



**MATURITY ASSESSMENT PROCESS
FOR INTEGRATED CARE
IN TRBOVLJE/SLOVENIA**

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MATURITY ASSESSMENT PROCESS

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 the Municipality of Trbovlje to adopt integrated care.

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

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

The maturity assessment process in Trbovlje is comprised of the **following steps**:

The translation of the SCIROCCO Exchange Maturity Model for Integrated Care to Slovenian language

The identification of local stakeholders in the field of long-term care

Stakeholders' individual online self-assessments with help-line support if needed

Consensus building workshop:
- to share individual assessments
- to reach consensus among stakeholders on all dimensions of the Scirocco Model



Individual stage:
Health Center Trbovlje

Individual stage:
Centre for Social Work
Zasavje, Trbovlje unit





MATURITY OF Trbovlje/SLOVENIA IN INTEGRATED CARE



The consensus diagram represents the view of the following stakeholders:

ROLE	AFFILIATION
Senior Counselor for Social Activities	Municipality of Trbovlje
Director	Centre for Social Work Zasavje
Disability Care Coordinator	Centre for Social Work Zasavje, Trbovlje unit
District nurse	Health Center Trbovlje
District nurse	Health Center Trbovlje
Director	Protection and work center Zasavje
Home help coordinator	Retirement home Franc Salomon Trbovlje
President	Association of the Disabled Trbovlje
Director	Youth center Trbovlje
Director	People's University of Zasavje



SCOPE

The assessment was carried out at the local level – in the municipality of Trbovlje. Trbovlje is a municipality in Zasavje region with around 16,000 inhabitants.

The selection of stakeholders followed the rationale that they are most familiar with the challenges of long-term care in the municipality of Trbovlje and Zasavje region.



KEY FINDINGS

STRENGTHS

The consensus diagram implies that there are not many dimensions which one would consider as strengths for Trbovlje. None of the dimensions scored very high. The dimensions “**Digital Infrastructure**” and “**Breadth of Ambition**” are scored the highest. There are no dimensions where the maturity is already achieved and there is a place and a need for improvement in all dimensions of integrated long-term care.

WEAKNESSES

Process Coordination
Population Approach
Evaluation Methods

“I feel that local communities wait for the state
to make the first moves on the systematic level,
because this is a national problem”
(participant of consensus building workshop)



SUMMARY AND CONCLUSION

The Municipality of Trbovlje stressed the interest to assess the maturity of integrated long-term care in their local environment and participated actively in the whole maturity assessment process. Together with other main local stakeholders, they assessed the readiness of the environment for integrated long-term care as low in most segments as low; there is a space for significant improvement. Stakeholders' consensus building debate was fruitful: they agreed that changes are necessary and decided to do some next steps to improve the maturity of integrated long-term care in their local environment. However, systemic regulation of integrated long-term care at the state level is certainly necessary.

MATURITY OF Trbovlje REGION/Slovenia IN INTEGRATED CARE

KEY MESSAGES

- Maturity assessment process provided local stakeholders with a broader insight into the current readiness of the local environment for integrated care.
- The consensus building workshop was the crucial step in the whole process. It provided a space for sharing experiences and views and for joint planning of concrete steps (such as the employment of a social worker at the hospital, the decision to organize local stakeholders' meetings and speed up e-care) in overcoming obstacles and achieving higher maturity. It can work as a motivator.
- We also recommend the use of the Scirocco Tool in other local environments in Slovenia. Bottom-up solutions and approaches could be used to influence the integration of long-term care on the national level.
- The Scirocco Tool could also be applied on the national level and can help with finding systemic solutions. The tool can be adjusted accordingly.

NEXT STEPS

- In the municipality of Trbovlje, the next steps consider the initiatives from the consensus building workshop, especially the implementation of regular meetings of all relevant stakeholders in the field of long-term care, with the main objective to improve collaboration and coordination between the health and social sector.
- The implementation of the Scirocco Tool in other local areas, starting with the municipality of Domžale, as a communication tool in developing the strategy in the field of aging. The tool will be slightly adapted (based on experience to date) by the Social Protection Institute of the Republic of Slovenia.

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 - Kronikune - Institute for Health Services Research

Spain - University of Valencia

Membership Organisations

Belgium - European Health Telematics Association

France - Assembly of European Regions

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