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Contributors:	Leo Lewis, Rhiannon Tudor Edwards, Rositsa Koleva-Kolarova, Apostolos Tsiachristas, Anant Jani, Joanna Lane, Maureen Rutten-van Mölken, Vidya Oruganti, Alison Maassen, Lina Papartyte

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Deliverable Summary

Background: There is a need in the Invest4Health study to identify the readiness of test-beds to build on existing or implement new SCIs.

Aim: To develop a self-assessment tool to assess readiness of participating regions to test SCI models & a new governance mechanism.

Methods: In this task we adapted the SCIROCCO model and self-assessment tool to reflect the 'implementation-readiness' of regional test-beds to design, develop and test SCI models and associated governance mechanisms. The draft adapted SCIROCCO model was put out for consultation to test-beds and all partners in the Invest4Health study.

Results: We present the SCIROCCO tool adapted for the specific purpose of assessing our four test-beds to adopt and eventually scale-up SCI for prevention.

Discussion: Here we have generated and report on a new self-assessment tool to assess readiness of participating test-bed regions to test SCI, new governance mechanisms and innovative business models and structures for disease prevention and health promotion. There may have been other models of readiness that we could have adopted. We build on previous experience and success in the SCIROCCO model in a related area of integrated care, making it appropriate for use in the area of prevention.

List of Authors

Partner	Authors
HD	Leo Lewis
BU	Rhiannon Tudor Edwards
UO	Rositsa Koleva-Kolarova; Apostolos Tsiachristas; Anant Jani
EUR	Maureen Rutten-van Mölken
NHH	Vidya Oruganti
EHNet	Alison Maassen, Lina Papartyte
HCN	Joanna Lane

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Glossary

Acronym/term	Meaning
Care and support system	All organizations involved in helping to look after a particular population cohort and for the purposes of this project, it includes health, social care, education, employment and vocational services.
Care/ Service provider	The organisation that has been contracted to deliver care and/ or support service(s).
Care practitioners	A generic term to describe all the members of a person's care team that work for a care/ service provider. In this document care practitioners are not family members or close one's carers.
Care (process) pathway	A methodological approach to documenting and illustrating the patient and service user flow through the key components (referral, assessment, diagnosis, care plan, care delivery, monitoring/review and discharge) of their care
Case finding	An approach for targeting resources at individuals or groups of people who are suspected to be at risk of developing a particular disease, or complications or deterioration in relation to existing health or social conditions. It involves systematically using data and information to identify for at risk people and inviting them for an assessment, rather than waiting for them to present with symptoms or signs of active disease or deterioration.
GDPR	General Data Protection Regulation
Governance	Systems governance relevant to SCI refers to the processes, structures and institutions that are in place to oversee and manage prevention of avoidable disease, disability and premature death in a local health and well-being economy. Governance processes manage the relationships between different actors and stakeholders involved in prevention, including government agencies, healthcare providers, patients and their families, people and communities, civil society organizations and private sector entities. In this context, governance of SCI needs to ensure strategic policy frameworks exist and are combined with effective oversight, coalition-building, provision of appropriate regulations and incentives, attention to system design, and accountability (adapted from WHO). Governance needs to cover data ownership, data sharing, GDPR, and data security.
ICT	Information and communication technology
Primary Prevention	Investing in the building blocks of health and wellbeing to prevent problems happening in the first place.
Risk stratification	This is a systematic process for identifying and sometimes predicting patient risk levels relating to their care needs, services, coordination and transitions of care. The goal of risk stratification is to give each person a risk score which allocates them to a particular risk level from which care and service delivery planning can take place.
Service users	The people (patients, clients, citizens) who receive care and/ or support from any organisation.
SCI	Smart Capacitating Investment: In the Invest4Health study Task 2.2 uses the definition of smart capacitating investment (SCI) as constituting less conventional approaches to investment, financial or non-financial, in health promotion and disease prevention initiatives that create returns somewhere along a spectrum between financial benefit

	on the one hand and the enhancement of the capacity or capability of individuals or communities to engage in healthier behaviour on the other.
Secondary Prevention	Focusing on early detection of a problem to support early intervention and treatment or reducing the level of harm.
Tertiary Prevention	Minimizing the negative consequences (harm) of a health or wellbeing issue through careful management.
Test-bed	Regions in West Wales, Skåne (Sweden), Galicia (Spain), Rhein Westphalia (Germany).

Table of Contents

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1 Introduction

SCIROCCO will be an online participatory self-assessment tool that helps stakeholders to understand the context requirements for delivering projects focused on prevention and health promotion services, and the level of maturity required locally for a health and well-being economy to adopt and scale-up the new service.

2 Methods - Adaptation of SCIROCCO model specifically for the Invest4Health study

In this task we adapted the SCIROCCO model and self-assessment tool to reflect the 'implementation-readiness' of regional test-beds to design, develop and test SCI models and associated governance mechanisms. This model and tool originated as an activity within the European Innovation Partnership on Active and Healthy Ageing B3 Action Group on Integrated Care and was subsequently further developed and tested in the SCIROCCO and SCIROCCO Exchange EU-funded projects. The first draft was developed by LL. This was circulated and a subsequent draft was collated by RTE with suggestions from co-authors of this deliverable. There were then two subsequent opportunities for I4H partners to comment on the emerging draft. This final draft included in this deliverable embodied comments from VO about the importance to include reference for the need for innovative business models within the actual adapted SCIROCCO tool rather than as an adjunct which was an alternative considered. We feel this is a compromise and will test this out over the next 6 months with test-beds. Feedback from test-beds will be incorporated within the finalized version.

The adapted tool will assess to what extent the requirements for successful adoption of a SCI are met and guides the test-beds towards changes that can be focused on to successfully implement and test SCI models. Specifically, we mapped out stakeholders, their principal policy/commissioning maximands, areas of overlap and divergence with reference to an agenda to implement SCI financing models to achieve effective and cost-effective prevention. We will explore the counter-factual of where there are likely to be competing societal and sector specific maximands, where there are congruent maximands i.e. active transport systems, using SCI may yield immediate and longer term health benefits, reduce carbon footprint and fossil fuel consumption, improve air quality and support use of public transport.

3 Results and dissemination

Below we present the SCIROCCO tool adapted for the specific purpose of assessing our four test-beds to adopt and eventually scale-up SCI for prevention.

3.1 SCIROCCO tool

Instruction to each test-bed: When choosing the Assessment Scale, please consider the SCIROCCO Dimension from a local context and improvement project perspective.

1. Readiness to Change

Description

New models for delivering and financing disease prevention and health promotion activities will necessitate redesign and changes at the macro, meso, and micro levels of organisation. Additionally, it may be essential to create new relationships, roles and responsibilities for stakeholders—including citizens, patients, healthcare professionals and other professionals working to improve other determinants of health (e.g. teachers)—as well as new care and support processes and working practices. Innovative approaches to the co-production of primary, secondary and tertiary prevention interventions will be required to support information sharing, foster inclusive awareness and engagement, and enhance collaboration. Co-production involves citizens taking shared responsibility for their own health and working with formal health and social care providers, along with other agencies and public authorities, to prevent avoidable illness, disability, and premature death. These collaborating entities include schools, municipalities, civil society organizations, and charities, all of which contribute to interventions that promote health and well-being. We envisage such stakeholders being other sectors of the economy who have the opportunity to impact health and well-being in a positive manner. Some will also be relevant stakeholders who could invest in SCIs to fund prevention. These changes to traditional models of care are likely to be challenging to implement or sustain and could potentially be viewed as disruptive by healthcare practitioners, policymakers, patients, and the public. Therefore, a clear case must be presented for these changes, including a justification, strategic plan, policies, and a vision to achieve a movement towards a culture of “disease prevention and health promotion” and SCI financing of both.

Important activities for assessing readiness to change include:

- Developing and implementing a compelling shared vision with all relevant organisations and their key stakeholders, including patient and public involvement and engagement representatives (PPIE).
- Acknowledging that current systems supporting disease prevention and health promotion services may not be delivering optimal outcomes for people and the health and care system due to lack of data, are unsustainable, and need to change. Post-pandemic the health care systems of many countries are struggling with a backlog of demand for elective care, late diagnosis of e.g. cancer, a population with increased demand for mental health support and a substantial increase in health inequalities particularly in relation to timely access and health outcomes.
- Addressing the local risks to health and underlying local social inequalities.
- Agreeing and publishing a clear description of local population health challenges, the necessary choices in the prioritisation of curative versus preventative interventions (especially primary and secondary prevention), and the desired strategic direction of local disease prevention and health promoting activities, how these are going to be

funded e.g. through SCI and how agencies/stakeholders can work together.

- A vision of desired, future experience for both recipients and providers of the service.
- Creating a sense of urgency to maintain a sustained focus, building a 'guiding coalition' and fostering trusted relationships for change across stakeholder organisations.

Choose readiness to change

Guidance: As a test-bed, in relation to readiness for change, please select the appropriate scale below that reflects your position locally in relation to your chosen topic for SCI in the Invest4Health project (this will be different across the four test-beds).

Assessment scale

0 There is no acknowledgment of the compelling need to change and redesign.

1 Strategic leaders recognize the compelling need, but consultation on developing the vision and strategic plan has not yet taken place.

2 Local consultation has occurred, consensus-building is underway, and a strategic plan is being developed.

3 The vision or strategic plan has been aligned with the local context, and leaders and champions are emerging.

4 The leadership, vision, and strategic plan have been developed and shared, and a local action plan is being created with leaders, champions, and representatives of key stakeholder groups.

5 Local and/or national political consensus, public support, and visible stakeholder engagement have been established, and an action plan has been agreed upon.

2. Governance, Innovative Business Models, and Structures

Description

Governance

In terms of governance, Invest4Health develops and tests models, alternative governance mechanisms and tools/methods with decision and policy makers and citizen panels that will facilitate the use of smart capacitating investment in health promotion and prevention: delivering the right intervention/service to the right population/group/individual at the right time. In the test-beds we will undertake piloting and simulation of finance, governance and business models and alternative governance mechanisms for SCI in health promotion and disease prevention.

Innovative Business Models

In terms of business models, changing and developing new systems of prevention and health promotion, care, and support to offer better integration requires innovative business models. The Invest4Health study aims to explore how SCIs and associated SCI-compatible business models can provide an alternative to traditional business models. These may involve multiple stakeholders (e.g. public-private) that are actively coordinating for a shared or common value proposition. These models should be aligned with the desired outcomes and processes of integrating the disease prevention and health promotion activities. The full range of these potential SCI-compatible business models are available in deliverables from Work Package 3.

Structures

The extensive set of changes required to deliver new disease prevention and health promotion activities, along with their associated SCI financial models at local, regional, or national levels, presents a significant challenge. This effort necessitates multi-year programmes with efficient change management, adequate funding, and effective communications. It requires the ability to influence and, at times, mandate new working practices. The changes involve aligning the overall project's objectives across diverse organizations and professions, fostering collaboration, and prioritizing the interests of individuals and the overall health and wellbeing system over those of single entities and stakeholders. It also entails managing the introduction of person-centered innovative solutions to ensure they are easy to implement and acceptable to care practitioners, service users, and citizens.

Key elements of structure and governance include:

- Enabling appropriately funded programmes (e.g., Disease Prevention, Prevention and Health Promotion, self-management, etc.) with well-designed programmes, project and change management; providing workforce development programmes to support roll-out; promoting distributed leadership to reduce dependency on a single leader; and ensuring excellent communication of goals, progress, and successes.

- Managing successful innovative disease prevention and health promotion activities to support people's active and healthy living within a properly funded, multi-year public health transformation programme.
- Addressing the risk of health and social inequalities. These inequalities include overarching inequalities in life-course health opportunities and in access to timely health and social care and variation in outcomes.
- Empowering structures to develop and implement new protocols, guidelines, and health and care pathways to adopt innovative solutions for active and healthy living.

Choose governance, innovative business models, and structure

Guidance: As a test-bed, in relation to governance, innovative business models, and structure, please select the appropriate scale below that reflects your position locally in relation to your chosen topic for SCI in the Invest4Health project (this will be different across the four test-beds).

Assessment scale

0 There is no governance, no innovative business models, or no structure in place to support integrated prevention and health promotion activities.

1 Stakeholders recognise the need for integrated governance, innovative business models and structures, and some fragmented structures, governance processes, and potential for innovative business model places are in place.

2 Informal collaboration between organisations and care practitioners has been established at a local level, often as part of pilot projects, such as cooperation agreements and joint project management teams.

3 Appropriate governance, identification for innovative business models and structures have been established at local and regional levels.

4 A roadmap for a change programme has been defined and accepted by the involved stakeholders, leading towards appropriate governance, use of innovative business models and structures.

5 A comprehensive change programme has been established with funding and a clear mandate for action, leading towards appropriate governance, use of innovative business models and structures.

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3. Digital Infrastructure

Description

Disease prevention and health promotion initiatives often require a level of integration that necessitates data-sharing among diverse activity providers e.g. exercise on prescription or green prescribing (volunteering), key stakeholders from involved organisations, service users, citizens, and carers. There is also an issue about the ownership and sharing of personal data e.g. exercise data. This data-sharing gradually leads to systems that enable continuous collaboration, and the measurement and management of outcomes. The approach involves leveraging existing digital care infrastructure in innovative ways to support data and information sharing, enhancing security, and enabling mobility. Simplifying the number of different systems in use and the formats in which they exchange and store data can make this task easier.

Key elements of digital health infrastructure include:

- A strategic approach to Collaborative Spaces that offers both digital and face-to-face services to effectively utilise scarce resources and address access inequalities. This includes the availability of essential ICT infrastructure components to enable data and information sharing.
- Identifying existing Collaborative Spaces that enable coordination, assimilation and evaluation of digital and/or physical activities.
- Providing staff with access to appropriate digital tools and necessary training, particularly GDPR training.
- Consolidation and standardisation of ICT infrastructure and solutions, reducing the number of technical integration points to support better management, ensuring interoperability, and streamlining procurement.
- Designing data protection and security into patient records, ensuring the integrity and quality of data in electronic records and registries, as well as online services.
- Enabling new channels to facilitate health and wellbeing service delivery, and introducing new services and activities based on advanced communication and data processing technologies where appropriate.

Choose digital infrastructure

Guidance: As a test-bed, in relation to digital infrastructure, please select the appropriate scale below that reflects your position locally in relation to your chosen topic for SCI in the Invest4Health project (this will be different across the four test-beds).

Assessment scale

0 There is no digital infrastructure to support integrated prevention and health promotion initiatives.

1 There is a recognition of the need, but no strategy or plan exists to deploy and standardize digital solutions for integrated prevention and health promotion initiatives.

2 A mandate and plans to deploy regional/national digital infrastructure, including a set of agreed technical standards across the health, social care, and wellbeing system, are in place but not yet implemented.

3 Digital infrastructure to support integrated prevention and health promotion initiatives has been piloted but does not yet have region-wide coverage.

4 Digital infrastructure to support integrated prevention and health promotion initiatives is deployed widely at large scale but is not used by all stakeholders involved.

5 Universal, at-scale regional/national digital infrastructure used by all stakeholders involved is in place.

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4 Process coordination

Description

The delivery of health, social care, employment, education, leisure, and support services, along with the involvement of citizens and carers, is a complex series of interconnected processes aimed at achieving specific outcomes. Effective process coordination demands new pathways, services, and methods of working to improve the quality and efficiency of care and support, and co-production of health and wellbeing, while avoiding unnecessary variation (especially unwarranted variation) and duplication. This need for coordination intensifies when a person's care and support, focusing on prevention of avoidable ill-health and disability, involve multiple practitioners and services delivered in various settings (particularly if they transition between primary and secondary or secondary and tertiary prevention levels and transitions into and out of social care and support services). Care pathways are widely used for structured and detailed planning of care and support processes, incorporating evidence-based practices and local contextual factors. Some aspects of these processes must comply with legal or professional regulations, while others are guided by principles, recommendations, or best practices.

Process coordination facilitates the effective deployment and scaling up of disease prevention and health promotion initiatives by:

- Developing new care processes and pathways that are replicable, have sustainable funding identified for all components, and are agreed upon by relevant stakeholders.
- Including an explicit statement of the goals and key elements of the care pathway, such as maintaining health and wellbeing outcomes.
- Defining evidence-based guidance and agreeing on plans for formally introducing and scaling up new services into practice.
- Negotiating with a broad range of experts and authorities on the introduction and deployment of measurable person-centered outcomes as well as outcomes for the health and care system.
- Ensuring the sustainability of new services and activity pathways.

Choose process coordination

Guidance: As a test-bed, in relation to process coordination, please select the appropriate scale below that reflects your position locally in relation to your chosen topic for SCI in the Invest4Health project (this will be different across the four test-beds).

Assessment scale

0 There are no formal processes in place or in development to coordinate integrated prevention and health promotion activities and services.
1 Some guidance, agreements, or standards have been or are being developed but have not yet been implemented.
2 Guidance, agreements, or standards have been developed and efforts are underway to integrate them into care pathways as part of the prevention and health promotion activities implementation plan.
3 Guidance, agreements, or standards have been integrated into prevention and health promotion care pathways for some population cohorts.
4 Plans are underway to embed a systematic and consistent approach to integrating guidance, agreements, and standards into all relevant care pathways.
5 A systematic approach to coordinated services, pathways, and care processes is in place. Mechanisms exist to scale up, maintain, and redesign the services, pathways, and care processes based on new evidence and ongoing adjustments informed by experience gained.

5. Financing

Description

Changing and developing new systems of disease prevention and health promotion, care, and support to offer better integration requires initial investment and financing; operational financing during the transition to new care models; and ongoing financial support until the new services are fully operational and the older ones are decommissioned. The Invest4Health study aims to explore how SCIs can provide an alternative to traditional models of often public financing. These may involve multiple partners (e.g. public-public, public-private). The full range of these potential models for SCI are available in deliverables from Task 2.1. Ensuring that these initial and ongoing costs can be financed is crucial and involves utilising a range of mechanisms, including local, regional, and national budgets as 'stimulus' funds, European Union investment funds, public-private partnerships (PPP). These require risk-sharing mechanisms. To ensure appropriate financing is identified and allocated to the programme, novel SCI financing should:

- Be aligned with the desired outcomes and processes of integrating the disease prevention and health promotion activities.
- Involve all potential organisations with a financial stake and who could benefit from the new service.
- Be available to stimulate and support the initial change.
- Enable incentives to be agreed upon for the ongoing new or redesigned service model.

These SCIs may require novel business models.

Choose financing

Guidance: As a test-bed, in relation to financing, please select the appropriate scale below that reflects your position locally in relation to your chosen topic for SCI in the Invest4Health project (this will be different across the four test-beds).

Assessment scale

0 No existing or new SCI financing is available to support the transition to integrated prevention and health promotion.

1 Existing or new SCI financing is available but primarily for pilot projects and evaluation activities.

2 Existing or new SCI consolidation innovation funding is available through competitions and grants for individual service providers involved in the new or redesigned service model.

3 Existing or new SCI adequate financing for scaling up is available, but it does not comprehensively incentivise all service providers involved in the new or redesigned service model.

4 Existing or new SCI adequate financing or reimbursement schemes for ongoing new operational models are available for a limited period only.

5 Existing or new SCI secure, multi-year budgets and/or reimbursement schemes are accessible to all service providers involved in the new or redesigned service model.

6. Removal of Barriers or Constraints

Description

Even with political support, funded programmes, and good digital infrastructure, many factors can still make it difficult to introduce new or redesigned service models, causing delays or limiting the extent of change. These factors include partnership working agreements like memoranda of understanding, legal issues with data governance and information sharing, resistance to change from individuals or professional bodies, cultural barriers to technology use, perverse financial incentives or user financial contributions, lack of perceived benefits for users, and lack of skills and confidence. It is crucial to recognise these factors early and develop a plan to address them to minimise their impact on SCI success.

Changes to be implemented/addressed include:

- Actions to remove barriers: partnership working agreements, legal, organisational, financial, and skills-related, considering the need to address the risk of health and social inequalities.
- Changes to laws or local governance arrangements, such as those concerning medical acts, information governance, and data sharing, which may impede innovation.
- Creation of new organisations or collaborations to encourage cross-boundary working (‘normative integration’).
- Changes to reimbursement and/or user financial contributions to support behavioural and process changes.
- Education and training to increase understanding of innovations and new health and wellbeing solutions, thereby accelerating solution delivery.

Choose approach to minimizing barriers or constraints

Guidance: As a test-bed, in relation to minimizing barriers or constraints, please select the appropriate scale below that reflects your position locally in relation to your chosen topic for SCI in the Invest4Health project (this will be different across the four test-beds).

Assessment scale

0 No awareness of the effects of barriers and constraints to SCI of new or redesigned integrated prevention and health promotion activities.

1 Awareness of barriers and constraints to SCI exists, but there is no systematic approach to managing them.

2 A strategy for removing barriers and constraints to SCI has been agreed upon at the local, regional, and/or national policy levels.

3 An implementation plan and process for removing barriers and constraints to SCI have been developed and have begun to be implemented locally.

4 Solutions for removing barriers and constraints to SCI are developed and routinely used.

5 Projects and programmes are delivered on time and within budget, with a high completion rate, and barriers and constraints to SCI are no longer an issue for service development and the implementation of innovative practices.

7. Population Approach

Description

Integrated disease prevention and health promotion initiatives can be designed to create good life-course health opportunity architecture for citizens who are not thriving under existing societal, care and support systems, helping them better manage their health and wellbeing needs. This enables individuals to live their best lives, care for family dependents, participate in the labour market where appropriate, and engage with society in general. Population health goes beyond this to forecast future health risks and demands, allowing for proactive measures to help citizens co-produce and maintain their health and wellbeing, access appropriate care and support earlier, and increase health span so they become less dependent on health and care services as they age. The population health approach includes:

- Understanding and anticipating demand, meeting needs more effectively, and addressing health and social inequalities.
- Enhancing the resilience of health and care systems and other sectors of the economy such as housing, transport, schools and the natural environment, by leveraging existing data and information on public health, health risks, wider determinants of health and wellbeing, and service utilisation.
- Diverting service users and citizens into more appropriate support pathways, utilising community support, building resilience, and considering user preferences.
- Predicting future demand and taking steps to reduce health risks through public health interventions.
- Implementing various mechanisms for case finding, stratifying, and predicting user demands to tailor services and activities to those who are most likely to benefit.

Choose population approach

Guidance: As a test-bed, in relation to population approach, please select the appropriate scale below that reflects your position locally in relation to your chosen topic for SCI in the Invest4Health project (this will be different across the four test-beds).

Assessment scale

0 A population health approach for understanding current or future needs is not applied to any health, care, or support services, or activities locally.

1 Some localised case finding is undertaken, but it is not systematic, and the outputs are not stratified by levels of prevention (primary, secondary, tertiary), need or avoidable risk.

2 Case finding and stratifying outputs by levels of prevention (primary, secondary, tertiary), need or avoidable risk are conducted as part of some projects or for managing specific population groups.

3 Case finding and stratification techniques are systematically applied to inform the planning and delivery of health, care, and support services. Risk stratification is used for specific groups, such as those at risk of developing a chronic condition, becoming frequent service users, or determining appropriate treatment or support.

4 A population risk stratification approach is applied to several services, but it is not yet systematic or applied to the entire population and its health, care, and support services. This is a very medical model rather than a population coproduced prevention model across sectors of the local economy.

5 A whole population risk stratification approach for all health, care, and support services is fully deployed and implemented, plus across other sectors of the economy which impact on creating good life-course health opportunity architecture.

8. Service User and Citizen Empowerment

Description

Formal health and social care services face increasing demand which is difficult to meet within current fiscal space. Evidence suggests that many individuals are willing and would benefit from actively participating in co-producing and maintaining their health and wellbeing if they received the right information and support on self-management, along with easily accessible disease prevention and health promotion services and environments. This involves co-producing activities, services, and tools that offer convenience, choice, and encourage self-care and engagement in positive health management and healthy behaviours, whilst agencies acknowledge and address the risks of health and social inequalities.

Key elements of service user and citizen empowerment include:

- Co-production of disease prevention and maintenance of health and wellbeing, where individuals and infrastructures share responsibility for preventing avoidable ill-health, disability, and premature death.
- Ensuring a range of demographics across the life-course are considered to provide an inclusive delivery model.
- Recognising that individuals' preferences, capabilities, and motivational status depend upon underlying socioeconomic adversity. They are dynamic and require the delivery model to be flexible.

Choose citizen empowerment

Guidance: As a test-bed, in relation to citizen empowerment, please select the appropriate scale below that reflects your position locally in relation to your chosen topic for SCI in the Invest4Health project (this will be different across the four test-beds).

Assessment scale

0 Service user and citizen empowerment is not considered as part of integrated prevention and health promotion strategy and local health and wellbeing economy.

1 Empowerment is recognised as important, but effective policies and approaches to support empowerment are still in development across the local health and wellbeing economy.

2 Empowerment is acknowledged as important, and effective policies to support empowerment are in place across the local health and wellbeing economy, but individuals are not involved in co-designing their health and wellbeing support.

3 Service users and citizens are involved in co-designing aspects of their health and wellbeing but are not systematically offered the relevant information, tools from multiple providers across the across the local health and wellbeing economy.

4 Service users and citizens are actively involved in co-designing aspects of their health and wellbeing and are systematically offered relevant information, tools (e.g. apps), and access to their health and care records electronically to enable them to participate in the local health and wellbeing economy.

5 Service users and citizens are actively involved in co-designing aspects of their health and wellbeing, are systematically offered relevant information and tools (e.g. apps), have access to their records to identify and co-design integrated health, care, and support and activities across the local and national health and wellbeing economy.

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9. Evaluation Methods

Description

As new care pathways and services are introduced to support people's health and wellbeing, it is crucial to ensure that these changes positively impact quality of care, cost, user access and experience, and health outcomes. This aligns with the concept of evidence-based SCI models, which are expected to enable the achievement of these impacts. SCI models may facilitate prevention intervention that may have impact beyond the health and social care sector e.g. in criminal justice, housing, and environment sectors. Therefore, evidence from the cross-sectoral evaluation of all potential impacts of a prevention intervention is crucial for designing, planning, and commissioning prevention SCI. As part of this project, we are developing guidance on how to perform such a thorough and comprehensive evaluation. Elements of this guidance include:

- Understanding the evidence required by the payers of the service to ensure its sustainability beyond the project's end and need to collect future evidence to do so requiring an evaluation framework covering: Are relevant outcomes identified?; Is routinely collected data accessible or prospective data collection possible within timelines?; Is it possible to define the counterfactual?; Availability of required resources for the evaluation (e.g. technical expertise, databases, time and money); Required ethical approvals in place?
- Establishing baselines (on cost, self-reported quality of life, access, etc.) before the introduction of new services.
- Systematically measuring the impact (i.e. causal relationship) of new services and pathways on all relevant outcomes using appropriate study designs and methods (e.g., observational studies with causal inference methods, pragmatic control trials, realist evaluation, clinical trials).
- Understanding the financial and other resource inputs from all stakeholders involved in the activity business and delivery model.
- Generating appropriate evidence that leads to the scaling of good practices.

Over time, the use of more real world data would be an advantage, but would require stakeholders to commit to sharing data, agreeing how data is governed (see task and deliverable T3.4), and having a collaborative space/platform (see task and deliverable 3.3/3.5).

Choose evaluation methods

Guidance: As a test-bed, in relation to evaluation methods, please select the appropriate scale below that reflects your position locally in relation to your chosen topic for SCI in the Invest4Health project (this will be different across the four test-beds).

Assessment scale

0 There is no routine evaluation process of integrated prevention and health promotion services in place or in development.

1 Routine evaluation of integrated prevention and health promotion services is planned.

2 Routine evaluation processes exist but is not part of a systematic approach to service improvements.

3 Some new integrated prevention and health promotion initiatives and services are being evaluated as part of a systematic approach.

4 Most new integrated prevention and health promotion services undergo routine evaluation, and the results and outcomes are widely available and shared with all stakeholders.

5 There is a routine approach to evaluating all new integrated prevention and health promotion initiatives, with results and outcomes shared and reviewed by stakeholders to inform ongoing redesign or improvement of services.

10. Breadth of Ambition for Scaling

Description

Integrated care (including primary, secondary, tertiary integrated disease prevention and health promotion services) encompasses various levels of integration. This can range from integration between primary and secondary care to coordination among all stakeholders within a single organisation or across multiple organisations in a geography, potentially including employers, education, and leisure sectors, and the natural environment. Integration can be developed within one sector to address health and wellbeing needs (vertical integration) or can involve public health workers, the voluntary sector, communities, employers, and informal care (horizontal integration). The broader the scope, the more diverse the stakeholders involved in designing, implementing, and evaluating the impact and outcomes. Integration may involve extensive information sharing across the wider health and wellbeing economy or be more limited in scope. The long-term goal should be fully integrated care services, including disease prevention and health promotion at all levels of the local health and wellbeing economy, providing seamless interactions for citizens, leading to better care, more fulfilled lives, and improved outcomes. This would include:

- The scaling of primary, secondary and tertiary disease prevention and health promotion services integrated and supported at all levels within the health, care, and support system – at the macro (policy, structure), meso (organisational, professional), and micro (care delivery) levels.
- Integration between health, care, and support services (including social, education, employment, leisure, voluntary, informal, and family services).
- Seamless transitions for service users between and within different services and activities across the local health and wellbeing economy.

Choose breadth of ambition for scaling

Guidance: As a test-bed, in relation to breadth of ambition for scaling, please select the appropriate scale below that reflects your position locally in relation to your chosen topic for SCI in the Invest4Health project (this will be different across the four test-beds).

Assessment scale

0 The need for integrated care and support, including prevention and health promotion services, is not recognised by stakeholders, and there is no consensus on the scope of ambition for scaling.

1 Stakeholders recognise the need for integrated care and support, including prevention and health promotion services, and there is consensus on the scope of ambition for scaling.

2 Integration of health, care, and support is delivered only for certain single disease-based population cohorts or risk groups, such as diabetes, within a single sector like health, social care, education, or employment, but there are no opportunities for horizontal scaling across different disease groups or citizen groups.

3 Integration, including prevention and health promotion services, is delivered for some single disease-based population cohorts and risk groups across sectoral care pathways and services, such as diabetes, but there are no opportunities for horizontal scaling across different disease groups or citizen groups.

4 Integration, including prevention and health promotion services, is delivered within a single sector for some population groups with multimorbidity, such as diabetes and depression, with opportunities for horizontal scaling.

5 Integration, including prevention and health promotion services, is delivered across sectoral pathways and services for relevant population groups and those with multimorbidity, with opportunities for horizontal scaling.

Funded by the European Union

11. Innovation Management

Description

Many of the best ideas are likely to come from frontline practitioners such as clinicians, nurses, occupational health workers, leisure experts, and voluntary organisations who understand where improvements can be made to existing services and processes. These innovative ideas need to be captured, recognised, assessed, and, where possible, tested and scaled up to benefit stakeholders across the system. Additionally, universities and private sector companies are increasingly willing to engage in open innovation and innovative procurement to develop new technologies, test process improvements, and deliver new services that meet citizens' needs. There is also value in looking outside the system to other regions and countries facing similar challenges to learn from their experiences. Overall, this means managing the innovation process to achieve the best results for health and care systems, patients, and citizens, ensuring that good ideas are encouraged and rewarded.

Elements of good innovation management include:

- Adopting proven ideas quickly.
- Fostering an atmosphere of innovation at all levels, with the collection and diffusion of good practices.
- Learning from within the ecosystem of organisations and from other regions to expand thinking and accelerate change.
- Involving health, public health, as well as care organisations, universities, private sector companies, and other relevant sectors such as leisure, education, and transport in the innovation process (i.e. ‘open innovation’).
- Using innovative procurement and SCI financial approaches and business models (including Pre-Commercial Procurement, Public Procurement of Innovation, Public-Private Partnerships, Shared Risk, Outcome-Based Payment,).
- Leveraging European projects and partnerships (e.g. Horizon Europe, European Regional Development Funds, European Social Investment Funds, and other external funding sources).

Choose innovation management

Guidance: As a test-bed, in relation to innovation management, please select the appropriate scale below that reflects your position locally in relation to your chosen topic for SCI in the Invest4Health project (this will be different across the four test-beds).

Assessment scale

0 No innovation management is in place.

1 Innovation management is encouraged, but there is no overall plan at the local, regional or national level.

2 Innovations are captured, and some mechanisms exist to encourage knowledge transfer and the sharing of good practices at a local, regional or national level.

3 A formalized innovation management process is planned and partially implemented at a local, regional or national level.

4 A formalized innovation management process is in place and widely implemented.

5 Extensive open innovation, supported by procurement and the diffusion of good practices is fully established.

12. Capacity Building

Description

Capacity building involves the process by which individuals and organisations acquire, improve, and retain the skills and knowledge needed to design, deliver, and evaluate new ways of working, as well as develop the competencies and confidence to provide high quality and effective services. As care and support systems transform, many new roles will need to be created, and new skills and competencies identified and developed. These will range from specific intervention and activity expertise to technological proficiency and project management, alongside successful change management approaches. Care and support systems across a local health and wellbeing economy must evolve into 'learning systems' that are continually striving to improve suitability, quality, cost-effectiveness, acceptability, and access. They need to build capacity to become more adaptable and resilient. As demands evolve, retaining skills, talent, and experience is crucial, ensuring that knowledge is captured and used to enhance future service improvements and innovative projects. This alignment between supply, demand, and people's ever-changing needs will increase success and improve overall outcomes and impact.

Capacity building includes:

- Identifying the skills needed to support disease prevention and health promotion activities locally
- Increasing skills and fostering continuous improvement.
- Building a skill base that can bridge gaps and ensure that capacity needs are understood and addressed by digital solutions where appropriate.
- Providing tools, processes, and platforms for organisations to assess themselves and build their own capacity to deliver successful change.
- Creating an environment where service improvements and activity opportunities for co-production of prevention are continuously evaluated and implemented for the benefit of the local health and wellbeing economy.

Choose capacity building

Guidance: As a test-bed, in relation to capacity building, please select the appropriate scale below that reflects your position locally in relation to your chosen topic for SCI in the Invest4Health project (this will be different across the four test-beds).

Assessment scale

0 There is no recognition of the importance of capacity building to support the successful delivery of integrated prevention and health promotion services and activities within the local health and wellbeing economy.

1 Some strategic approaches and operational plans include capacity building to support the delivery of integrated prevention and health promotion services and activities within the local health and wellbeing economy.

2 Cooperation and collaboration on capacity building across relevant sectors and settings for integrated prevention and health promotion services and activities is growing across local health and wellbeing economy.

3 Learning and capacity building for integrated prevention and health promotion service change management are included in operational plans, but activities are not widely implemented across local health and wellbeing economy.

4 Systematic learning about integrated prevention and health promotion services and change management is widely implemented; knowledge is shared, skills are retained, staff turnover is lower, and staff recruitment is not an issue across local health and wellbeing economy.

5 A comprehensive, person-centred learning and capacity-building approach for integrated prevention and health promotion services is in place, involving reflection and continuous improvement, across local health and wellbeing economy.

Funded by the European Union

4 Discussion

Here we have generated and report on a new self-assessment tool to assess readiness of participating test-bed regions to test SCI, new governance mechanisms and innovative business models and structures for disease prevention and health promotion. There may have been other models of readiness that we could have adopted. We build on previous experience and success in the SCIROCCO model in a related area of integrated care, making it appropriate for use in the area of prevention. Next steps will be to test the adapted SCIROCCO model for disease prevention and health promotion in the test-beds and collate their feedback on the acceptability of the tool and any required amendments. At this time there will be the opportunity for the I4H partner team to review and produce a consolidated final version.

ANNEX 1

Definition of SCI (source: deliverable 2.1)

SCIs are defined as less conventional approaches to investment, financial or non-financial, in health promotion and disease prevention initiatives that create returns somewhere along a spectrum between financial benefit on the one hand and the enhancement of the capacity or capability of individuals or communities to engage in healthier behavior on the other. Such investments are made by social impact investors, philanthropists, charities, community groups, and / or public authorities that repurpose the allocation of mainstream public funds or integrate these funds across different levels of government. SCIs prioritise interventions that address the underlying determinants of health, promote healthy behavior, or involve proactive physical and mental health services.

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