



**REGIONE
PUGLIA**



PUGLIA REGION

**Maturity Assessment process using
SCIROCCO Exchange - AHA Reference - Site
Online Self-Assessment Tool (OSAT)**



Agenzia
Regionale
per la Salute
ed il Sociale
Puglia



ARESS Puglia
(Public Authority /Institution- Health and Social Care)



Welfare Department
(Public Authority/Institution- Welfare and Social Innovation)



National Pensioners Federation
(Civil Society)



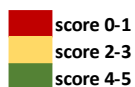
University of Bari - Innovation & Creativity Center
(Accademia /Research)



INNOVAAL
(PPP_Research bodies /Enterprises)

Data Analysis from Online Self-Assessment Tool

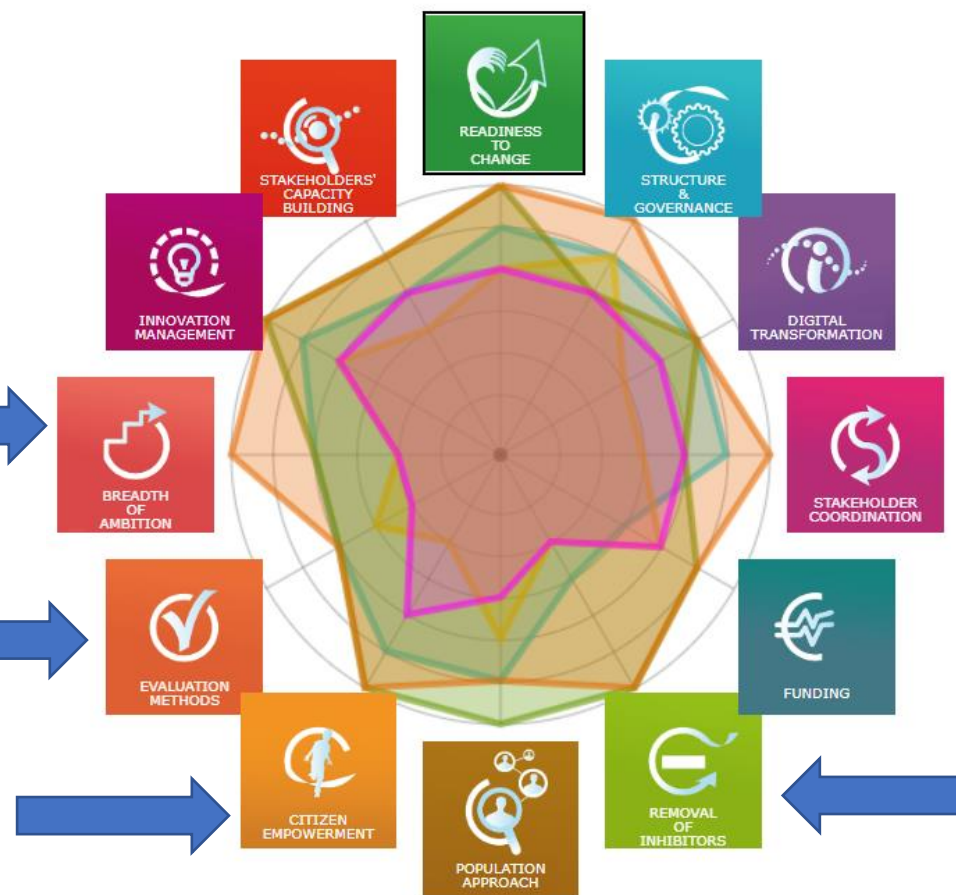
	Dimension 1 - Readiness to Change	Dimension 2 - Structure & Governance	Dimension 3 - Digital Transformation	Dimension 4 - Stakeholder Coordination	Dimension 5 - Funding	Dimension 6 - Removal of Inhibitors	Dimension 7 - Population Approach	Dimension 8 - Citizen Empowerment	Dimension 9 - Evaluation Methods	Dimension 10 - Breadth of Ambition	Dimension 11 - Innovation Management	Dimension 12 - Stakeholders' Capacity Building & Development
RF_C - PA	5	3	4	3	4	5	5	5	3	3	5	4
PA	5	5	4	5	4	5	4	5	3	5	5	4
Citizens	3	4	2	2	3	1	3	1	2	1	3	2
Accademia	4	4	4	4	2	2	4	4	3	3	4	3
Enterprises	3	3	3	3	3	1	2	3	1	1	3	3



Negative Commonalities:
Citizens and Enterprises ask for better integration

Priority!!

Great effort, poor results?
80% ranges from 3 to 5...
but Citizens' score is 1.

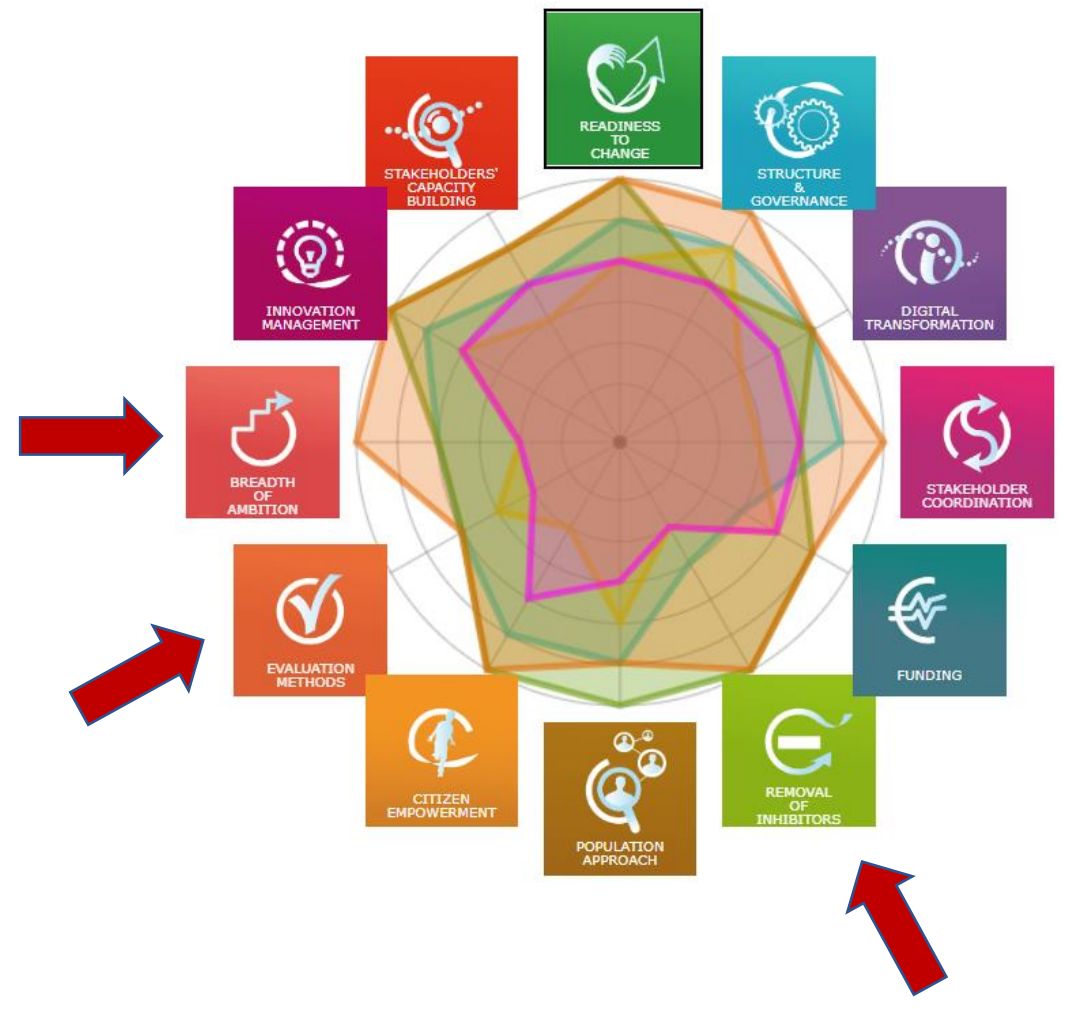


Positive and Negative commonalities
[40% score 5 (PA);
40% score 1 (Citizens – Enterprises)]

Strengths



Weaknesses



Stakeholders' discussion and Consensus

D1 Readiness to Change

Enterprises and citizens agree upon the assertion that policies have been activated, but they need to be better implemented. Both Accademia and Citizens point out a good leadership, vision and plan clear and sufficiently shared, while Public Authority's SH agree on a great maturity of the reference site in this domain; That, thanks to the copious initiatives lead by Apulia Region and its Agencies in the field of AHA with full engagement of QH Stakeholders, in a well defined legal and regulatory framework, fostering a guiding coalition for change. **SHs agree on the score 4.**

D2 Structure & Governance

Accademia and Citizens appear unanimous in recognising a roadmap for a change programme defined and accepted by stakeholders involved, while Enterprises' SH underlines that a governance is in place, but a better implementation of common actions is needed. Public Institutions (Health and Social care) reflect with their scores their perception of a need to integrate more deeply strategies to sustain solutions for AHA in a health and social care field. **SHs agree on the score 4.**

D3 Digital Transformation

Accademia and Public institutions agree on a digital transformation process in the field of AHA deployed widely, but not by all stakeholders. This statement is confirmed by the Enterprises point of view whose Stakeholder seems assign a lower score to this domain. Citizens seem to have registered a score more severe in comparison with their justification. **SHs agree on the score 4.**

D4 Stakeholder Coordination

Public Institutions and Enterprises agree on a QH approach well identified and always more frequently used in the Region to collaborate on a life-course approach to active and healthy ageing; in any case, it seems to exist an asymmetrical perception upon this, shown by the citizens's SH score in this domain. PA's SH remarks the close collaboration and coordination between Regional Departments (Economic development Dep. and Health and social care Dep.) Agencies (Health and social care Agency, Innovation Agency) and their natural stakeholders to co create and manage new services and solutions for AHA. **SHs agree on the score 4.**

D5 Funding

Single assessments range from 3 to 4. Accademia's SH points at a gap between the demand for integrated care and planning of resources, and assigns a score of 2, even if justifications seem to retrace those of Enterprises's SH who appoints a score equal to 3. A slight "informative asymmetry" about regional/national funding availability for on-going operations occurred among some SHs. **SHs agree on the score 4.**

D6 Removal of Inhibitors

Strategy for removing inhibitors to foster collaboration across QH SH are in place at a high level; Solutions for removal of inhibitors are tailored according to specific needs and they're commonly used; Actions to remove barriers (legal, organisational, financial, skills) at a local level are started, even if they are still insufficient and need to drill down. **This dimension merits consideration. SHs agree on the score 3**

D7 Population Approach

A misalignment between Regional Public institutions and Enterprises about the application of a population approach to the AHA initiatives is registered. Apulia Region, through AReSS, pursues population approach for a long time now to plan health and social care interventions, to design and delivery health care services, etc. Accademia's SH believes that population risk approach is applied to a life-course approach to active and healthy ageing for the development of technologic solutions, but not yet systematically. **SHs agree on the score 4.**

D8 Citizen Empowerment

Accademia and Enterprises seem non to full involve citizens in research and development of services and tools that enable convenience, offer choice, and encourage self-service and engagement in health management. Public institutions, instead, describe a different scenario and mention policies to encourage and facilitate citizen empowerment and decision-making processes in wich citizen are fully engaged. Nevertheless, as is common knowledge, cultural changes are very hard to be put in place, and lack of communication or information asymmetries, often, can affect opinions. **SHs agree on the score 4.**

D9 Evaluation Methods

Evidence-based investment, where the impact of each change is evaluated, needs established baselines (on cost, quality, access etc.) in advance of new service introduction. This do not happens very often. There is no lack of methods, as the Accademia's SH underlined, but qualified personnel and economic resources are needed. AReSS Puglia manages the Regional HTA centre by which pursues project oriented assessments (see https://www.sanita.puglia.it/web/aress/news-in-primo-piano_det/-/journal_content/56/45631926/conclusa-la-consultazione-pubblica-sull-hta-report-1-2021-del-centro-regionale-hta-e-disponibile-la-versione-definitiva-del-report), but the sustainability of a such complex and rigorous methodology is permanently in difficulty for the abovementioned reasons. Moreover, lack of information often influences judgement. **This dimension merits utmost attention; It is a priority. SHs agree on the score 3.**

D10 Breadth of Ambition

A life-course approach to active and healthy ageing across the region includes many levels of integration and it involves many stakeholders along the process, across many different organisations. It is achieved for healthcare needs and not yet full implemented for social needs. Citizens' representative seems to have registered a score more sever in comparison with his justification, wich describes a full integrated exemple of Primary care. Moreover, lack of information, often, can affect opinions. **This dimension merits consideration. SHs agreed on score 3.**

D11 Innovation Management

Institutions agree on the presence of an extensive open innovation approach, combined with supporting procurement and the diffusion of good practices. European projects and cross-border partnerships, open innovation activities, faster diffusion of best practices, are in place. Not all the initiatives are sufficiently known among all SHs even if they comes from a strong committment and a good integration, and they promise rapid technology transfer (es. Regional Telemedicine Platform as reference site for national Telemedicine Platform). **SHs agree on score 5.**

D12 Stakeholders` Capacity Building & Development

Accademia and Enterprises recognised the presence of a change management even if not widely implemented also because many new roles will need to be created and new skills to be developed; Citizens seem to have registered a score more severe in comparison with their justification, but they agree on the statement that capacity building needs, understood and addressed by digital solutions, can be satisfied thanks to the numerous initiatives in wich they are involved. Public Institutions confirm their scores even if they declare the difficulty to retain experienced staff. **SHs Agree on score 3.**

Consensus Outcomes



	Dimension 1 - Readiness to Change	Dimension 2 - Structure & Governance	Dimension 3 - Digital Transformation	Dimension 4 - Stakeholder Coordination	Dimension 5 - Funding	Dimension 6 - Removal of Inhibitors	Dimension 7 - Population Approach	Dimension 8 - Citizen Empowerment	Dimension 9 - Evaluation Methods	Dimension 10 - Breadth of Ambition	Dimension 11 - Innovation Management	Dimension 12 - Stakeholders' Capacity Building & Development
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consensus	4	4	4	4	4	3	4	4	3	3	5	3