

Proposal Evaluation Form



EUROPEAN COMMISSION

3HP

**Evaluation
Summary Report -
Health Programme
- for project Grants
(HP-PJ)**

Call: HP-PJ-2015
Funding scheme: Project
Proposal number: 710033
Proposal acronym: SCIROCCO
Duration (months): 32
Proposal title: SCALING INTEGRATED CARE IN CONTEXT
Activity: PJ-04-2015

N.	Proposer name	Country	Total Cost	%	Grant Requested	%
1	NHS 24 (SCOTLAND)	UK	319,720	14.50%	191,831	14.50%
2	THE UNIVERSITY OF EDINBURGH	UK	167,733	7.61%	100,640	7.61%
3	VRIJE UNIVERSITEIT BRUSSEL	BE	279,264	12.67%	167,558	12.67%
4	UNIVERSITAT DE VALENCIA	ES	125,832	5.71%	75,499	5.71%
5	ASOCIACION CENTRO DE EXCELENCIA INTERNACIONAL EN INVESTIGACION SOBRE CRONICIDAD	ES	182,168	8.26%	109,301	8.26%
6	Servicio Vasco de Salud Osakidetza	ES	196,880	8.93%	118,128	8.93%
7	AGENZIA REGIONALE SANITARIA PUGLIESE	IT	236,470	10.73%	141,882	10.73%
8	Fakultní nemocnice Olomouc	CZ	140,705	6.38%	84,423	6.38%
9	NORRBOTTENS LÄNS LANDSTING	SE	366,470	16.62%	219,882	16.62%
10	EUROPEAN HEALTH TELEMATICS ASSOCIATION	BE	189,390	8.59%	113,634	8.59%
Total:			2,204,631		1,322,778	

Abstract:

Grounded in the extensive experience of the European Innovation Partnership on Active and Healthy Ageing (EIP on AHA), SCIROCCO aims to provide a validated and tested tool that facilitates the successful scaling-up and transfer of good practices in integrated care across European regions. SCIROCCO will specifically focus on successful local interventions (good practices) that have demonstrated significant benefits to citizens, communities and service providers and that feature moving towards community-based, integrated health and social care service models. SCIROCCO will deliver an assessment of the contextual requirements necessary for the scale-up of these interventions and the capacity of regions to adopt them. SCIROCCO will also compare the readiness of five European regions to adopt good practices in the provision of integrated care, to demonstrate the effectiveness of the tool in practice. SCIROCCO explores how matching regions that have complementary strengths and weaknesses can deliver two major benefits: a strong basis for successful twinning and coaching that facilitates shared learning and effective knowledge transfer; and practical support for the scaling-up of good practices that promote active and healthy ageing and participation in the community. Finally, SCIROCCO captures the lessons learned from twinning, coaching and knowledge transfer activities as a significant contribution to supporting the broader implementation and scaling-up of local integrated care interventions in Europe, in line with the European Commission's 'European Scaling-up Strategy in Active & Healthy Ageing'.

Evaluation Summary Report

Evaluation Result

Total score: 35.00 (Threshold: 25)

Form information

SCORING

- 0 - 1: The proposal fails to address the criterion or cannot be assessed due to missing or incomplete information.
- 2 - 3: Poor. The criterion is inadequately addressed, or there are serious inherent weaknesses.
- 4 - 5: Fair. The proposal broadly addresses the criterion, but there are significant weaknesses.
- 6 - 7: Good. The proposal addresses the criterion well, but a number of shortcomings are present.
- 8 - 9: Very Good. The proposal addresses the criterion very well, but a small number of shortcomings are present.
- 10: Excellent. The proposal successfully addresses all relevant aspects of the criterion. Any shortcomings are minor.

Operational Capacity

Status: **Operational Capacity: Yes**

If No, please list the concerned partner(s), the reasons for the rejection, and the requested amount.

Not provided

Criterion 1 - Policy and contextual relevance

Score: **10.00** (Threshold: 7/10.00, Weight: 100.00%)

Relevance of the contribution to meeting the objectives and priorities defined in the annual work plan of the 3rd Health Programme, under which the call for proposals is published,
Added value at EU level in the field of public health,
Pertinence of the geographical coverage of the proposals,
Consideration of the social, cultural and political context.

The project objectives are relevant to 3rd Health programme priorities, particularly it addressed Support for the implementation and scaling up of good practices in the areas of integrated care, frailty prevention, adherence to medical plans and age-friendly communities actions. SCIROCCO is aimed at facilitating "the implementation of good practices at local, regional or country level by recognizing the maturity requirements of good practices and health care systems in order to achieve scaling-up and knowledge transfer among EU Member States". It is mentioned that, the project will be built on the EIP on AHA and Database of Good Practices and the B3 Maturity Model (B3-MM) achievements. It is going to contribute to "mobilizing sufficient resources and expertizing good practices and Reference sites experience and to ensure implementation of innovative solutions for active and healthy ageing on European scale".

The project targets are well identified and include multiple stakeholders at policy, health and social care systems level.

As EU added value was described; an impact on target groups at policy level; long-term and potential multiplier effects, replicable, transferable and sustainable activities, which can improve community based health and social care.

Geographical coverage is pertinent and included almost all European region, namely North (Scotland, Sweden), West (Belgium), South (Italy, Spain) and East (Czech Republic) Europe. The project is considered heterogeneity of health systems, social, cultural differences within Europe.

The proposal also well considered different social, cultural and political context in relation to the partner's healthcare systems and ensured the compatibility of proposed actions (for example, implementation and testing of B3-MM).

Criterion 2 - Technical quality

Score: 8.00 (Threshold: 6/10.00, Weight: 100.00%)

Quality of the evidence base,

Quality of the content,

Innovative nature, technical complementarity and avoidance of duplication of other existing actions at EU level,

Quality of the evaluation strategy,

Quality of the dissemination strategy and plan.

The project background evidence and problem analysis are well done and based on up-to-date scientific evidence.

The project proposes to assess five European regions for knowledge transfer and adoption of good practices. However, it seems a bit ambitious and there is not sufficient information, either on the specific practices, or on the 'maturity dimensions' (criteria), or how a target of 180 will be reached. Also remain unclear the nature of "target participants" mentioned and the content and aim of the logbooks.

The project methodology is clearly stated: the project's innovative nature is expressed in its specific objectives and well justified.

The project is well designed, actions are reasonable and linked logically together following a step-wise approach (8 steps):

for example, project starts with validation of the model B3-MM, with 12 dimensions/activities in order to deliver integrated care; followed by maturity local assessment of identified good practices (15) and a refinement of the model, etc).

It is mentioned that project is scaling up achievement of EIP-AHA and cooperating with relevant EC funded projects, therefore it is very important to ensure avoidance of duplication.

The quality of the evaluation strategy is well presented in general terms, but it misses operational and mid-term evaluation.

Project dissemination strategy is wide ranging including well defined dissemination results such as Project Branding, Leaflet, Flyer, Web Site, Action Plan, Presentations to conferences, workshops and other meetings, Final Conference, Exploitation Plan), channels (conference, seminars).

Criterion 3 -Management quality

Score: 9.00 (Threshold: 6/10.00, Weight: 100.00%)

Quality of the planning and appropriate task distribution to implement the project,

Relevance of the organisational arrangements, including financial management,

Quality of the partnership.

SCIROCCO's project management structure is designed to create the conditions for the partners to efficiently carry out the project.

The quality of the partnership is good: it is built on complementary expertise of partners, consisting of 10 health institutions and associations from 6 EU countries(UK, Sweden, Italy, Spain, Belgium, Czech). It brings together four different types of players: regional health and social care authorities; research institutions; excellence centers; membership organizations.

The action's partners have shown capacities in project management, decision-making and delivering proposed outcomes. The project proposes a good balance of scientific and technical efforts. Quality of the planning and appropriate task distribution are demonstrated. The activities are clearly described. A risk analysis and remediation plan is provided and both are adequate, nevertheless mitigation measures are not elaborated properly.

However, some minor shortcomings and inconsistencies are present: in timing, for example, work efforts for the evaluation is overestimated (30 Person /month), or the duration of some activities is rather long.

Safe, effective operating procedures for financial management are adequate and adapted for the financial system of each partner ensuring funds proper allocation, monitoring, cost statements and appropriate auditing.

Criterion 4 - Overall and detailed budget

Score: 8.00 (Threshold: 6/10.00, Weight: 100.00%)

Relevance and appropriateness of the budget,

Consistency of the estimated cost per applicant and the corresponding activities,

Realistic estimation of person days / deliverable and per work package,

The budget allocated for evaluation and dissemination is reasonable.

The overall budget is 2,204,631.21 euros and the project duration is 36 months. The project is labor intensive as more than 80% of the total costs are dedicated to salaries. Average person's month costs 6.364,11 euro which is rather high, but acceptable since the partners come from high income countries. Staff cost for some partners seem significantly higher than for the others.

Regarding other costs, 13% of the total budget has been allocated to travel which is high. Also, some specified labor costs seem overestimated. For example, almost 50% of total staff cost is allocated to the work package 6 and work package 7. There is a mistake in calculation of staff effort for partners 5 and 6 (it is more than indicated).

The budget allocated for dissemination is reasonable, dissemination costs being approximately 148.189,93 euro (6,7% of the total budget). As mentioned under previous criterion, evaluation costs at 203.651,63 euro (out of the total budget 9,2%), although in line with the proposed workload, are overestimated as part of the total budget.

Exceptional Utility

Status: **No**

The proposal did not ask for Exceptional Utility