

SCIROCCO FOCUS GROUP

Tuesday 9th May 2017

REPORT

EIP ON AHA B3 ACTION GROUP 'SPRINT'

ICIC, DUBLIN, IRELAND

ROOM: **ROBING ROOM, O'REILLY HALL,**

UNIVERSITY COLLEGE DUBLIN (UCD),

BELFIELD CAMPUS, DUBLIN

TIME: 13 30 - 15 00 PM

Text and images provided by: Diane WHITEHOUSE (EHTEL), Tamara ALHAMBRA BORRAS (Valencia, Spain), Liset GROOTEN (VUB, Belgium), Cristina ALEXANDRU (Edinburgh, UK), and Choni Doñate Martínez (Valencia, Spain).

Table of contents

Table of contents.....	i
1. Background to the SCIROCCO focus group	1
2. Attendees at the focus group.....	1
3. Description of the focus group process	2
4. Observations made by the focus group attendees	2
4.1 Experiences of using the SCIROCCO tool.....	4
4.2 How the tool can be enhanced	5
4.3 Expanding the range of stakeholders who could use the tool.....	5
4.4 Outcomes emerging from the use of the tool (its further potential for use)	6
5. Direct outcomes emerging from the meeting	7
ANNEX 1: Focus Group dated 9th May 2017 - Revised Agenda.....	8
ANNEX 2: Focus Group dated 9th May 2017 - Formal questions posed of the attendees	9
ANNEX 3: Experiences of using the SCIROCCO tool on three individual sites.....	10
Angelholm, Skåne, Sweden	10
Flanders, Belgium	11
Barcelona, Catalonia, Spain.....	12



1. Background to the SCIROCCO focus group

On Tuesday 9th May 2017 SCIROCCO organised a first focus group (a 'pilot') that explored how various regions have experienced use of the SCIROCCO tool and their opinions of it¹. All those regions that had tested the SCIROCCO tool were members of the European Regional and Local Health Authorities (EUREGHA)² and were participating in a related European Innovation Partnership on Active and Healthy Ageing (EIP-AHA) B3 Action Group 'sprint'. The group met in facilities offered by the International Conference on Integrated Care that took place in the University College Dublin, Ireland, between May 8th-10th, 2017.

2. Attendees at the focus group

The focus group was attended by 10 representatives of four different EUREGHA regions in Europe, including Catalonia (Spain), Flanders (Belgium), Skåne (Sweden), and Wales (United Kingdom). Other attendees at the focus group were various members of the SCIROCCO team, including the two SCIROCCO project coordinators, a number of members from Work Package 8 on the lessons learned task, and members of both Work Packages 3 (an assessment fidelity of SCIROCCO) and 5 (the methodology for self-assessment).



Figure 1: SCIROCCO focus group held in Dublin, Ireland

¹ When it was at its more conceptual stage, this tool was known as the 'B3 Maturity Model' (or 'B3 MM' for short). Its name was modified to become the 'SCIROCCO tool' once the model was operationalised to become an online, interactive tool.

² See <http://www.euregha.net>.



3. Description of the focus group process

The first part of the session provided background to the session. Three brief presentations were made by each of the attending regions on their usage of the SCIROCCO tool. For further details, see **ANNEX 1**.

The second part of the session shifted towards a classic focus group approach in which specific questions, designed in advance of the session, were posed to the attendees. These particularly lay around their insights into:

- Experiences of using the SCIROCCO tool, e.g.,
 - How the tool is used or can be used,
 - How the tool can be improved.
- Outcomes emerging from the use of the tool.
- Enhancing the local/regional health and care system as a result of using the tool.

The session was led by members of the SCIROCCO project, particularly people working in the “lessons learned and policy implications” Work Package 8 (WP8) of the project. A record of the actual questions posed is included as **ANNEX 2**.

4. Observations made by the focus group attendees

This report focuses only on the main outcomes of the experiences of the sites. Text supplying more details of the experiences reported by the three regions is included in **ANNEX 3** of this document.



Figure 2: Maturity Model assessment in the Skåne region, Sweden



Figure 3: Devolving health care in the Flanders region, Belgium



Figure 4: The process of maturity assessment in Catalonia, Spain

4.1 Experiences of using the SCIROCCO tool

This section of the report highlights how the tool was used by the focus group attendees:

- **Organisation of local self-assessment teams**: On each site, different numbers of people were involved in using the tool. The team members had different profiles and expertise:
 - One in Skåne (a chief executive officer [CEO]);
 - Four in Catalonia (two were present in Dublin – one representing the health system; the other, the region's evaluation agency).
 - Several in Flanders (about six, each representing different service sectors e.g., home care; primary care; residential home care; specialised care; as well as government and policy more generally).
 - From Wales, a representative was present at the meeting although the country/region has not yet explored the use of the tool.
- **Uses of the tool**: The tool was put to a variety and range of uses, e.g.:
 - Individual assessment by a manager in charge of a single, local project.
 - Large-scale regional use explored with teams of personnel – from the policy level to the managerial level – responsible for the scaling-up of integrated care in an entire region.



4.2 How the tool can be enhanced

This section of the report includes the suggestions made on how the tool could be used and improved. Among the **practical enhancements** proposed to the current version of the tool were that:

- It is beneficial to accompany use of the tool by an **informative video**. This video is now online at: <http://www.scirocco-project.eu/maturity-model-in-practice-scirocco-tools-demos/>).
- The tool needs to be **translated** into the local languages in the regions where it is used e.g., into Dutch.
- The illustration presenting the tool (the 12-domain coloured “horoscope-style” image) **needs to use larger font sizes**. (Other documents, including the official PowerPoints used, may also need larger fonts.)

4.3 Expanding the range of stakeholders who could use the tool

A range of ideas was expressed with regard to stakeholder use of the tool when the attendees were asked which stakeholders are currently missing in the process of assessment:

- The tool could be valuable to use in a small setting e.g., together with people from **primary care, hospital and the municipality**, so as to create a joint vision rather than conduct an assessment [Skåne, Sweden].
- There are several missing several stakeholders: **healthcare professionals, social care organisations, patient organisations, citizens, and people from the community**. While it is useful to map who are the stakeholders in integrated care, it is a complex process. The main role is to evaluate and bring people together, which is challenging. At the lower levels: everybody should be represented [Catalonia, Spain].
- It could be good to approach **patient organisation(s)** for a vision of where to go in the future. Locally: Start with the **local community** that is working in integrated care. Create a common goal at regional level from different angles. From the policy level to local level, it is interesting to learn from each other, and have a discussion, about whether ratings differ. There is a gap between the national and the regional level [Flanders, Belgium].
- However, there is a need to have one leading organisation / stakeholder in the region to drive the self-assessment process [Catalonia, Spain].



4.4 Outcomes emerging from the use of the tool (its further potential for use)

Three views were expressed about the potential for larger use of the tool. Ultimately, a set of conclusions can also be drawn.

4.4.1 Possible eventual policy messages

Some of these observations may be useful in terms of formulating policy messages that may eventually emerge from the SCIROCCO project.

- **Progress monitoring:** If a region (e.g., Catalonia) has an implementation plan, the SCIROCCO tool can be used to check that you have achieved what you had planned to achieve; it provides an element that helps to **monitor progress**.
- **Annual assessment: Re-assessment** (e.g., in Flanders), using the SCIROCCO tool, could be useful one year after the first assessment is undertaken. Initiatives will be changing, and develop in phases. If implementers are stuck on one element of a SCIROCCO dimension, their objective will be to move forward.
- **Dialogue:** The SCIROCCO tool is **an instrument for dialogue** on the (12) SCIROCCO dimensions. It is important to go further than just assessment .

4.4.2 Overall considerations to be borne in mind

In terms of applying use of the SCIROCCO tool further:

- There was a considerable interest regarding **twinning and coaching**. The SCIROCCO project will need to debate how to involve the EUREGHA sites in twinning and coaching (probably through on-going work in the EIP-AHA, B3 Action Group and its related sprints) (TBD).³ A pertinent example was the Flanders region of Belgium, whose representatives said:
 - **Twining and coaching internal to a country/region:** Regions within a single country or in a country's major region[s] can learn from each other. E.g., in Belgium/Flanders, it would be interesting to use the SCIROCCO tool to assess regions that are intensively involved in the primary care reform in Belgium. In this country/region, one could start with e.g., two regions that work together with a coach. The Belgian/Flanders transformation managers⁴ could be encouraged to use the SCIROCCO tool.

³ As the project coordinators emphasised, the SCIROCCO approach can be used as guide to solutions (because it provides a collection of Good Practices). The SCIROCCO self-assessment exercise will start in June 2017.

⁴ A number of European countries have or are developing transformation plans and have management staff that are therefore called transformation managers.



- There is a **greater urgency for action/support for scaling-up in some regions than in others** (e.g., in Flanders, due to the implementation of the region's recently launched transformation plan).
- Sites have used the tool, but their personnel may have little insight / information about the **background and (scientific / academic / management) literature relating to integrated care, scaling-up, and change management**. The resulting impression is that the regions (especially the Flanders region of Belgium) want and need to know more, and this would form an important part of their future training/ education/ capacity development.
- Ultimately, there is an emerging sense that, *if* European regions continue to be eager to use the SCIROCCO tool and they test / validate it actively so as to strengthen the tool's reliability and validity, **the tool could eventually become one of the accepted tool(s)** for use among one of several in an entire tool-kit **for scaling-up integrated care Europe**⁵.

5. Direct outcomes emerging from the meeting

The meeting:

- Provided a good set of feedback on **lessons learned**, with plenty of ideas about ways to move forward with the SCIROCCO tool.
- Offered considerable insights, particularly for WP5 (the methodology for self-assessment) into the **enhancement of the tool** (see sub-sections 4.1 and 4.2 especially) but also for the upcoming work of WP6 on **self-assessment** (see sub-section 4.3) and the policy-related work of WP8 (see sub-section 4.4).
- Emphasised the impetus to arrange **twinning and coaching** between regions (whether inside the SCIROCCO project or in the EIP-AHA B3 Action Group (AG)).
- Emphasised the importance of the **EUREGHA B3 AG sprint** for this group of regions.

The focus group also led to a set of practical next steps for the SCIROCCO project.

⁵ One tool which has already gone through a validation process, so to be accepted on a massive scale throughout Europe, is, e.g., the Monitoring and Assessment Framework of the European Innovation Partnership on Active and Healthy Ageing (MAFEIP) tool. See <https://ec.europa.eu/jrc/en/mafeip>



ANNEX 1:

Focus Group dated 9th May 2017 -

Revised Agenda

[7-10 mins] Welcome and Introduction

- [Overview of the session and introduction to SCIROCCO:
Andrea PAVLICKOVA, NHS24, Scotland, UK and Diane WHITEHOUSE,
EHTEL, Belgium
- Overview of the focus group procedures/signature of consent forms:
Tamara ALHAMBRA BORRAS, UV, Spain

[5 mins] Processes and outcomes from having used the SCIROCCO tool
- Skåne, Sweden

[5 mins] Processes and outcomes from having used the SCIROCCO tool
- Flanders, Belgium

[5 mins] Processes and outcomes from having used the SCIROCCO tool
- Catalonia, Spain

[2 mins] Input throughout the session on ideas for the SCIROCCO tool
- Wales, United Kingdom

[60 mins] Facilitated discussion to collect the experience of regions with using
the SCIROCCO model/tool

- Tamara ALHAMBRA BORRAS, UV, Spain

[5 mins] Wrap-up and next steps:

- Andrea PAVLICKOVA , NHS24, Scotland, UK and Tamara ALHAMBRA, UV,
Spain



ANNEX 2:

Focus Group dated 9th May 2017 -

Formal questions posed of the attendees

- Which kind of stakeholders would you like to involve in the process of analysing your system?
- Which stakeholders do you think were missing in the process of using the tool?
- After using the tool have you seen any outcomes or any effect in your regions?
- What do you expect to change after using the tool?
- Do you think that the model covers all the relevant dimensions?
- Is there any dimension missing?



ANNEX 3:

Experiences of using the SCIROCCO tool on three individual sites

Three EUREGHA sites reported on their experiences of using the SCIROCCO tool.

Angelholm, Skåne, Sweden

Using the SCIROCCO tool, the chief executive officer (CEO) of a hospital in Angelholm in the Skåne region of Sweden has completed an analysis of a running information and communication technology (ICT) project in the Angelholm hospital. This integrated care project has now been running for four years.

The Angelholm area (hospital) project works with seven municipalities. There is a local population of 1.3 million people.

The CEO's experiences on using the maturity tool in the Angelholm hospital can be summarised in the following way:

Process of using the tool

- The CEO used the tool on his own, as an individual. He was chosen to conduct the assessment. He completed the assessment on a single project.
- He was unsure of whether he was to evaluate his specific project or the whole region.
- The CEO was frustrated that the actual process of undertaking the local project in the region was quite slow.

View of the results provided by the tool

- The tool was used chiefly to look at the organisational perspective.

View of the tool and its usefulness

- The CEO thought that the tool itself was excellent: he described it as a workable tool that is useful for influencing decision-makers.
- He liked the fact that the outcomes of the tool are not static: they can change over time.
- He commented that using the tool to assess a small-scale project, like the Angelholm hospital project, works well.
- He believes that the tool can be used for scaling up activities in the Skåne region.

Comments about the Swedish contextual setting

- The challenge in Angelholm/the Skåne region is that there is one large healthcare authority, and the hospital, that is central to a large



community of 33 municipalities, all of which are autonomous. There is a spread/variation in maturity among the different municipalities. All municipalities have their own idea of integration (e.g., integrated care). The outcomes of any assessment, made at the municipal level, will differ at the level of each municipality when compared to an assessment performed at the hospital level.

- A region, like the Skåne region, could use the SCIROCCO tool with each of the 33 municipalities and have them competing on their outcomes.

These observations may be expanded from Angelholm/the Skåne region to Sweden as a whole.

Flanders, Belgium

Since 2014, the Flanders region of Belgium has been reforming its primary care sector; in February 2017 at its eHealth conference held in Liège, the actual reform plan was presented. Flanders is very focused on the reform of primary care.

At least six different people in Flanders completed the assessment of the regional scaling-up process, using the SCIROCCO tool.

The team's experiences on using the maturity tool in the Flanders region of Belgium can be summarised in the following way:

Process of using the tool

- The tool was used from a policy point of view.
- The tool was used by a team of people (some 5-6 persons in size). In Flanders, the same group of people are accustomed to sitting together as a team.
- Different members of the team have a range levels of knowledge/expertise e.g., about standards.
- In using the tool and conducting their assessment, the team members had negotiated their scores and reached a consensus.
- This had been a useful process to get the team aligned on the same journey.

View of the results provided by the tool

- The team members considered that the scores resulting from use of the tool will depend on who fills in the tool.
- They considered that the results show a outcome which will change over time.



View of the tool and its usefulness

- The team members felt that SCIROCCO is an easy-to-use tool, which they could fill in with the whole team.
- They felt that the assessment provides information at the macro, meso, and micro levels. It is therefore nice to see the many dimensions, and that everything (all dimensions) is available during a single assessment.
- They suggested that it would be interesting to perform the SCIROCCO assessment again after one year, with a view to evaluating the maturity of the primary care sector reform in Flanders.
- **Suggested enhancement:** It could be good to fill in how confident someone is in offering a rating (i.e., a confidence level).

Barcelona, Catalonia, Spain

Four people were engaged in the assessment process: they included personnel from AQUAS and the Ministry of Health in Catalonia. The readiness assessment in Catalonia covered the work of the Health and Social Integrated Care Programme of Catalonia (the PIAISS), an interministerial programme for Integrated Health and Care. It involved health and social care facilities. Responsible services are the National Health Service and National Social Services, with a diversity of providers with various ownerships that are publicly funded. The health sector competences are at regional level (the Regional Ministry of Health) and the social services competences are at local/municipal level (the local authorities).

The team members expressed the view that there may have been a certain level of bias implicit in them using the tool. The group of people that joined together to respond to the SCIROCCO survey recognised that they had different views, although they finally reached a consensus in the level of maturity in each dimension.

The team's experiences on using the maturity tool in the Catalan region of Spain can be summarised in the following way:



Process of using the tool

- The tool was used by a team of four people.

View of the results provided by the tool

- The team felt that using the tool at the health care system level and at the social care system level will result in different outcomes.

View of the tool and its usefulness

- The team members felt that SCIROCCO is a good benchmarking tool.
- The SCIROCCO tool provides an easy way to have a first image.
- Interpreting results may depend on the ambitions of regions.
- They felt that certain ambiguities in the tool, however, need more refinement (see the comments below about the contextual setting).

Comments about the regional contextual setting in Spain

Given Spain's structure of many autonomous regions, it may be difficult to compare different regions in Spain. The outcomes of any assessment may also depend on whether social care is included (or not).

There are also other methodological challenges, such as: What have we [e.g., Catalonia] got as a region? How to compare different levels of integrated care?