence Centres

Scotland - University of Edinburgh
Spain - Kronikgune - Institute for Health Services Research
Spain - University of Valencia

Membership Organisations

Belgium - European Health Telematics Association
France - Assembly of European Regions

This leaflet is designed as part of the SCIROCCO Exchange project (826676) which has received funding from the European Union's Health Programme (2014-2020)

Co-funded by
the Health Programme
of the European Union