ETORKIZUNA
ERAIKIZ
think tank

NEW FUTURES OF THE WELFARE STATE
REPORT OF THE 18th MEETING

24/11/2022

Contents

1. Programme

Theme	Presenter/Driver
Introduction and presentation of the workshop	Maite Peña
International analysis of quality evaluation and management models: lessons learned in Sweden and Scotland and next steps	Joseba Zalakain
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Group deliberation: Items to be included in the future quality assurance model in Gipuzkoa	Participants in the focus group
Stock-take of the workshop	Participants in the focus group
End of session	Maite Peña

2. Participants

- Maite Peña
- Javier Castro-Spila
- Carlos Alfonso
- Adriana Martínez Sans
- Garikoitz Agote
- Josu Gago
- Bakarne Etxeberria
- Sebastian Zurutuza
- Julian Florez Esnal
- Mikel Malcorra
- Iñigo Kortabitarte
- Patxi Leturia
- Jaime García
- Maria Muñoz
- Felix Arrieta
- Jon Arzallus
- Elena Basagoitia
- Arantxa Gorostiaga
- Andoni Zulaika
- Koldo Aulestia
- Rakel San Sebastian
- Javi Sancho
- Xanti Moriones
- Amaia Jiménez
- Belén Larrión
- Ainhoa Arrona
- Naia Begiristain

3. Introduction and presentation of the workshop

The Deputy (Provincial Minister) for Social Policies opened the session by welcoming all the participants and thanking them for attending. She explained that there are people who do not participate directly in the Think Tank space, but nonetheless sit on the ethics committee of the Department of Social Policies and who were on the trips to Sweden and Scotland.

She went on to talk about the Loiola Plenary Meeting, held last October. She said that clear progress had been made. '*On three of the twelve recommendations, specifically, those related to evaluation, we have covered a lot of ground. This is an orientation that has arisen from the Think Tank itself*'.

The Deputy for Social Policies explained that DFG6 would give a presentation on the ways in which the recommendations of the White Paper are affecting the 2030 Agenda. She added that ECO21 would explain the progress being made in the area of personalisation indicators. '*Finally, with regard to the evaluation and quality system, ECO1 will share the lessons learned with us. We will have a recommendation from the Think Tank about the evaluation system. We will work on this topic in groups*'.

4. Presentation of the work carried out on the transition monitor

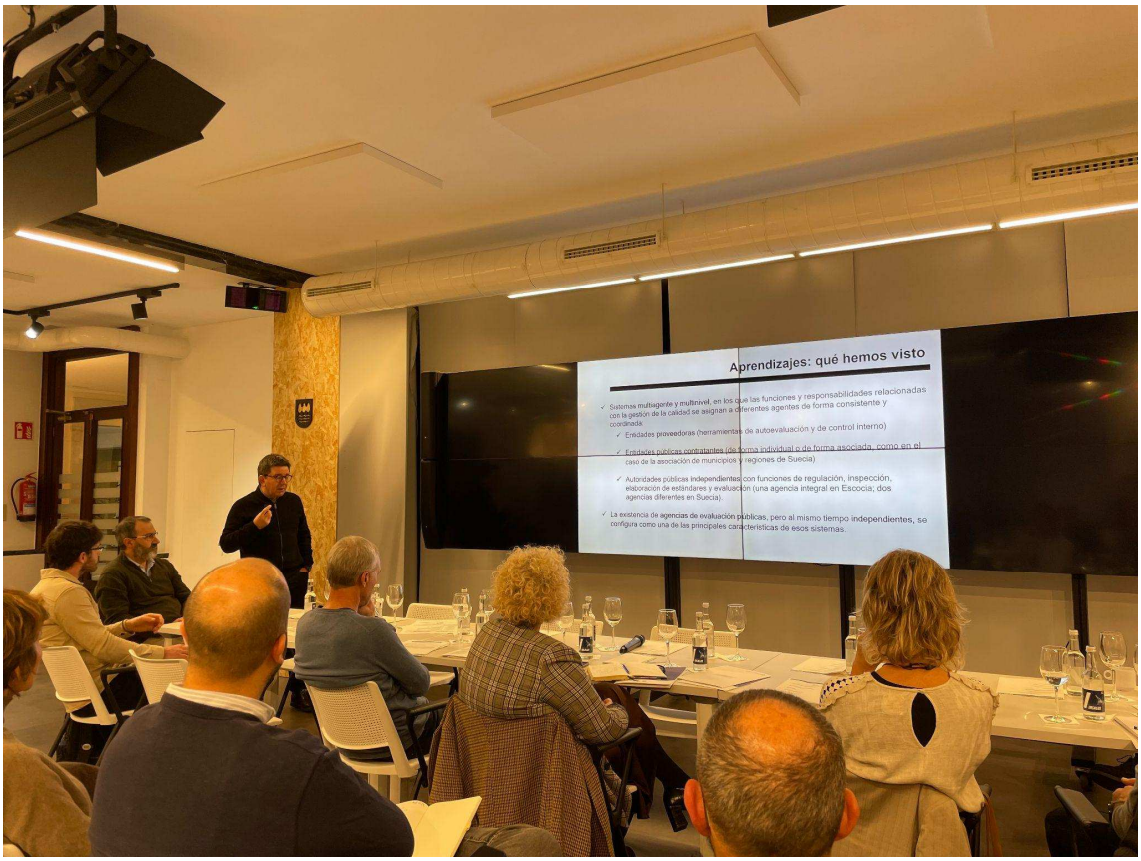
DFG6 began by thanking all the participants. '*The recommendations from the Think Tank are reflected in the transitions monitor. We have a system of monitoring through case studies, which is where we have made most progress, and we also have an indicator monitor. We have a total of 16 indicators*'.

He explained that there are four types of indicators:

a) Performance indicators
b) Innovation indicators
c) Governance indicators
d) Impact indicators

The criteria for selecting case studies were as follows: governance of the case, innovation and potential impact. He said that, '*having decided which studies to carry out, we went ahead and launched them*'. He presented an agenda with all the steps to be followed:

- Design of methodology
- Holding of interviews
- Preparation of results
- Validation of results (in the Think Tank itself)
- Dissemination of results (through the White Paper)



5. Presentation of progress in the group on personalisation indicators: operationalisation of criteria and dimensions

With regard to the work on the personalisation indicators, ECO21 took the floor to explain that they have made progress in operationalising the criteria and dimensions.

'*In different sessions, we have been working on a whole raft of possible indicators, the tools you could pass on to people. We would then open up the testing process between cities and services by holding different sessions with different people*'. He went on to explain the steps they have taken and those they have yet to take.

1. Operationalising (March – September 2022)
    a. In Session One, with a group of experts.
    b. In Session Two, with a group of experts.
    c. In Session Three, with the steering group.
    d. DELPHI with the steering group (individual exercise via email).
2. Comparison and discussion (September – December 2022)
    a. In Session Four with a group of experts.
    b. In Session Five with the steering group.
    c. Entities are invited to participate in the piloting.
    d. A presentation is made on the present status of the project (at the current session).
    e. Session Six with the group responsible for services of entities participating in the pilot scheme.
3. Testing (December 2022 – February 2023)
    a. A test is conducted on the entities and EDE support is provided.
    b. Session Seven with the group responsible for services of entities participating in the pilot scheme and the steering group.
    c. Session Eight with the group of experts.
4. Transfer (February – April 2023)
    a. A ninth session will be held with the group of experts.
    b. A tenth session will be held with a group of experts.
    c. Translations and final layout are planned for April 2023.

ECO21 concluded by saying that, '*the intention is to measure all this from the possibilities of each entity, with the aim of applying it in practical terms. We do not want to measure any level of personalisation of activity; we want the process to be as smooth as possible, and therefore, we will not place any limits on the pilot scheme*'. He thanked all the participants.

6. Analysis of quality evaluation and management models: lessons learned in Sweden and Scotland and next steps

ECO1 gave a summary of the trip to Stockholm and Edinburgh, to see their models of quality management evaluation and outlined the lessons and proposals

drawn from the trip. '*We talked to the organisations responsible for quality management and also to the service providers. For today's session, we have tried to incorporate all the things you have said: what you found most interesting, the proposals you have thought of for Gipuzkoa, your assessment of the trip, the lessons learned, your reflections... Today's debate will be very useful, particularly the whole process of the questionnaire answered by those of you who were on the trip Although it was not the primary goal of the trip, it has helped build relationships social capital*'. He explained that these types of evaluations and questionnaires are helpful for ensuring that everything works more smoothly, and said there had been no organisational problems. Among the aspects that need to be improved, one of the most important is simultaneous translation. '*There are problems with these trips and activities. We did not hire good translation firms and there was a problem with cultural translation. In this case, the difficulty proved to be very expensive*'.

ECO1 went on to share the lessons learned from the trips: '*In these countries, there is a multi-agent system with three levels involved:*

- *Service providers (self-assessment and internal control tools).*
- *The public bodies responsible for contracting (individually or in partnership, as in the case of the association of municipalities and regions in Sweden).*
- *Independent public authorities with regulatory, inspection, standard setting and evaluation functions (one integrated agency in Scotland; two different agencies in Sweden)*'.

He explained that one of the main characteristics of these systems is that there are no public and at the same time independent evaluation agencies.

'*There were three particularly clear tiers of evaluation in Scotland.*

- *The first tier was for personnel: training, accreditation and code of conduct for staff (particularly in Scotland).*
- *In terms of the centres, the quality of care provided by the centres and services, from the perspective of the users' quality of life.*
- *In terms of the system, evaluation of policies from a thematic and/or territorial perspective (e.g., through joint evaluations in Scotland or through a system of open comparisons in Sweden)*'.

More lessons
Comprehensive systems focusing on both centres and homes, addressing a variety of contingencies, often in conjunction, but differentiated from, the health system.
Continuity between theoretical models, principles, standards and evaluation indicators, within a common and consistent evaluation framework: greater importance of (binding or non-binding) guides, standards and directives, as opposed to legal regulation.
The systems are based on looser regulatory frameworks in which there appears to be a greater emphasis on trust rather than control. The legal framework is more strategic than regulatory and instead of establishing detailed requirements, it sets strategic lines and red lines for quality.
In this context, the requirements for centres are established in a more flexible, individualised way, apparently through dialogue.
Importance of tools related to considerations of risk when establishing the bodies to be evaluated, frequency of inspections and evaluation indicators, with an emphasis on prevention and anticipation.
Emphasis, especially in Scotland, on the processes of training for the entities, continuous improvement and accompaniment for change.
Importance of aspects related to staffing, selection and training of inspection personnel.
Importance of choice/drafting of common surveys and scales (satisfaction, geriatric assessment, quality of life, etc.)
Development of qualitative and quantitative tools for gathering users' opinions and points of view.
Items related to knowledge management and evidence-based practice.
Central role for the logic of free choice, which directly impacts formulas for service provision, and the reasons for evaluation and publication of results.
Funding, in Scotland, of inspection and evaluation services through fees paid by the inspected centres themselves.

Doubtful aspects
Laxity and lack of specificity in the regulations.
Administrative overload and risk of bureaucratisation resulting from the inspection and evaluation framework.
Lack of consistency and coordination between the different agents involved in regulation/evaluation.
Potential risks associated with the publication of reports and, above all, the rating systems for centres.
Criteria for exclusion from the evaluation processes (centres that are not registered or authorised because they are not part of the portfolio, for example).
Misuse of indicators and risk that the work of the centres and services will be reoriented to obtain good scores in the indicators.

Multilevel Institutional Articulation: How can the lessons learned be transferred to Gipuzkoa?	
Multilevel Institutional Structuring	Develop an agenda and an agency.
	Assign this agency to the soft functions (standardisation, training, research, evaluation, etc.) and keep the hard functions (inspection, accreditation, enforcement, etc.) with the relevant public institutions, developed in coordination and synergy.
	This model means developing the agency, but also introducing parallel and coinciding changes in the way the contracting public entities and providers operate.
	Focus the territorial area on primary care social services.
Advance synergistically with other tools/developments	Changes in the department's inspection service.
	Development of a new appointment model.
	Development and application of personalisation indicators.
	Launch of research, development and evaluation (RDE) unit in the Social Policies department.

	Design and implementation of the monitor of innovation and participation of the Social Policies department.
Approaches, functions and tools	Develop the evaluation functions on three tiers: staffing, care quality, and systems and policies.
	Primary focus on results, but also on processes and structures.
	Develop proactive tools for risk assessment.
	Priority focus on the functions of accompanying change and continuous improvement.

Other lessons to be taken into account
Priority focus on standardisation and creation of common intervention models.
Development of sectoral tools based on a common conceptual and philosophical basis.
Priority focus on models of internal comparison between centres and territories, so that common indicators can be used as a tool for learning and progress.
Priority focus on evaluation models based on incorporating users' opinions and experiences and developing formulae.
Combine self-evaluation and external evaluation, generating a time cycle that goes from self-evaluation to the improvement plan and external evaluation.
Move towards the development of a single model for managing incidences, complaints and claims.
Progressively develop a model for publishing indicators and evaluations of the centres, without creating systems of marks or grades.
Develop a specific plan for training and recruitment of personnel specialising in evaluating centres and services, from the perspective of personalisation of quality of life.

ECO1 went on to say that an international seminar would be held on 16 December, with representatives from France, Holland, Ireland and Quebec participating. '*The Seminar will take place in the Kursaal Conference Centre in Donostia/San Sebastián*

between 9:00 am and 3:30 pm,, and 50 people will be invited, from administrations and public entities in Gipuzkoa'. In conclusion, he thanked all the participants.

Aitor took the floor to say that, from his perspective, he felt more closely aligned with the Scottish model than the more local one. '*There are things that could be applied here on a specific basis. The first thing we should work on is the whole question of standards: what is the key area, what is the indicator, and how these issues should be addressed*'. He also said he was struck by the profile of the people carrying out the evaluations: '*They are all people who have worked in the sector before, people who know the sector*'.

DFG11 asked whether an attempt is being made to change the care model. '*Given the importance of governance, this proposal is highly focused on services*'.

ECO1 replied that, '*some plans have been focused on more than others. The evaluation and supervision plan, for example. Not only because of COVID, but also because of the quality of care. At the level of the policy systems, there is then an assessment of governance. If we apply a very territorial vision, how is governance working in the territories? It's true, we should have a coordinated system*'.

Various interesting aspects observed during the trip were discussed, including:

- The issue of culture.
- Collaboration of entities and services.
- Complexity and multi-contingency.
- Being able to measure change and to address it from within.
- Relationship with other systems.
- Quality of care.

7. Group Dynamic

The facilitator took the floor to give a brief summary of everything that had been said about the trips. '*When we talk about evidence, we are basically talking about health evidence. Any evidence that is accumulated tends to be refuted by new evidence. I think it's a good idea to create a model for building evidence: producing evidence from the social area, with a more standardised methodology, from which the most standardised processes are produced*'.

He went on to introduce the group dynamics: '*We will be handing out a sheet of paper with a series of prioritisations. We want you to choose which are the three great recommendations. We think this is essential. Then, you will hand the sheets back to me and we will generate a document. We will make a single document with a single proposal, and we will send it to you for you to assess*'.

The participants were divided into three different groups for the dynamics session, and as indicated by the facilitator, they then filled in the sheet with different proposals and recommendations, assessing impact, feasibility and prioritisation.

8. Results of group dynamics

The facilitator started the process of sharing the results of the dynamics.

Group 1:

Group one said that it had been a difficult year. They highlighted the following points:

- Clearly, an agenda has to be created and prepared.
- Creating the agency requires that soft functions be incorporated.
- They see Recommendation 4, the recommendation on the model, as being a sine qua non for the agenda itself. It is not an independent recommendation, it is a recommendation they have made within that framework.
- The highest score went to publicising the results.
- There were doubts in the group about the point on the system. They noted there was a 'traumatic' experience with the point about a hiring mechanism and there are issues that are difficult to address.
- They said there are many interesting issues that should be discussed.

Group 2:

The spokesperson for Group 2, DFG6 said that their group had not been able to separate Points 1 and 2, the Agenda and the Agency. He said that everyone gave the same score to Point 8.

Group 3:

DFG9 said that their group had given very high scores to the Agenda and the Model. The next highest score was for Tools and Functions.

9. End of session

At the end of the group dynamics, the facilitator said they would write up a short report with the information received and look at the possible agenda for creating the agency.

The Deputy for Social Policies took the floor and said it had been a very interesting session. '*This session has been very productive and we will continue with this dynamic, because we think it will go on producing results*'. She said they would meet again on 16 December.

10. Appendices

a. Working Document No. 18

ETORKIZUNA ERAIKIZ THINK TANK

Deliberation group: The Futures of the Welfare State

Working Document No. 18

24 November 2022

Summary: This paper, the seventh in the second cycle, is the latest from the Etorkizuna Eraikiz Think Tank's Deliberation Group on the Futures of the Welfare State (2021-2023). This session addresses three issues: the work performed on the transitions monitor; the progress made in the group of personalisation indicators; and the analysis of models of quality evaluation and management, taking into account the lessons learned in Sweden and Scotland, and the next steps to be taken. In the group dynamics, discussions were held on the items that should be included in the future quality assurance model for Gipuzkoa.

A. The work performed on the transitions monitor

As regards the work carried out on the transition monitor, it was stressed that the Think Tank's recommendations are reflected in the monitor itself. They also presented the four types of indicators:

- Performance indicators
- Innovation indicators
- Governance indicators
- Impact indicators

It was explained that the selection criteria for the case studies were governance, innovation and potential impact. They presented an agenda with the following steps:

- Design of methodology
- Holding of interviews
- Preparation of results
- Validation of results (in the Think Tank itself)
- Dissemination of results (through the White Paper)

B) Progress made in the group on personalisation indicators

The steps that have been taken on the personalisation indicators and those that will be taken in the coming months were presented:

1. Operationalising (March – September 2022)
2. Comparison and discussion (September – December 2022)
3. Testing (December – February 2023)
4. Transfer (February – April 2023)

C) Analysis of models of quality evaluation and management: lessons learned in Sweden and Scotland and next steps

With regard to the lessons learned from the trips to Sweden and Scotland, particular mention was made of the multi-agent system and its three-tiers: providers; public bodies responsible for contracting; and independent public authorities with regulatory, inspection, standard-setting and evaluation functions. It was explained that one of the main characteristics of these systems is that there is a lack of independent public agencies.

The following table outlines how the lessons learned could be transferred to Gipuzkoa:

How can the lessons learned be transferred to Gipuzkoa?	
Multilevel Institutional Structuring	Develop an agenda and an agency
	Assign this agency to the soft functions (standardisation, training, research, evaluation, etc.) and keep the hard functions (inspection, accreditation, enforcement, etc.) with the relevant public institutions, developed in coordination and synergy.
	This model means developing the agency, but also introducing parallel and coinciding changes in the way the contracting public entities and providers operate.
	Focus the territorial area on primary care social services.
Advance synergistically with other tools/developments	Changes in the department's inspection service.
	Development of a new appointment model.
	Development and application of personalisation indicators.
	Launch of research, development and evaluation (RDE) unit in the Social Policies department.
	Design and implementation of the monitor of innovation and participation of the Social Policies department.
Approaches, functions and tools	Develop the evaluation functions on three tiers: staffing, care quality, and systems and policies.
	Primary focus on results, but also on processes and structures.
	Develop proactive tools for risk assessment.
	Priority focus on the functions of accompanying change and continuous improvement.

The participants in the trip also discussed the most striking aspects they observed:

- Culture
- Collaboration of entities and services
- Complexity and multi-contingency
- Being able to measure change and to address it from within
- Relationship with other systems
- Quality of care

D) Group dynamics and results

The groups discussed the items that should be incorporated into the future quality assurance model in Gipuzkoa. They discussed what aspects should be prioritised in this quality assurance model.

The participants said they found it difficult to prioritise different aspects, as they consider many of them to be important for the quality assurance model.

b. Proposal of the working group on Social Services Personalisation Indicators

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INDICATORS FOR PERSONALISATION OF SOCIAL SERVICES

PROPOSAL OF THE PERSONALISATION WORKING GROUP
November 2022 Update

ETORKIZUNA ERAIKIZ

Summary of steps taken and pending

March – September 2022

1. OPERATIONALISE

- SESSION 1 with group of experts (Think Tank, March)
- **SESSION 2 with group of experts (Think Tank, May)**
- **SESSION 3 with STEERING group (on-line, July)**
- **DELPHI with steering group (individual exercise by email, September)**

September – December 2022

2. DISCUSS

- SESSION 4 with group of experts (Think Tank, 29 September)
- SESSION 5 with Steering group (on-line, November)
- Invitation to entities for pilot scheme (November)
- **Presentation of project status (Think Tank, 24 November)**
- SESSION 6 with group of heads of services from entities participating in the pilot scheme (on-line, December)

December 2022 – February 2023

3. TEST

- **TESTING of entities and EDE accompaniment (December-January)**
- **SESSION 7** with group of heads of services from entities participating in the pilot scheme + steering group (on-line, February)
- **SESSION 8 with group of experts (on-line, February)**

February – April 2023

4. TRANSFER

- **SESSION 9 with group of experts (Think Tank, 23 February)**
- **SESSION 10 with group of experts (Think Tank, 23 March)**
- **Translations and final layout (April)**

c. Presentation of the lessons learned from the trip to Sweden and Scotland

Towards an evaluation system for social policies and services in Gipuzkoa

Lessons learned from the trip to Sweden and Scotland

ETORKIZUNA ERAIKIZ — GIPUZKOA ETORKIZUNA ORAIN — SIIS Fundación Eguía-Careaga Fundazioa

Assessment of the Trip

- ✓ **Positive assessment of the trip** in terms of the **common lesson learned**, the widening of the debate thanks to **collective reflection**, and the building of **relationships (social capital)** between the people and bodies forming the network.
- ✓ Positive assessment of **organisational aspects** and the choice of the bodies with which meetings were held, as well as the collaboration established with the **European Social Network (ESN).**
- ✓ **Areas for improvement**: simultaneous translation, unification of criteria on aspects to be addressed (prior to the trip), taking advantage of the trip to view/analyse other issues…
- ✓ Observation of the cultural, institutional, organisational and jurisdictional **differences** between the various countries.

Lessons: what we have seen

- ✓ **Multi-agent and multi-tier** systems, in which roles and responsibilities related to quality management are assigned to different agents on a consistent and coordinated basis:
  - ✓ **Service providers** (self-assessment and internal control tools)
  - ✓ The public bodies responsible for **contracting** (individually or in partnership, as in the case of the association of municipalities and regions in Sweden)
  - ✓ **Independent** public authorities with regulatory, inspection, standard setting and evaluation functions (one integrated agency in Scotland; two different agencies in Sweden).
- ✓ One of the main features of these systems is the existence of **public**, but **independent evaluation agencies**.

Lessons: what we have seen

- ✓ **Three tiers** of evaluation, particularly clear in Scotland:
  - ✓ Personnel: training, accreditation and code of conduct for **personnel** (particularly in the case of the Scottish Social Services Council),
  - ✓ Centres: quality of care provided in **centres and services**, from the perspective of users' quality of life
  - ✓ System: Evaluation of **policies** from a thematic and/or territorial perspective (e.g., through joint evaluations in Scotland or through a system of open comparisons in Sweden).
- ✓ Possibility of performing **partial or sectoral** specialised evaluations, in addition to the regular comprehensive evaluations.
- ✓ Orientation towards **results** from a user perspective, as opposed to an emphasis on processes and structures (material, personal and functional requirements).

Lessons: what we have seen

- ✓ **Comprehensive systems** focusing on both **centres** and **at home**, addressing a variety of contingencies, often in conjunction, but differentiated from, the health system.
- ✓ **Continuity** between principles, standards and evaluation indicators, within a common and consistent evaluation framework: greater importance of (binding or non-binding) **guides, standards and directives**, as opposed to legal regulation.
- ✓ The systems are based on **looser regulatory frameworks** in which there appears to be a greater emphasis on **trust rather than control**. The legal framework is more strategic than regulatory and instead of establishing detailed requirements, it sets strategic lines and red lines for quality.
- ✓ In this context, the requirements for centres are established in a more **flexible**, **individualised** way, apparently through **dialogue**.
- ✓ Importance of tools related to considerations of **risk** when establishing the bodies to be evaluated, frequency of inspections and evaluation indicators, with the goal of **prevention and anticipation**.

Lessons: what we have seen

- ✓ Emphasis, especially in Scotland, on the **processes of training for the entities, continuous improvement and accompaniment for change**.
- ✓ Importance of aspects related to **staffing, selection and training** of inspection personnel.
- ✓ Development of qualitative and quantitative tools for gathering users' **opinions and points of view**
- ✓ Promotion of mechanisms for submitting **complaints and claims**, and for notifying **incidences or irregularities** (Lex Sarah and Lex Maria in Sweden)
- ✓ Emphasis on **transparency** and accountability, especially in Scotland, where the points system and publication of results is seen as a positive feature. In Sweden, the system is based more on comparison through surveys.

Lessons: what we have seen

- ✓ Importance of items related to **knowledge management** and evidence-based practice.
- ✓ **Central role for the logic of free choice,** which directly impacts formulas for service provision, and the reasons for evaluation and publication of results.
- ✓ Importance, especially in Scotland, given to processes related to **continuous improvement and support for change**
- ✓ Funding, in Scotland, of inspection and evaluation services through fees paid by the inspected centres themselves

Lessons: doubtful or questionable aspects

- ✓ Laxity and **lack of specificity in the regulations**
- ✓ **Administrative overload** and risk of **bureaucratisation** resulting from the inspection and evaluation framework
- ✓ Lack of **consistency** and **coordination** between the different agents involved in regulation/evaluation
- ✓ Potential **risks** associated with the **publication** of reports and, above all, the **rating** systems for centres
- ✓ Criteria for **exclusion** from the evaluation processes (centres that are not registered or authorised because they are not part of the portfolio, for example)
- ✓ **Misuse of the indicators** and risk that centres and services will reorient their work to ensure good results in the indicators, without necessarily improving the actual situation measured by these indicators.

Next steps

- ✓ International seminar on 16 December, with representatives from France, Holland, Ireland and Quebec.
- ✓ 9:00 am to 3:30 pm at the Kursaal in Donostia/San Sebastían. Invitation to a representative group of 50 people, from administrations and public entities of Gipuzkoa
- ✓ Speakers:
  - ✓ Maite Peña. Provincial Government of Gipuzkoa
  - ✓ José Luis Fernandez. London School of Economics (UK)
  - ✓ Kai Leichsenring. European Centre for Social Welfare Policy and Research (Austria)
  - ✓ Véronique Ghadi. Haute Autorité de Santé - HAS (France)
  - ✓ Sandra Grimaldi. Haute Autorité de Santé - HAS (France)
  - ✓ Marie-Claude Sirois. Institut National d'Excellence en Santé et en Services Sociaux (INESSS) (Quebec, Canada)
  - ✓ Natalie Rosebuch. Government of Quebec (Zoom)
  - ✓ Carol Grogan. Health Information and Quality Authority (HIQA) (Ireland)
  - ✓ Henk Nies. Vrije Universiteit Amsterdam (Netherlands)

Thank you