

## Interactive Session C

# 1. Nordic Model of Collaboration: Digital Social Services Success Story

Presented by  
**Nordic Welfare Centre, Sweden**

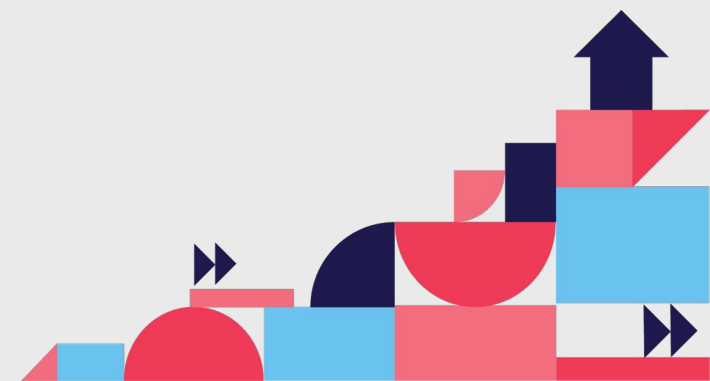


09.30 – 10.30

**Room**

HIGH 1

Session in:





# Integrated Healthcare and Care

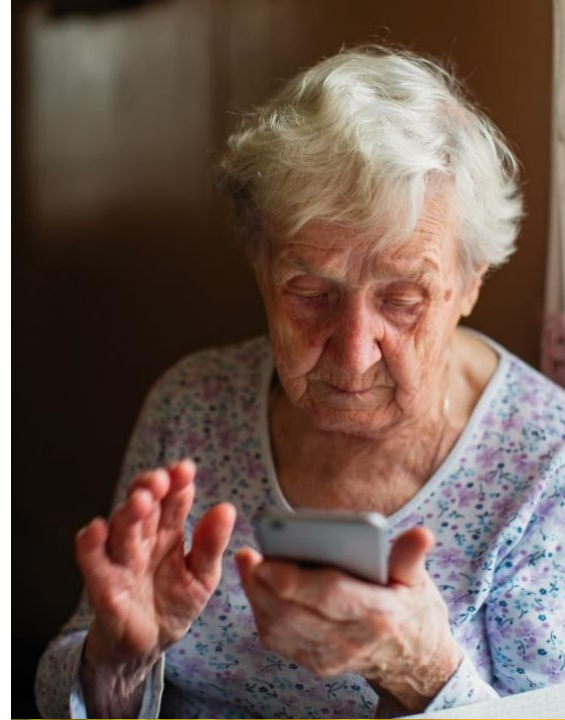
through distance spanning solutions

# Disposition

- NWC
- Centre for Rural Medicine
- Vision 2030
- iHAC
- GOVERNANCE
- Interactive session
- An interview study
- A theory: ORGANISATIONAL READINESS for CHANGE
- Interactive session
- Check out

# Nordic Welfare Centre

- An institution under the Nordic Council of Ministers
- Offices in Stockholm and Helsinki, 30 employees
- Four focus areas:
  - Public health, Disability issues, Integration and Welfare policy



# About the Centre for Rural Medicine

- Since 2014 a R&D-unit within Region Västerbotten
- Head office in Storuman
- Around 15 employees, spread across the northern region
- Funding mainly through various project funds – approx. 4 MSEK in basic funding



# Our vision 2030



## A **competitive** Nordic region

Together, we will promote green growth in the Nordic region based on knowledge, innovation, mobility and digital integration.

## A **green** Nordic region

Together, we will promote a green transition of our societies and work towards carbon neutrality and a sustainable circular and bio-based economy.

**The Nordic  
region will  
become the most  
sustainable and  
integrated region  
in the world**

## A **socially sustainable** Nordic region

Together, we will promote an inclusive, equal and interconnected region with shared values and strengthened cultural exchange and welfare.



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# Why haven't we come further?

In the transitions between service levels errors occur:

**Inadequate interaction, communication, and coordination**

**unnecessary hospitalizations**

**relative shortages, as well as healthcare and social care**





# Why haven't we come further?

**In all Nordic countries,** national initiatives to achieve a more integrated healthcare and social care service model based on the needs of the citizens.

- Resources have been added
- Many projects has been carried out
- Politicians have made decisions
- Regulations have been adjusted
- Agreements entered between the actors

## Integrated Healthcare and Care through distance spanning solutions

– for increased service accessibility



# Publication

Model areas and their ecosystems –  
for integrated healthcare and social  
care with support of distance  
spanning solutions

[Link to publication on the iHAC  
web](#)



## Integrated Healthcare and Care through distance spanning solutions

– for increased service accessibility



# Publication

Five different regional  
models within  
healthcare and social  
care.

Identified and  
documented best  
practices in organizing  
integrated healthcare  
and social services.

In common:  
Collaboration across  
organizations and  
institutions.



# Methodology

- Theoretical framework
- Questionnaire
  - The three components of governance and the objective of the iHAC-project
- Interviews with the regions by NWC (focus groups)



# Three components of governance



Communication and  
knowledge sharing



Common or  
shared goal



Trust between  
actors



# Five examples of cross-sectoral collaboration

- Region of Southern Denmark, Denmark
- Päijät-Häme welfare district, Finland
- Fjellabyggd Municipality – Northeast Region, Iceland
- Regional Coordination Group (RCK) for e-health and welfare technology, Norway
- Tiohundra Norrtälje, Sweden



# The challenges of the regions...

Ageing population

Lack of manpower

Coordinated care is one of the biggest challenges of the healthcare and social sector

The errors occur in the user's/patient's transitions between the sectors

The most vulnerable: Elderly people and patients with chronic disorders and complex needs



# Findings

- ❖ The regions have reached different stages of service implementation.
- ❖ **Denmark, Sweden, and Norway:** Established organizations.
- ❖ **Finland and Iceland:** Planning and piloting/development stage.
- ❖ The volume of digital services is quite low for all regions.



# Findings: Status in model areas

## All regions:

- Fora and institutions to share information, discuss and obtain agreements.



Communication and knowledge sharing

# Findings: Status in model areas

- No decisionmaker can enforce activities to happen.
- All five regional networks have developed common goals.
  - Agder Region – all parties have signed cooperation agreements.
- Anchor the goals among the participants of the network (policymakers, middle-managers and end-users)



**Common goals – formative function towards continuity**

# Findings: Status in model areas

- All regions highlight trust as important.
- The networks that have existed for several years see trust as imperative!
- Continuous work to develop and create trust.



**Trust – investment now will bear fruits tomorrow**



# Three components of governance



Communication and  
knowledge sharing



Common or  
shared goal



Trust between  
actors

## RCG Agder, Norway

Region Agder and 25 municipalities have successfully secured a collaboration where **municipalities and hospitals work together** towards better continuity of care.

A regional steering group is one of the success factors.

**Joint health care effort – ensures welfare technology integrated into services**



# E-health Agder 2030 program

## – why RCG e-health?

The purpose of RCG e-health is to coordinate and have an overview of projects and activities within e-health and welfare technology to ensure that the region will:

- Be the leader in welfare technology in Norway
- Stimulate research, innovation, and business development through innovation partnerships
- Ensure municipal anchoring in projects that have regional value
- Support and facilitate service manager networks
- Encourage coordinated procurement to attract suppliers
- Equal says for all municipalities

**Joint health care effort – ensures welfare technology integrated into services**



# A short small talk



## Questions

Discuss with your neighbour (5 minutes):

- *How do you work with change management?*
- *Whar are your key components for change management?*

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# A research study - Experiences of Successful Implementation of Health and Welfare Technology in Nordic Sparsely Populated Areas - Leaders experiences

- **Aim:** to investigate healthcare and social care managers' experiences of implementation of Health and Welfare Technology (HWT) in Nordic sparsely populated areas
- **Data:** 15 semi-structured interviews with managers representing Finland, Denmark and Norway
- **Analysis:** inductive qualitative thematic analysis







# Organisations readiness for change

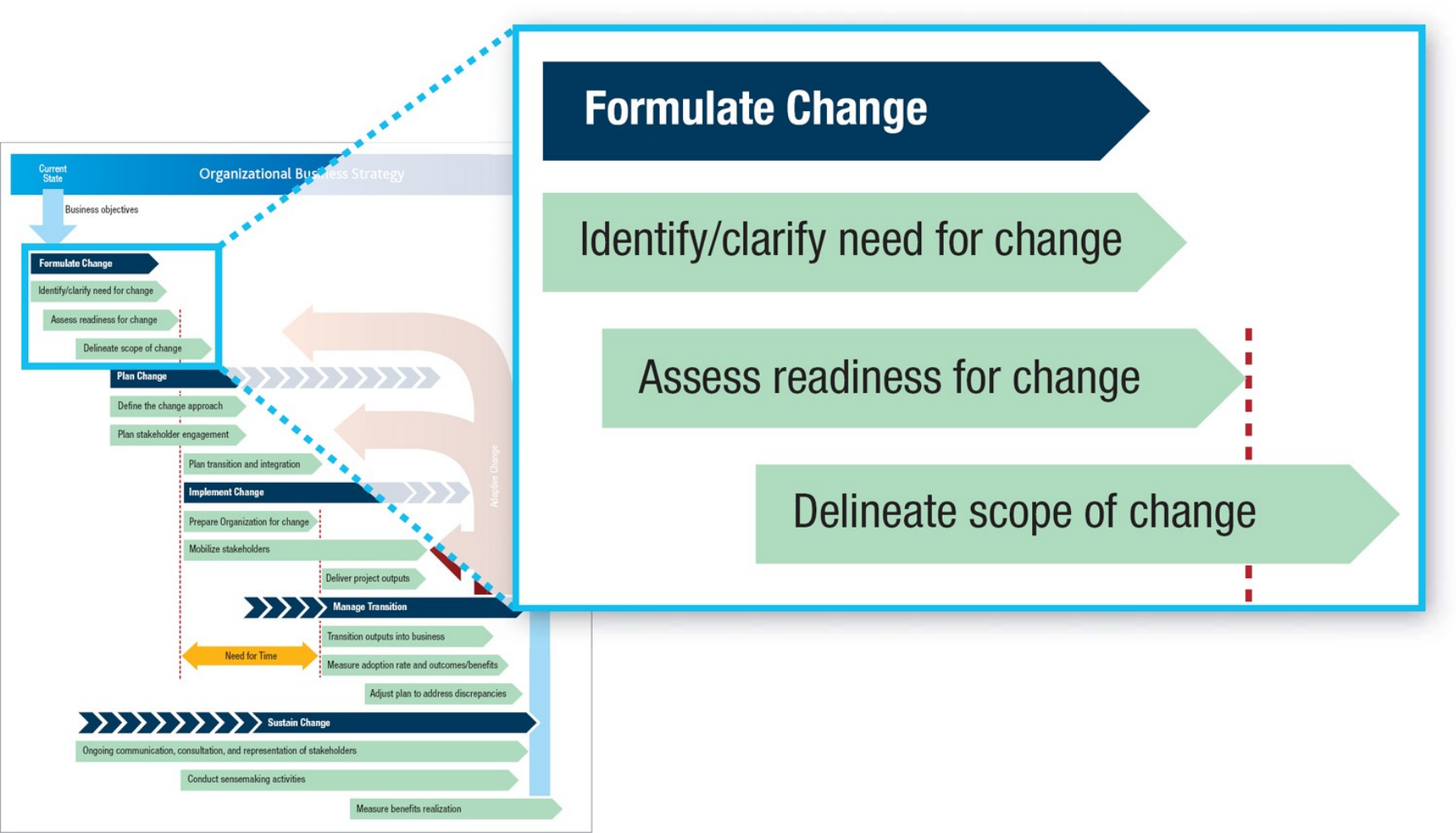
Organisational readiness for change - multi-level, multi-faceted construction

- Change commitment
- Change efficacy
- Implementation capability:
  - task demands
  - resource availability
  - situational factors



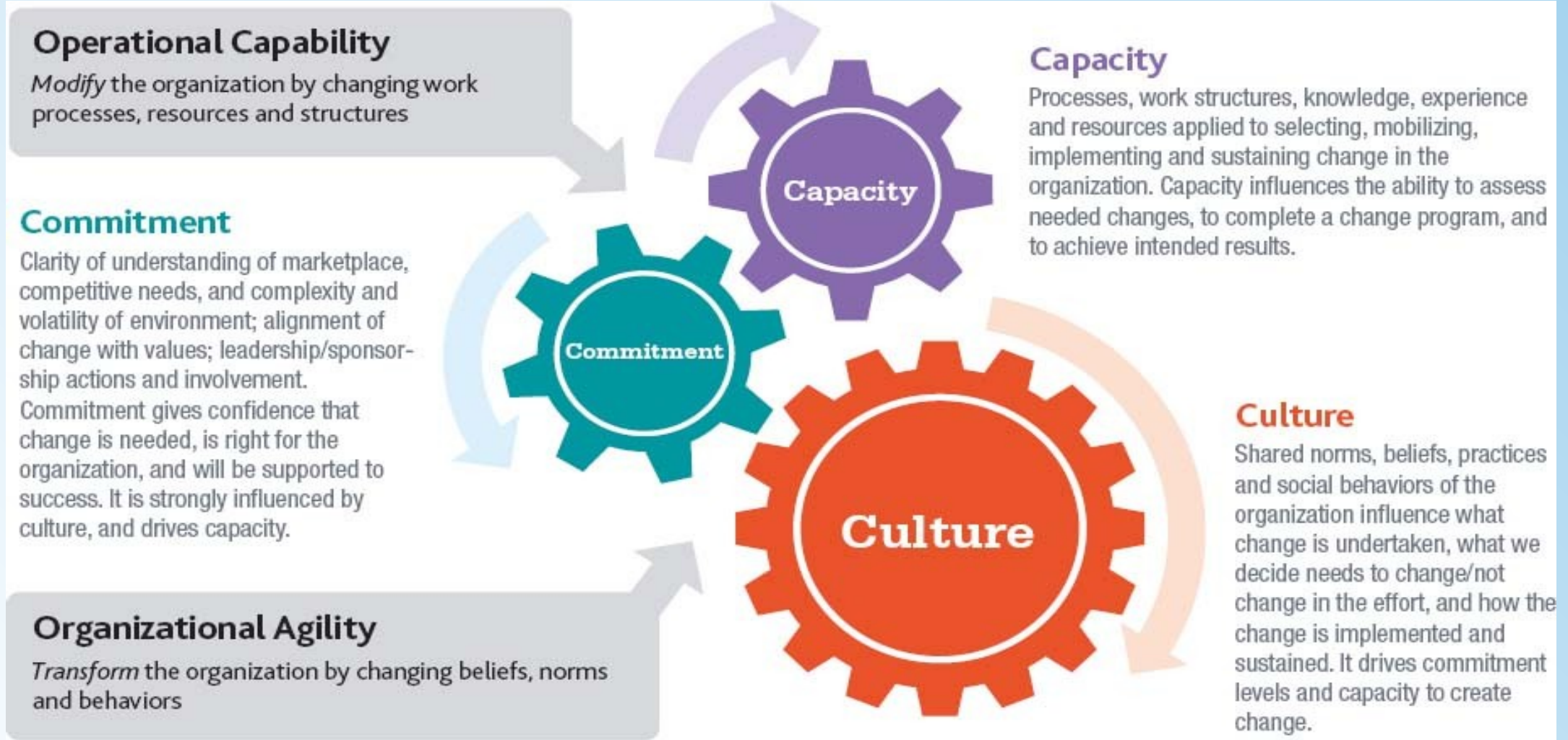
Weiner, B.J. (2009) A theory of organizational readiness for change. *Implementation Sci* 4, 67.  
<https://doi.org/10.1186/1748-5908-4-67>

# Change Life Cycle Framework



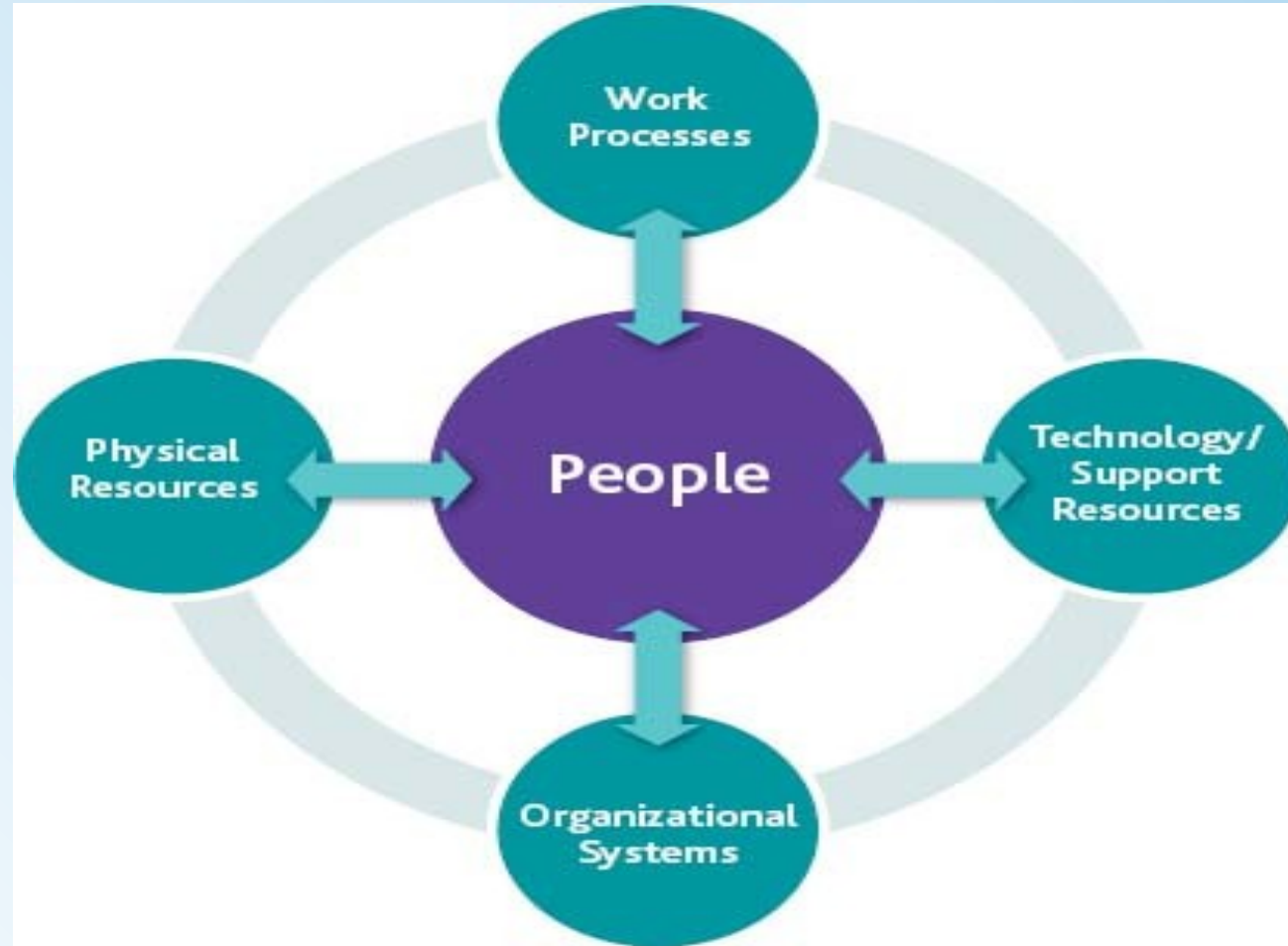
Combe, M. (2014). Change Readiness: Focusing Change Management Where It Counts. *PMI White Paper*.

# Drivers of Organizational Change Agility



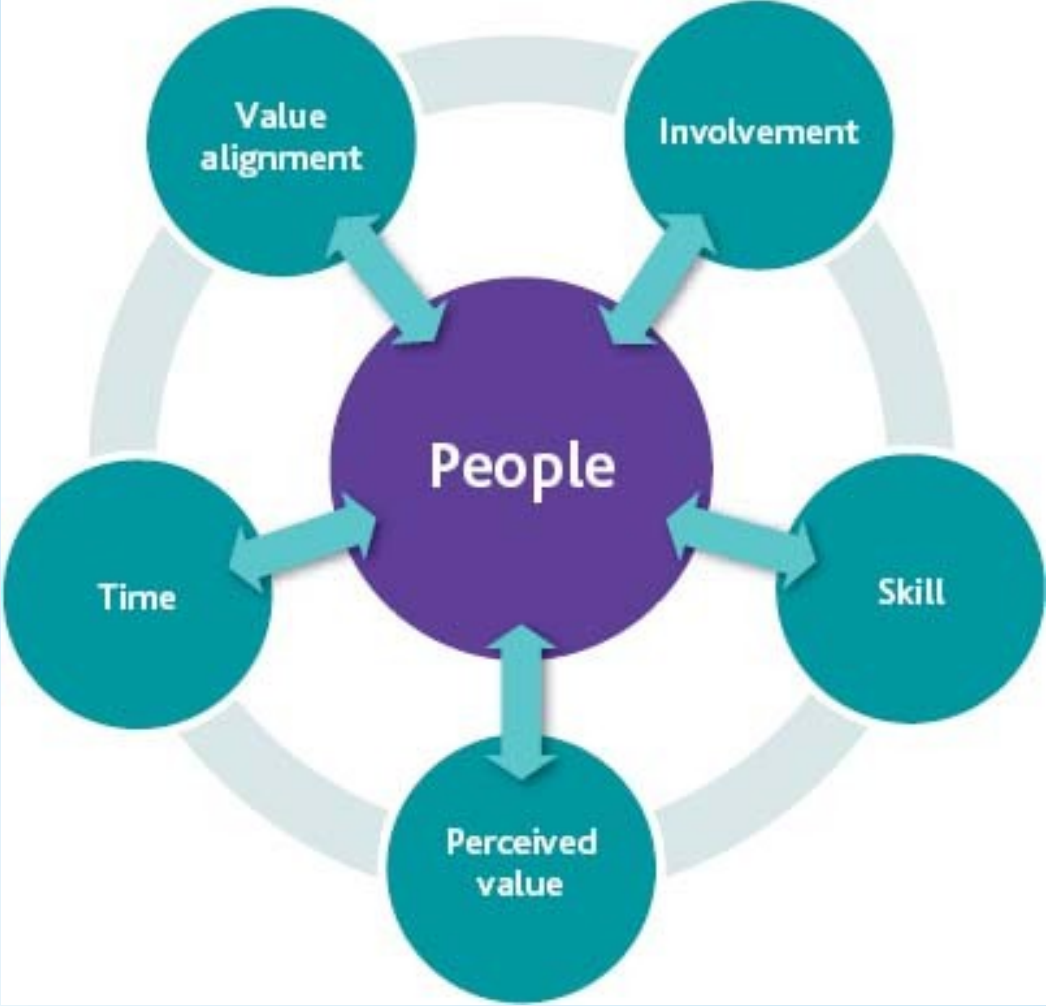
Combe, M. (2014). Change Readiness: Focusing Change Management Where It Counts. *PMI White Paper*.

# A Capacity Assessment Reviews Capability of Multiple Elements and Their Interactions



Combe, M. (2014). Change Readiness: Focusing Change Management Where It Counts. *PMI White Paper*.

# Elements of Commitment Assessed in Change Readiness



Combe, M. (2014). Change Readiness: Focusing Change Management Where It Counts. *PMI White Paper*.



# Culture Considerations in Change Readiness



Combe, M. (2014). Change Readiness: Focusing Change Management Where It Counts. *PMI White Paper*.

# Managing complex change



The Managing Complex Change model was created by Dr. Mary Lippitt (1987).

@addyosmani

# A short small talk



## Questions

Discuss with your neighbour (5 minutes):

- Could the theory of organisational readiness for change be useful in your work?
- How?
- Or why not?

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## Integrated Healthcare and Care through distance spanning solutions

– for increased service accessibility



A photograph of a male and female healthcare professional in white scrubs walking down a modern hospital hallway. They are looking at a tablet together. A large clock is visible in the foreground, partially obscuring the view.

## It's all about People

Impact on skills provision and organisation in health care and social care from increased use of distance spanning solutions



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# *Thank you for your interactivity!*

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