

## European Innovation Partnership on Active and Healthy Ageing (EIP on AHA)



3<sup>RD</sup> CONFERENCE OF PARTNERS, Brussels, 1st December 2014

### “TAKING STOCK AND FOCUSING ON DELIVERY”

- ▶▶ Operational event focusing on partners' achievements and sharing of experience
- ▶▶ Working towards the show-casing of EIP on AHA results at the European Summit on Innovation for Active and Healthy Ageing, 9-10 March 2015, Brussels

### OPENING SESSION

The 3rd Conference of Partners was jointly opened by **Zoran Stančič** (Deputy Director General of DG CNECT) and **Martin Seychell** (Deputy Director General of DG SANCO). They both highlighted how the work of the EIP on AHA has already contributed to achieving tangible results.

“It [the EIP on AHA] builds on a shared positive vision on demographic change, and is implemented through a collaborative effort across sectors and geographical boundaries to achieve large scale transformation and bring innovation into practice and scalable markets”- Zoran Stančič

Participants were assured that the new Commission will continue to support the EIP on AHA.

“Public health will be at least as important in [the Commission] policies as internal market considerations (in reference to President Junker’s political guidelines) - Martin Seychell

EIP on AHA partners were informed on one of the main objectives of the new Commission related to **Jobs, Growth and Competitiveness** and encouraged to follow the work on the ‘Silver Economy’ and to participate in the European Summit on Innovation for Active and Healthy Ageing in Brussels in March 2015.

Event chaired by  
**Jorge Pinto Antunes**  
(DG SANCO) and  
**Peter Wintlev-Jensen**  
(DG CNECT)

### FACTS AND FIGURES

More than  
**300 participants**  
attended

More than **300 people**  
connected via webstreaming



## PART I: PRESENTATION OF THE ACTION GROUPS' MAIN ACHIEVEMENTS

[Download on our website the Action Groups' 2014 achievements leaflet for more information](#)



### A1 (Adherence to medical plans) – Alessandro Monaco, Agenzia Italiana del Farmaco (Italy)

Among the main deliverables of 2014:

**Collaborative work** in the fields of:

- medication review to assess appropriateness of prescription
- better use of pharmacies' services
- patients' empowerment
- integrated care approaches
- specific indicators to assess polypharmacy and adherence

Adherence is becoming a priority in the **policy agenda**.

**Tangible results include** the development of electronic devices, personalized dosage systems, health literacy tools, training programmes, decision support tools etc.

In 2014, adherence programmes and pilots in different disease areas have been implemented in 18 regions and 6 Member States.

### A2 (Prevention of falls) – Nick Guldmond, University Medical Centre Utrecht (The Netherlands)

Among the main deliverables of 2014:

- Implementation of prevention practices to better **screen and assess potential risks** of falls among the older population
- Implementation of **rehabilitation and monitoring interventions** to support the older people after a fall event, especially through the use of remote technology (fall detection systems at home)
- **Technology toolbox** to promote risk identification intervention and monitoring, aiming at better identify the level of risk of each old person and the type of interventions which most fits his/her needs
- **Awareness raising activities** in order to mobilise the community, academia and industry actors

### A3 (Prevention of frailty and functional decline) – Sandra Pais, University of Algarve (Portugal)

Among the main deliverables of 2014:

- **New framework model for screening, treatment and monitoring** of frailty & functional decline in community and clinical settings
- Scale -up of the **short screening tool for frailty** in community dwelling older persons
- **White paper on physical activity** (Scientific publication due Q1 2015)
- **Consensus Document** "Testing and implementing an integrated approach to nutrition: from assessment to personalized interventions"
- Validation of the use of a **serious games platform in screening for mild cognitive decline** in 50+ living in the community (ongoing)



### B3 (Integrated care) – George Crooks, NHS24 Scotland (United Kingdom)

Among the main deliverables of 2014:

- **Maturity model** on how to manage change into health and care organisations along the introduction of integrated care new models
- An **Integrated care pathway for respiratory diseases** – ready for scaling-up
- Concrete demonstrations of **chronic disease management** and of **integrated care models and services** in several regions
- **Risk stratification mapping**



### C2 (Independent living systems) – Mariëlle Swinkels, province of Noord-Brabant (The Netherlands)

Among the main deliverables of 2014:

- Social alarm technical **interoperability and standards**
- First indicators for **impact assessment of independent living solutions** (dementia, informal care and self-management)
- Online inventory of good practices in Innovation Procurement
- **Consumer on-line platform** to inform users of independent living solutions
- **Empowerment toolkit**

### D4 (Age-friendly buildings, cities and environments) – Mireia Ferri, Polibienestar (Spain)

Among the main deliverables of 2014:

- Mechanisms to identify and **engage with the voice of older people** in their region: to do things with older people instead for older people
- Initiatives to meet the needs of old people with **dementia** and their carers
- **Promotion of well-being** in terms of prevention (physical activity, social life, relationships etc.)
- Preparation of a **Convenant on demographic change**: mobilisation of Local and regional Authorities and awareness raising activities through the AFE innovnet Project & the WHO/ Europe AFEE project
- Setting up of a repository on age-friendly initiatives
- Activities in the field of **age-friendly tourism**
- **Architecture, housing and urban design** initiatives



## PART II: TOOLS FOR CONTINUING IN 2015

This session kicked-off with a presentation on the “**European Scaling up Strategy in Active and Healthy Ageing**” by **Toni Dedeu** on behalf of EUREGHA. The presentation highlighted the 5-step model for setting up an effective scaling-up strategy of good practices in the area of active and healthy ageing in order to guide those stakeholders interested to cooperate together.

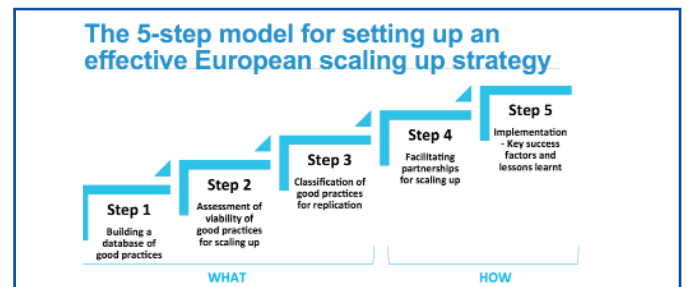


[Learn more by downloading the European Scaling Up Strategy](#)

**Christian Boehler**, from the Joint Research Center, illustrated what the **EIP on AHA Monitoring framework** has achieved so far in terms of outcome and process indicators. He also explained the work planned in the coming months which includes the setting up of a tool by JRC to monitor and link outcomes to EIP on AHA objectives which partners will be able to use themselves through a web platform.

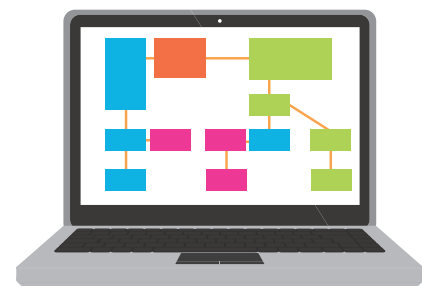
**Jose Usero**, from FUNKA NU introduced the **new support action for the EIP on AHA** about to be launched with the aim of providing operational support to the Action Groups in the running of their activities. **Menno Hinkema** (TNO and AFE-INNOVNET) explained how a specific repository has been structured for the D4 Action Group and could be consequently followed up by the **PROEIPAHA consortium**.

Questions and answers from the public highlighted the necessity to reinforce the **scientific evidence** of EIP on AHA good practices as well as their accessibility through a dedicated and user-friendly **repository** in order to promote scaling-up. **Access to funds** was also raised as one of the preconditions to properly implement the transfer of good practices towards new European regions. The low involvement of central and eastern EU countries was pointed out as one of the improvements the EIP on AHA should seek to promote. The experiences from the **Reference Sites** was highly valued showing the necessity to transform these pilot experiences into a more



**Pimpernelle** @SoKe74 Follow

Scale up of good practices...there is no "one size fits all". @tonidedeu @PilotSmartCare @EIP\_AHA #eipaha14



structured process through the involvement of relevant authorities at both regional and national levels. A question was raised on the role of the support action presented by FUNKA NU for the Reference Sites.

**mireia** @mireia\_ferri · Dec 1  
Menno Hinkema is presenting the repository of the @AFEINNOVNET project in the 3rd conference of partners @EIP\_AHA

**johanmolenbroek** @johanmolenbroek Follow

@mireia\_ferri @AFEINNOVNET @EIP\_AHA :an interesting overview. I was not aware off. very useful for our work #designinnovationforageing





## PART III : BREAKOUT SESSIONS

### Monitoring Framework

Chaired by **Marianne van den Berg** (DG SANCO) and **Arnaud Senn** (DG CNECT), the monitoring session was launched by **Christian Boehler** of DG JRC/IPTS who led a technical and interactive workshop with participants specifically working in the area of data/evidence. The **Markov model** concept presented earlier in the morning, linking commitment outcomes to both the triple win (quality of life, sustainability of health systems, and innovation and growth), and the goal of adding two healthy life years to European citizens, was elaborated. Participants discussed the type of models they were familiar with, the types of data they could provide as well as constructive input on the work carried out so far. The potential synergies and overlaps and other on-the-ground insights raised during this successful session will certainly form a strong and significant contribution to the future development of this tool.

### Age-friendly Housing

The session, chaired by **Eibhilin Manning** (DG SANCO) and **Bruno de Oliveira Alves** (DG CNECT), brought together a wide range of stakeholders including regional authorities, assistive technology providers, construction sector and social sector partners. Different key messages were conveyed: age-friendly housing can be seen as part of a wider age-friendly environment engagement; it is a **silver economy** opportunity whereby industry and SMEs need to invest. Participants emphasised that support is needed for regions to develop integrated age-friendly housing strategies. Participants underlined the importance given to the location: age-friendly housing should be accessible for older people, attractive, desirable and flexible. Age-friendly housing should also be linked to the concept of smart housing, with energy efficiency gains and assistive technologies. Social interventions should be introduced in order to evaluate the situation of an older person in an age-friendly house to promote his/her independence. Cost benefit analysis is needed to show the silver economy opportunities for industry, for instance in the construction sector for adapting housing to be age-friendly. 'One size does not fit all': solutions should be found to meet large parts of older population needs.

### Scaling Up Good Practices

The session, chaired by **Petra Leroy Čadová** (DG SANCO) and **Joost van der Vleuten** (DG CNECT), began with a presentation of the **12 month Scaling-Up Roadmap** by **Loukianos Gatzoulis** (DG SANCO): the roadmap provides a concrete overview of the steps to be undertaken in order to collect and assess good practices, support stakeholders in showcasing their successes and transferring the best and most innovative elements to other European regions.

**John Farrell**, on behalf of the **Reference Site Collaborative Network (RSCN)** set-up by Northern Ireland's Reference Site (which consists of several Reference Sites of the EIP on AHA), explained how the RSCN could support and enable knowledge exchange, partnership working, and scaling up strategies within and across Regions. **Maddalena Illario**, a member of the RSCN and a Reference Site from Campania, shared her positive experience in being a part of the Network as well as a Reference Site.

Testimonials were made by **Christina Wanscher** from the Region of Southern Denmark and **George Crooks** from NHS24 Scotland on how they succeeded in delivering innovative change at a higher scale. Some points were particularly underlined whereby the Scottish experience has fully integrated health and social care by planning for populations instead of delivery structures, pooling resources (both financial and human), involving health professionals in all the stages of the process with strong local leadership.

The participants were then separated into three working groups around the topics of "tools", "collaboration" and "funding" where they had the possibility to network, exchange concrete and practical feedback from their own experience. The access to **structural funds** in order to implement changes supported by the EIP on AHA was particularly a recurrent theme especially as regards the support of the European Commission.

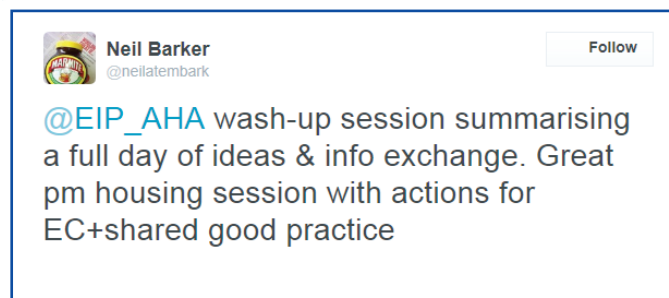


## Action Group Experiences

Chaired by **Peter Wintlev-Jensen** (DG CNECT) and **Ángela Bolufer de Gea** (DG SANCO), the discussion was focused on the Action Group's main achievements and deliverables, lessons learnt, and suggestions for more efficient operation and for reaching the implementation targets of the **Strategic Implementation Plan** (SIP).

Looking at work already achieved by partners, good practices that had helped in improving the health status and quality of life of European citizens, supporting long-term sustainability and efficiency of health and social care systems and enhancing competitiveness of the EU industry were put forward.

Positive aspects of the EIP on AHA were underlined, such as the possibility of networking, getting inspired by other regions and their good practices, the collection of an enormous amount of information and the recognition of the **"EIP label"** especially to promote actions at local level. However, some limitations were pointed out: the lack of evidence based assessment of good practices and of the practical support to implement scaling-up; the difficulty in carrying out activities due to the lack of funding and time (volunteering basis); the need for better communication tools and governance, a better visibility of the global aim of the EIP on AHA.



Partners also focused the discussion on how to improve the current model and made several proposals. Concerning the mechanics of the EIP on AHA, more efficient collaboration tools within and across the AGs could be put in place; good practices should be evaluated; funding for specific projects or activities (like visits among EIP partners) could be provided; smaller short term objectives should be encouraged (**SPRINT** concept<sup>1</sup>). The discussion also addressed the pros and cons of launching new Action Groups and/or renewing existing Action Plans; the involvement of new partners through a continuous call for commitments and the collaboration of SMEs and industry. The creation of synergies across Action Groups was highly welcome and requested by partners.

## CONCLUSIONS

The closing session started with 4 rapporteurs from the breakout sessions reporting on the key conclusions outlined during their sessions. **Ladislav Miko**, Acting Director General of DG SANCO, then closed the event by congratulating the participants for their three years of commitment and encouraged them to continue to move forward: "Please, let's not lose momentum and reduce our engagement. Today we have demonstrated that our efforts are well placed and that by continuing to move forward together, we have a good chance of reaching and perhaps even exceeding the EIP on AHA targets."

*[All presentations are available on the Conference webpage](#)*

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<sup>1</sup> *SPRINT* relates to the breaking down of planned work (of a given project, commitment etc.) into smaller phases with concrete outcomes/milestones, in order to progress towards the established goals.

