Final Report of Action Group 3

Active citizens for healthy ageing

Translation, Innovation and Technology Transfer in Ageing Network

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A. Executive Summary

Rationale

The main goal of this document is to present the results achieved in the framework of the Action Group 3. On one hand, it summarizes the SWOT analysis carried out during the third interregional workshop "Active citizens for healthy ageing" of the project. On the other hand, the report provides an overview of the policy analysis carried out during the *In-situ* Visits organized in the framework of the Action Group 3.

Expected Outcome

The Final Report elaborated by the Action Group 3 will serve as a basis for the Action Plan of each partner, by providing details on how lessons learned in the implementation of the good practices can be improved while implementing the good practices in other regions.

B. Members of Action Group 3

Action Group 1
Partners involved: All
Coordinated by: DHI

C. Good practices presented during 4th, 5th and 6th Workshops - SWOT analysis

Title of the good practice
E-Saude
Name of the organization in charge
Servizo Galego de Saúde. Galician Public Healthcare System.

SWOT Analysis performed during the Workshop	
Strengths	**Weaknesses**
• Provision of quality health and care services that are citizen-focussed • Meeting point in the virtual world between citizens and the galician public healthcare system giving citizens access to personal data	• Some people had to be trained to use the services as they are all digitally enabled.
Opportunities	**Threats**
• Allow more people across Galicia and Spain to have access to their personal data and to have personalised services	• Low commitment of policymakers in Spain and across Europe to implement a similar system.

Title of the good practice
Cardiac rehabilitation: gym and meetings with patents
Name of the organization in charge
University Clinical Hospital of Santiago de Compostela (CHUS)

SWOT Analysis performed during the Workshop	
Strengths	**Weaknesses**
• Cardiac prognosis • Improve the patient lifestyle • Help patients to select what type of exercise is better for their condition • Patient is the centre of the programme (the successful of the project depends on them). All the programme is supported and organize with the patients • Empowerment patients/families • The role of the nurses as coordinator	• Low implementation • Difficulty in measuring results • Long-term results • Difficult to quantify social return on investment
Opportunities	**Threats**
• Improve the relationship between professionals and patients (empathy) • Continuous feedback • Community idea	• Low participation / interest or even resistance from patients (difficult to change habits) • Low commitment of policymaker • Volunteer work

Title of the good practice
Osasun Eskola, Active Patient Programme and Kronik On programme
Name of the organization in charge
Basque Health Service-Osakidetza (Public Administration)

SWOT Analysis performed during the Workshop	
Strengths	**Weaknesses**
• Educational web (empowerment) • Link health professionals with patient EHR in order to personalized services • Boosts self-management for patients especially chronic or multimorbid	• The patients and professionals must acquired digital skills • Red tape barriers: privacy laws, data protection, security, etc. • Static web with low development • Needs a big number of professionals

patients • Provides training in empowerment tools and support to care givers face-to-face and virtually • Advices patient associations • Improves relationship with clinicians	(huge workload) • Patient recruitment and retention of monitors • Professionals reluctant to the new model & patients don't want to change the model.
Opportunities	**Threats**
• Boosts healthier lifestyles. • Enabling the elderly to stay at home and retain as much autonomy as possible. • Involves Communities through different activities • Incorporates people points of view. • Enables places for participation. • New project participation which encourages to develop more.	• Resistance to use • Low interest/enrolment of patients or even professionals • Low commitment of Policy Makers • Needs of political leadership and adaptation. • Community level support and adapt new technologies.

Title of the good practice
Age-Friendly Basque Country (Euskadi Lagunkoia)
Name of the organization in charge
Matia Institute of Geronlogy (Research Institution)

SWOT Analysis performed during the Workshop	
Strengths	**Weaknesses**
• Community participation processes, engages citizens, the public and private sectors to create supportive and enabling environments for older people, humanizing/adapting spaces to integrate people (inclusive spaces) • Proactive approach (focus on prevention), participation of citizens in general and the elderly in particular is the basis of the project • Creating a Network of friendly initiatives facilitating the introduction of changes in the environments. • Scalability to all the Basque	• As it is a cross-cutting initiative the communication among all actors is difficult • Change the features of the town's physical environment which influence personal mobility, safety, health promotion and social participation are long term results (it can decrease the motivation) • Difficulty to choose actions to pursue. • Challenges of an efficient presentation of all activities in order to obtain the best results possible.

Territory. • High participation of significant number of municipalities.	
Opportunities	**Threats**
• Empowerment patients, boosting independent living, active ageing and personal autonomy, improving the quality of life for the elderly • Promoting ICTs • Platform of communication between citizenship and Municipality • Development of technologies for the inclusion of people with dementias • Strengthens the network of local shops • Municipalities Networking • Exchanges of best practices • Builds a map of friendly spaces • Involvement and participation of citizens which identify the needs so efforts can be focus to real solutions.	• Lacks of communication/limited connections • Low implementation (generates discouragement) • Needs implication of stakeholders and society besides time and perseverance for the successful implementation • Bottom up methodology and scale of time required might be not be coincident with political mandates and action plans of municipalities.

Title of the good practice
Community perspective to addressing health- an intersectorial approach
Name of the organization in charge
Basque Health Service (Osakidetza)- Directorate of Public Health and Addictions of the Basque Government (Public administration).

SWOT Analysis performed during the Workshop	
Strengths	**Weaknesses**
• Real environment • Intervention with children to achieve results in the future • Focus on prevention • Good coordination • Promoting active participation among girls	• Maintenance • Introduce the program at the daily school activities • Implementation and scale (pilot vs social scale) • Long-term results • Working with teenagers could be difficult • Maintain a continuous participation • Difficult to combine children of

	different ages playing together • Low impact in lifestyle (diet habits) • Difficulties with the assessment of results
Opportunities	**Threats**
• Change the society culture • Promote healthy habits in childhood (like drug prevention programmes, …) • Adapt the programme to real needs of the school • Target younger children	• Network among a lot of stakeholders (difficult involvement, coordination and communication) • Lack of funding • Low participation (parents, children, teachers,…)/ interest / implementation (generates discouragement)

Title of the good practice
Spanish Network of Healthy Universities
Name of the organization in charge
University of the Basque Country (Educational Institution)

SWOT Analysis performed during the Workshop	
Strengths	**Weaknesses**
• National support • Diagnosis and support for psychological problems	• Low participation or high withdrawal • Medium or long-term results
Opportunities	**Threats**
• Collaboration with other universities at national level • Learn from each other (different universities with different experiences and results)	• Lack of students interest

Title of the good practice
REHACOP-rehabilitation programme of people in early phases of cognitive decline
Name of the organization in charge
University of Deusto (Educational Institution)

SWOT Analysis performed during the Workshop	
Strengths	**Weaknesses**
• Neuropsychological comprehensive intervention program (integrative approach) • Personalized services-adaptability (patient enrollment) • Patient feedback • Highly structured: saves time (includes instructions, answer sheets, solutions) • Working in groups • Good cognitive improvement in a relative short period of time.	• Needs regular frequency: at least 3 sessions/week (not a constant progressive improvement) • Loses sessions must be recovered • Needs to involve a big number of stakeholders • High resources required which limits the outreach.
Opportunities	**Threats**
• Creates a bridge or even an engagement between professionals and patients • Customizes the service • Psychoeducation for families too • Continuous improvement • Reproducible protocol throughout a range of different cognitive decline causes.	• Long term (12 months) maintained improvement • Difficult of adherence to the protocol. • Capability of sustainability considering the resources required.

Title of the good practice
KINEAGE
Name of the organization in charge
University of Deusto (Educational Institution)

SWOT Analysis performed during the Workshop	
Strengths	**Weaknesses**
• Educational approach • mixes cognitive & physical maintaining to improve quality of life • Promotes exercise and enjoyment for the elderly • User-centered design and co-	• Low participation of patients, especially in physical activities • Requirement of specific co-creation processes in order to be adequate for different cultures.

creation process • Designs for all (even people with disabilities) • Personalized solution due to a co-creation project. • In the Spanish context it has improved the relation between participants. Although in Sweden individuals prefer playing by themselves.	
Opportunities	**Threats**
• Educates/trains to prevent falls • Prevents isolation • Provides a more effective/specific training • Rehabilitates, maintains & Improves of cognitive & physical capabilities. • Improves Cognitive Perception: SPPB, Barthel • Improves Quality of Life: EuroQoL	• Long term maintained improvement • Difficult to market access or scaling up since cultural differences • Needs of validation. • Long period of preparation and human resources requirement. Challenge to keep cohesive group throughout the development.

Title of the good practice
EQUIMETRIX
Name of the organization in charge
Fundación TECNALIA Research & Innovation (Research Institution)

SWOT Analysis performed during the Workshop	
Strengths	**Weaknesses**
• This tool would be very useful for patients and prevention of falls • Implemented in the clinic?	• Low implementation and validation • Only experts can understand the data
Opportunities	**Threats**
• Fall prevention is a field with a lot of opportunities • Increase the sociability (this patients usually stay at home)	• Acceptance of this type of technology by old people • Resistance from professionals to new technologies

Title of the good practice
Ability research project
Name of the organization in charge
Don Carlo Gnocchi Foundation is an IRCCS as a healthcare research institution – University of Milan Bicocca.

SWOT Analysis performed during the Workshop	
Strengths	**Weaknesses**
• Continuous rehab motor-cognitive from home - continuous monitoring • Telerahabilitation: assisted remote • Multidisciplinary approach (public-private entities involved) • High compliance due to home assistance. • Maintains cognitive ability.	• Red tape barriers: privacy laws, data protection, security, etc. • Very difficult to integrate new devices (internet of things) • Needs supportive caregivers and to train them. • Lacks of privacy.
Opportunities	**Threats**
• Tests efficacy home-care based • Reduces the hospitalisation of patients • An extended programme could be launched • Provides Big Data that can be use to improve future treatments.	• Low commitment of Policy Makers • Needs to evaluate cost-effectiveness.

Title of the good practice
Healthcare region Carus Consilium Saxony
Name of the organization in charge
University Hospital Carl Gustav Carus Dresden

SWOT Analysis performed during the Workshop	
Strengths	**Weaknesses**
• Ensures balance in rural areas • A joint to Medical providers, Health insurance, companies, Politics and economics • Creates networks, foster communication, develop innovative	• Heterogeneity, difficulties in the communication and coordination across partner institutions • Red tape barriers: privacy laws, data protection, security, etc. • There was and is no structural public

healthcare models, etc. • Patient-centered care • Introduces telehealth (CCS), creating an acute stroke treatment network, assisted remote triage and treatment decisions. Specially trained case managers supervise health data. • The patient-subsidiary relationship of University Hospital Dresden and Carus Consilium Sachsen enabled the connection of science and healthcare • Founding the company provided the means to efficiently set up several successful healthcare projects in the region • Can use the same telecare platform for different services.	funding for the company itself • Heterogeneous conditions which implies *ad hoc* solutions.
Opportunities	**Threats**
• Develops new ideas/boost innovation • Reduces time to treatment • Exchanges information/perspectives among all partner institutions to enrich the services • Creates "Telehealth chambers" in apartment buildings providing medical devices and video communication to GP • Collaboration among different partners which gives opportunities to start different projects.	• Low commitment of Policy Makers • Since general rules of reimbursement are defined on federal level this might be challenging in order to put through some local solutions.

Title of the good practice
GeriNeTrainer – The exercise programme with integrated cognitve exercises for everybody
Name of the organization in charge
GeriNet Leipzig is a regional network for geriatric care with about 900 partners, especially in Saxony. It consists of scientists and practitioners of medical, social, nursing, therapeutic and health economic departments. Cand. rer. medic. Lysann Kasprick is health and nursing scientist, Diploma social worker, inclusive clinical social work of government recognition.

Since 2011 she is responsible for the project and product management of GeriNet Leipzig. Lysann Kasprick is project director in the good practice GeriNeTrainer.

SWOT Analysis performed during the Workshop	
Strengths	**Weaknesses**
• Personalized services-adaptability (patient enrolment) • It integrates exercises with other services to learn how to deal with the disease • Prolongs an independent life at home as much as possible	• Needs too much work for medium-term results in patients (discouragement)
Opportunities	**Threats**
• Create a bridge or even an engagement between professionals and patients • Holistic point of view • Patient empowerment	

Title of the good practice
Diagnostic on patents with seldom errors of the immune system
Name of the organization in charge
Gesetzliche und private Krankenversicherungen (public administration)

SWOT Analysis performed during the Workshop	
Strengths	**Weaknesses**
• Focus on prevention/early diagnosis • Empirical proving rare diseases incidents • Raising awareness • Improve quality of life for chronic patients	• Results are different for each region (environmental influence, epigenetic, …).
Opportunities	**Threats**
• Short-term results • Increase visibility and encourage to research more in this “rare” topic • Exportable model for expanding neonatal screening	• Treatment is not always available (there is no cure but there is diagnosis)

• New guidelines	

Title of the good practice
CCS Telehealth Ostsachsen
Name of the organization in charge
T-Systems International GmbH (Industry), Carus Cosilium Sachsen GmbH

SWOT Analysis performed during the Workshop	
Strengths	**Weaknesses**
• Modular approach to support different diverse treatments • Immediate clinical evaluation (crucial for evolution and consequences) • Involve the patient and families • Less resources for these procedures (reduction of time and price in care) • Enabling elderly to stay at home and retain as much autonomy as possible • Connects all clinics, GPs, professionals	• Devices such as wearable, etc. for patient control are not automatically integrated yet (to measure blood pressure, temperature, etc.) • Professionals still have to call case managers
Opportunities	**Threats**
• Treatment and diagnosis without the need to go the hospital or care centre • Educational approach to explain risks, medication, etc. • Patients could log in in the future	• Resistance from professionals/patients • Trust issues of patients & personnel in IT • Reimbursement of all telehealth applications in Germany is not secured

Title of the good practice
Living-it-Up
Name of the organization in charge
Scottish Centre for Telehealth and Telecare / NHS 24

SWOT Analysis performed during the Workshop	
Strengths	**Weaknesses**
• The co-design practices employed to create these services is an excellent example of citizen engagement to promote healthy ageing involving 4000 citizens. • The range of services available are varied and easy accessible. • It is a good practice which has been promoted across the world • 32 different partners were involved in a service redesign exploratory manner to focus on citizen needs. • Methodology makes it repeatable because we captured lessons learned along the way.	• Due to the fact that this best practice has fragmented into several different projects and real-life services, there needs to be support to allow for the individual measures of the good practice to be implemented.
Opportunities	**Threats**
• The different sub elements of the services have been absorbed into various other national health and care programmes across Scotland and thus the opportunity for these to flourish is great.	• Adoption at scale is a threat for this programme there can sometimes be tension between local and national focus.

Title of the good practice
Links Worker Programme supported by A Local Information Service for Scotland (ALISS)
Name of the organization in charge
Health and Social Care Alliance Scotland (the ALLIANCE) htp://www.alliance-scotland.org.uk/ The ALLIANCE is a third sector organisation and strategic partner of the Scottish Government in interfacing with the third sector.

SWOT Analysis performed during the Workshop	
Strengths	**Weaknesses**
• Detects problems and look for co-solution within the Community (not necessarily clinical) • Provides information to the	• Limited local sources/lack of funding • Slow implementation (red tape) • Institutional/cultural barriers • Red tape barriers: privacy laws, data

Community reach self-manage • opens source data • A bridge between GP practice and Community • Gives comprehensive & adequate training for the CLPs • Flexible project management team • Very useful for elderly people when suffering from mobility problems • Covers broad range (almost the whole country) • The patient flow observed was similar to the regular clinic which implies an acceptance by the users. • Secure connection. • Possibility of controlling the queue	protection, security, etc. • Difficulties to develop this model in large scale • Difficulties to find the right people to develop the architecture of ALISS (salary differences with the market) • Induces staying at home, even when is not recommended • Outsource of the technological video consulting platform which implies not a full control.
Opportunities	**Threats**
• Assess and implicate Community members • Reduces social isolation • Supports people to improve their quality life within their community (active citizens) • Builds sustainable communities • Patient empowerment • To work from the same plane with the multiple stakeholders • Involves patients in designing more solutions for their needs. • Potential scalability to a telehealthcare service where people could use some devices by themselves to monitor and pass the information to the GP. • Open system easy to use and with no obligation to install anything.	• Low commitment of Policy Makers • The GPs involve could think that the CLPs could replace them • Managing people (How to motivate them?) • Atomization into several managing teams (even Physicians cannot always work as a team) • Very early state of implementation and little additional value versus other similar systems already existing.

Title of the good practice
WG13 Digital Project
Name of the organization in charge
East Ayrshire Council of Voluntary Organisations Third sector organisation coordinating voluntary activity in East Ayrshire

SWOT Analysis performed during the Workshop	
Strengths	**Weaknesses**
• Promotes/teaches ITCs, adapting the level of teach to the final user • Co-designed project • Casual, relaxed and modern environment • Local which brings close relation with users and their needs. Increases trust. • Local employment opportunities.	• Lacks of funding. Needs a big investment to encourage people to learn in a more "positive" environment redesigning services to make them more public facing • Communication barriers to ensuring the message of the project among all the stakeholders • Difficulty to scale and the speed that the different needs and technology require.
Opportunities	**Threats**
• Raise awareness of the elderly about all the opportunities in telecare, accessible from home • Involves the elderly in new technologies to make solid decisions • Offers services for tailored needs • Validation processes of wearables, iOT and others. • Capability of fast adaptation to local change in needs.	• Low commitment of Policy Makers (depends of local authority investment) • Resistance from local authorities to set/integrate this new services. They have to invest in material and can not adapt this model. • Not able to keep up with state of the art solutions and becoming outdated. • Lack of critical mass to justify certain actions based on a cost-effective point of view

Title of the good practice
PATIENT EMERGENCY POWERMENT (WRP®)
Name of the organization in charge
Foundation Fall People - Community

SWOT Analysis performed during the Workshop	
Strengths	**Weaknesses**
• Obtains medical data immediately (illnesses, allergies,…) from an unconscious person, at the time to be reached by the rescuers. • Simple idea. The chip only contains	• Red tape barriers: privacy laws, data protection, security, etc. • Depends on the connection, the kind of device, the distance, even orography, etc. for the signal, to transmit or

indelibly recorded basic patient's identification data. • Very easy to use/wear • Fast identification system in case of emergency. • Affordable price of the device. • Double ID system: #ID that can be given to the emergency services and NFC reading system. •	receive data. • Aesthetically unattractive design • Easy to forget
Opportunities	**Threats**
• Target ageing population in Poland and Europe, in general • Covers the number of people living alone • Scalability to all population. • Link to EHR and important facts (allergies, health conditions, etc.) which can better assure the best treatment to follow. Make decisions in a more informed/effective way by the rescuers/clinicians.	• Resistance from patients/lack of participation or interest • Incompatibilities to integrate this service into the health system. • Trust issues of patients & staff in IT (privacy and security) • Low commitment of Policy Makers • Difficult to be commercialised since the return may be poor

Title of the good practice
Senior Live
Name of the organization in charge
Stichting HierTV (HierTV Foundation)

SWOT Analysis performed during the Workshop	
Strengths	**Weaknesses**
• A not-static platform of online services to the elderly • Promotes/teaches ITCs, adapting the level of teach to the final user • Uses volunteers for some services. They gain training/experience and the elderly gain people to use in more services • Very well designed and adapted for the target population	• Gets partners to join the senior-live platform and adapt to the provision of online services is extremely difficult. • Lacks of cooperation among stakeholders (each stakeholder prefer to develop their own platform of online services) and a disarray of technologies and standards, which is not beneficial for the final user • Induces staying at home, even when is

• Many different uses (sports, well being, attention...) • End – User involvement. Engagement of participants. • Promotion of inter-generation	not recommended • Lacks of funding. Needs of private investment to secure sustainability.
Opportunities	**Threats**
• Increases awareness of the elderly about all the opportunities in telecare accessible from home • Acts as a living lab to test new products/services • Provides innovative services to improve quality of life of the elderly, such as coffee online, fitness online, sing and smile, etc. • Prevents social isolation • Blending of the offline services with the online.	• Do not get self-sustainability. • Needs to keep a constant source of input for activities of interest. • Not reaching out to the people that maybe needs it the most. When isolation is too high the online and offline channels might not be enough.

D. *In-Situ* Visits performed in the framework of the Action Group 3

Learner Partner	Mentor Partner	Good practice/s	Date
HS Lower Silesia ACIS (Galician Health Cluster) BIOEF City of Almere	**DHI/NHS**	• Links Worker Programme supported by A Local Information Service for Scotland (ALISS) • WG13 Digital Project	October 5-6, 2017
City of Almere Lower Silesia	**BIOEF**	• Age-Friendly Basque Country	December 14-15, 2017
BIOEF	**City of Almere**	• Age friendly Amsterdam • Senior Live	April 24-25, 2018
DHI	**ACIS**	• E-Saude	December 11-12, 2017
DHI, Lower Silesia	**ACIS**	• E-Saude • Cardiac rehabilitation	June 18 -19 2018
ACIS, City of Almere	**DHI**	• Living it up • Civtech	June 25-26 2018
DHI, Lower Silesia	**H Saxony**	• CCS Telehealth • GeriNe Trainer	July 4-5 2018

E. Policy analysis of the good practices with *In-Situ* visits

I. Links Worker Programme supported by A Local Information Service for Scotland (ALISS)

Policy analysis (by Mentor)
Name of the organization in charge
DHI / NHS
Summary of the good practice
The ALISS programme supports and enhances the Links Worker Programme as a tool that enables people to search for and find local community assets that can help them manage their health. Rather than being another website or single solution, ALISS offers an infrastructure allowing existing information about services that help people self manage their health to be linked (i.e. not a static database, directory or website). The result of this is a searchable index of information. The innovative aspect of ALISS is that the information in the ALISS engine is not top down and kept within condition specific silos. Rather it is information that follows the person. It is designed to be a backend index that uses open APIs that allows the information gathered in ALISS to be searchable from a variety of interfaces – be it local authority websites or condition specific websites. ALISS can offer analytics based on this more comprehensive index of services on the service provision in a particular area.
1.Describe which are the Key Performance indicators you have set, against which you assess the performance of the program.
The Equal Opportunities Committee of the Scottish Parliament published a report on 'Age and Social Isolation' on October 2015. In this report they commended the work of the Links Worker Programme as a facilitator in encouraging older to people to be more physically active. Furthermore, the Royal College of General Practitioners noted that with clearer information about community resources the take up rate of community service referrals increased from 50% to 80%. The use of ALISS in GP practices has given GPs the ability to socially prescribe with more confidence as well as being able to signpost to services more relevant to the individual, thus driving an increase in uptake of socially prescribed activities.
2.How much did the implementation of the program take?
3 years and £1,328,987
3.Describe the relationship (if any) between your good practice and your RIS3
N/A
4.How have you involved the Relevant Regional Departments (DGs, etc) to get the program approved and launched?
The Links Worker Programme is a Scottish Government funded programme and so funding and Support has come from them.
5.How have you organized the local stakeholders involvement to define the challenges the program tackle?
There are 7 primary care centres involved in the programme with over 29,000 patients registered. A new, full-time specialist role, the Community Links Practitioner (CLP) has joined

existing primary care teams in participating GPs. These CLPs work with people in the GP practice on a one-to-one basis to help identify and address issues negatively impacting their wellbeing and co-produce solutions that are not necessarily clinical. Community Links Practitioners also network with local community resources to support the development of their capacity and identify any gaps in local service provision.
6.Describe in which way and from which funds (ERDF, National, other) you have managed to allocate financial resources on this program
These funds came from national Scottish government funding.

Policy analysis (by Learner)
Name of the organization
Healthy Saxony
1.**Describe the relationship (if any) between the good practice analyzed and your RIS3**
No relationship
2.How would you involve the Relevant Regional Departments (DGs, etc) to get the program approved and launched?
It would be necessary to present the good practice to Saxon Ministries: The Saxon State Ministry for Social Affairs and the Saxon State Chancellery in order to make known the value of this tool, which has no equivalent at the moment in Saxony.
3.How would you organize the local stakeholders involvement to define the challenges the program tackle?
Since the major stakeholders of the region are members of HEALTHY SAXONY e.V., its meetings provide an ideal opportunity to get them involved in this project. We as HEALTHY SAXONY can show our stakeholders how much they can profit from this tool and how useful it is for the healthcare industry and population in the region.
4.Describe in which way and from which funds (ERDF, National, other) you would manage to allocate financial resources on this program
Funding schemes might include the regional ERDF schemes managed by the Saxon State Ministry of Social Affairs, in addition to regional funding schemes.
5.Describe the barriers to the implementation of the program you could encounter and how you would dealt with it
Unlike the Scottish Government's strategies for healthcare, which are clearly top-down, in Saxony we mainly have bottom-up initiatives. Therefore, it would not be easy to find support from the Saxon Government for funding this good practice and its implementation would be hindered by the huge structural differences in Germany's healthcare system. However, it is worth trying to seek the support of the stakeholders and encourage its implementation with a bottom-up initiative, which could eventually lead to government support.
6.Benefits you could obtain and lessons learned
ALISS totally fits the needs of Saxon population because, as it is the case in Scotland, we have large rural areas in our region and for this reason it is sometimes difficult to get information about services which are located beyond the local community (and often within the community itself, especially for the elderly). The tool is also very useful from a technical point of view because all the information is located in one site and as a module the ALISS search can be inserted into other websites, which allows for a larger outreach among professionals and communities.

Policy analysis (by Learner)
Name of the organization
Lower Silesia
1.**Describe the relationship (if any) between the good practice analyzed and your RIS3**
The ALISS (A Local Information System for Scotland) Programme is funded by the Scottish Government and delivered by the Health and Social Care Alliance Scotland (the ALLIANCE). There is relationship between this analyzed good practice and Lower Silesia RIS3. It is strategically aligned with Scottish health and social care needs as well as with Polish health care system.
2.How would you involve the Relevant Regional Departments (DGs, etc) to get the program approved and launched?
The involvement of the Relevant Regional Departments is to get the program **t**o increase the availability of health and wellbeing information for people living with long term conditions, disabled people and unpaid carers
3.How would you organize the local stakeholders involvement to define the challenges the program tackle?
To ensure that stakeholders are informed, skilled and confident in the use and application of web services and that they are connected as part of a wider community of practice
4.Describe in which way and from which funds (ERDF, National, other) you would manage to allocate financial resources on this program
Not applicable
5.Describe the barriers to the implementation of the program you could encounter and how you would dealt with it
To ensure the use of ALISS, it is necessary to strategically adapt to Polish health and social needs
6.Benefits you could obtain and lessons learned
Support people, communities, professionals and organisations that have information to share.

Policy analysis (by Learner)
Name of the organization
BIOEF
1.**Describe the relationship (if any) between the good practice analyzed and your RIS3**
The initiative pursues integration as the Action Group for Integrated Care included in EIP AHA does, being this considered as a strategical initiative within the Basque RIS3.
2.How would you involve the Relevant Regional Departments (DGs, etc) to get the program approved and launched?
Health Plan 2013-2020, Ministry of Health Strategic Guidelines, Osakidetza Strategic Guidelines, Social and Health Coordination Strategy, and ICO strategies are fully aligned in this sense.
3.How would you organize the local stakeholders involvement to define the challenges the program tackle?
The main stakeholders affected by this programme have fully aligned strategies to tackle the challenge of this programme.

4.Describe in which way and from which funds (ERDF, National, other) you would manage to allocate financial resources on this program
Basque Government, through framework contracts.
5.Describe the barriers to the implementation of the program you could encounter and how you would dealt with it
Although the examples provided by the evidence show that integration approaches can offer promising results in terms of quality and efficiency, there are a number of obstacles faced by organizations that impede the successful implementation of the inclusive initiatives in practice. These obstacles can be of various types: organizational, cultural, technological, financial, governance, leadership, etc. The following are some of the most important of these relevant: - Information and communication technologies: existence of information systems different that do not allow interoperability and therefore common access to the whole of the relevant information about each patient. - Governance: lack of clarity regarding who is ultimately responsible both clinically and clinically and organizationally when it comes to decision-making; it is necessary to have a single accountability framework, common to all the organizations involved, in which the rules of the game are explicitly defined. -Risk aversion: health professionals, who are subject to a strong risk management regime responsibility for their actions, they may not be willing to transfer patients. to other assistive devices over which they have no control. -Cultural differences: differences in management style, delegation of authority, clarity of objectives or other factors may condition the disposition of the professionals to share information, resources and patients. -Funding and incentives: the absence of a'follow the lead' funding scheme and incentives to encourage coordination between professionals make it difficult to the integration of healthcare between healthcare organizations. -Differences between Primary Care and the hospital sector, and between the health sector and the social: differences between the type of hiring of professionals, information systems, funding schemes and approaches to service delivery act as a barrier to multidisciplinary work not only between levels of care but also between the social and sanitary spheres. - Lack of evaluation: bearing in mind that "only what is measured can be improved", the lack of a robust evaluation framework that allows the results achieved in the different dimensions that are affected by integration (patients, professionals and the system) to be confirmed makes it difficult to justify the integration and its progress. -Lack of leadership: the lack of clear leadership that can and does convey a strong commitment to the implementation of approaches to care integration is undoubtedly one of the most important reasons for this. the great barriers that lead irretrievably to the failure of any initiative that seek to improve coordination of care. -Time horizon: integration projects, like any other innovation project, need time and resources to demonstrate the desired results; according to experts in the sector, the full and successful implementation of integration initiatives usually takes place in the medium term.

A shared and aligned common strategy among actors help to deal with it.
6.Benefits you could obtain and lessons learned
Knowing about other experiences facing these barriers helps to update and uptake initiatives targeting possible conflicts.

Policy analysis (by Learner)
Name of the organization
CAL (City of Almere)
1.**Describe the relationship (if any) between the good practice analyzed and your RIS3**
ALLISS to us in Almere was more of a glimps of the future than anything else. In the mid term future we foresee to have similar platform in place to help citizens to find their relevant services etcetera. It is inevitable that services lice the ALLISS platform will be more and more pivotal in providing citizens with the necessary information they need with regards to services available and offered.
2.How would you involve the Relevant Regional Departments (DGs, etc) to get the program approved and launched?
No strategy in place yet. Several times we have tried to start setting up a similar platform but we have not succeeded yet, due to lack of cooperation and standards etc…
3.How would you organize the local stakeholders involvement to define the challenges the program tackle?
Again, no strategy in place yet. It would be helpful to be able to find common goals, means and standards with regards to this type of service. However the landscape of health, care and social services is very fragmented. So far, organizations stick to their own outdated websites apps etc…only focusing on a small (their)part of services offered.
4.Describe in which way and from which funds (ERDF, National, other) you would manage to allocate financial resources on this program
It is too early to go into this. Interreg is helping us focus and make clear what it is we would like to implement here in the NL. First things first.
5.Describe the barriers to the implementation of the program you could encounter and how you would dealt with it
Lack of cooperation between stakeholders, lack of funding, lack of tech and communication standards. Lack of willingness to share knowledge and revenues and even investments at this point.
6.Benefits you could obtain and lessons learned
Too early to define. An inspiration at least, and maybe one day we knock on the door to talk about using technology or, just going to visit again for inspiration.

Policy analysis (by Learner)
Name of the organization
Cluster Saude de Galicia (CSG) – Galician Health Cluster
1.**Describe the relationship (if any) between the good practice analyzed and your RIS3**
This good practice can be related to two of Galician RIS3: Challenge 2 (New industrial models) and Challenge 3 (Healthy living based on active healthy ageing). ALISS is promoting public-private collaboration to innovate in the design of new services for the citizens. In addition, ALISS involves a new figure: the Community Links Practitioners which establish a relationship with the users focus on their well-being and implementation of good habits for a healthier life.
2.How would you involve the Relevant Regional Departments (DGs, etc) to get the program approved and launched?
It would be necessary to align relevant public and private health providers in order to obtain the support of the regional government (Health and Social Affairs Departments) to obtain the necessary structure.
3.How would you organize the local stakeholders involvement to define the challenges the program tackle?
Due to the local characteristic of the good practice we think the best way would be to organised informative workshops with city councils and local agencies in agreement with the regional health and social affairs authorities.
4.Describe in which way and from which funds (ERDF, National, other) you would manage to allocate financial resources on this program
Local and regional funds from both health and social affairs ministry.
5.Describe the barriers to the implementation of the program you could encounter and how you would dealt with it
Our disperse population and broad sub regional divisions (Concellos) might become a governance challenge. We would propose to start from main cities and villages/towns within the area of influence.
6.Benefits you could obtain and lessons learned
We find the Community Link Practitioners to be a very interesting figure that can reduce the gap between policy makers, health providers and users.

II. WG13 Digital Project

Policy analysis (by Mentor)
Name of the organization in charge
DHI / NHS
Summary of the good practice
The WG13 Digital Project helps encourage digital participation among older people and aims to raise awareness of digital technology. The WG13 Digital Project came out of a collaboration with the Fire Service who were promoting the use of TEC product to reduce the risk of fires in the houses of vulnerable people. East Ayrshire Council of Voluntary Organisations (EACVO) began exploring how to promote the use of TEC within a wider context of health and social care. Through conversations with people who use TEC and people who are considering using TEC, it was revealed that the institutional nature of the referral process, product selection and installation made people feel like 'patients' rather than people. From this the WG13 Digital Project was co-designed to be more of a 'shop' offering people products and tailoring services to them in an environment that did not feel like a statutory service. There are three core services; Peer Support, Trial Area and Home Environment.
1.Describe which are the Key Performance indicators you have set, against which you assess the performance of the program.
Ayrshire Council has seen a 40% increase in the number of people choosing an enhanced TEC package when referred to the WG13 Digital Project. This is a huge benefit as it supports the work moving towards the 2020 Vision for health as well as the Scottish Government TEC strategy.
2.How much did the implementation of the program take?
£78,000 from Scottish Government Technology Enabled Care Fund
3.Describe the relationship (if any) between your good practice and your RIS3
No link
4.How have you involved the Relevant Regional Departments (DGs, etc) to get the program approved and launched?
WG13 is part of the council of voluntary organisations ltd which is a registere Scottish charity. Therefore, This charity organized which partners needed to be included.
5.How have you organized the local stakeholders involvement to define the challenges the program tackle?
Fire services, East Ayrshire Council of Voluntary Organisations, third sector, the Scottish government and technology enabled care programme were involved in this project. Each partner contributed to ensure the programme gave users a good experience by working together to properly design and roll out the service.
6.Describe in which way and from which funds (ERDF, National, other) you have managed to allocate financial resources on this program
The funding came from the Technology enabled care fund which is a national funding source for Scotland.

Policy analysis (by Learner)
Name of the organization
Healthy Saxony
1.**Describe the relationship (if any) between the good practice analyzed and your RIS3**
No relationship
2.How would you involve the Relevant Regional Departments (DGs, etc) to get the program approved and launched?
Since the major stakeholders of the region are members of HEALTHY SAXONY e.V., its meetings provide an ideal opportunity to get them involved in this project. We as HEALTHY SAXONY can show our stakeholders how much they can profit from this program and how useful it is for the population in the region.
3.How would you organize the local stakeholders involvement to define the challenges the program tackle?
Funding schemes might include the regional ERDF schemes managed by the Saxon State Ministry of Social Affairs, in addition to regional funding schemes.
4.Describe in which way and from which funds (ERDF, National, other) you would manage to allocate financial resources on this program
Apart from seeking the support of the Saxon Ministry, it would be necessary to involve local authorities from the very beginning, e.g. for providing a place for the trial area, as well as suppliers of technological devices since WG13 offers them the opportunity to get more clients (it is a sort of a shop for them, so they would be main beneficiaries). An agreement could be reached with the education authorities to send the volunteers needed from vocational training programs in the region and even the Fire Service could take part in the project following the Scottish model.
5.Describe the barriers to the implementation of the program you could encounter and how you would dealt with it
A possible barrier could be getting so different stakeholders and participants involved, since as it was mentioned above, a central role is played by the local authorities and the volunteers (which are not simple to get on board). That is why it would be extremely important to set specific goals for every stakeholder from the start and to show the Scottish good practice as an example of the benefits that can be reached.
6.Benefits you could obtain and lessons learned
Although bringing together so many different stakeholders could be a barrier it is undoubtedly also an advantage in terms of benefits. The implementation of this good practice has many gains for all players: population (patients as well as professionals) learn how to use new technologies, feel more empowered and are better prepared to manage health problems, volunteers can gain work experience, technology suppliers increase their sales and have the opportunity to get their products tested by patients and professionals and in general the whole healthcare system benefits from a more healthy and better trained population.

Policy analysis (by Learner)
Name of the organization
Cluster Saude de Galicia (CSG) – Galician Health Cluster
1.**Describe the relationship (if any) between the good practice analyzed and your RIS3**
This good practice can be related to two of Galician RIS3: Challenge 3 (Healthy living based on active healthy ageing).WG13 promotes the inclusion and participation of the elderly in the digital world through daily activities to which they can relate (communicating with family members, useful gadgets to help them with drug intake control, etc).
2.How would you involve the Relevant Regional Departments (DGs, etc) to get the program approved and launched?
Involvement of employment department and public-private health partners with a social aspect to it.
3.How would you organize the local stakeholders involvement to define the challenges the program tackle?
Creating an agreed common strategic plan within the KOL (Key Opinion Leaders) of a region.
4.Describe in which way and from which funds (ERDF, National, other) you would manage to allocate financial resources on this program
Public regional funds together with participation of the private sector within their RSE, product validation budget, etc.
5.Describe the barriers to the implementation of the program you could encounter and how you would dealt with it
Main barrier would be to make the program escalable. Clear communication of the program and its possible benefits is not trivial.
6.Benefits you could obtain and lessons learned
Local homecare workers would have a more professional framework.

Policy analysis (by Learner)
Name of the organization
BIOEF
1.**Describe the relationship (if any) between the good practice analyzed and your RIS3**
E-health and ICTs are prioritized areas within the Basque Bioscience-Health RIS3 strategy
2.How would you involve the Relevant Regional Departments (DGs, etc) to get the program approved and launched?
The Basque Public Health Service – Osakidetza has deployed the e-health strategy to support integrated healthcare to address ageing, chronicity and dependency in the Basque Country.
3.How would you organize the local stakeholders involvement to define the challenges the program tackle?
Setting up regional meetings with stakeholders to discuss the benefits obtainable from this work. Their involvement in the regional RIS3 strategy enables this kind of meetings.
4.Describe in which way and from which funds (ERDF, National, other) you would manage to allocate financial resources on this program
ERDF, national and others. I.e. by promoting demonstration lab projects.

5.Describe the barriers to the implementation of the program you could encounter and how you would dealt with it
Not following an equity perspective among geographical areas, difficulties to recruiting homecare workers, being based on volunteers as seen in other regions… Professionalizing these kind of initiatives would strengthen its impact.
6.Benefits you could obtain and lessons learned
-Knowing about the need to create a highly accessible public facing service . -Being able to see the eHealth and telecare products “in situ” helps people see them as something other than necessity.

Policy analysis (by Learner)
Name of the organization
CAL (City of Almere)
1.**Describe the relationship (if any) between the good practice analyzed and your RIS3**
In Almere we have a very similar organization like WG 13, called Senior Live. However, WG 13 has been developed further and has more formal tasks than SL. We want to look into applying some of their services in our context.
2.How would you involve the Relevant Regional Departments (DGs, etc) to get the program approved and launched?
This would happen on a local level to have SL provide more formal social support services or health services involving Modern Technology to Almere citizens on behalf of the city.
3.How would you organize the local stakeholders involvement to define the challenges the program tackle?
Senior Live (HierTV Foundation) is the main stakeholder involved. They will organize the cooperation with local care providers, housing corporations and relevant city departments. This will be done on a project base until working methods have been accomplished and this type of services are provided in a structural way, with structural funding in place by the municipality.
4.Describe in which way and from which funds (ERDF, National, other) you would manage to allocate financial resources on this program
This type of project or program would typically be funded by the Municipality. Basically they are part of innovating regular care services. For the initial projects, we would look at regional or European funds to help bring these innovations in place.
5.Describe the barriers to the implementation of the program you could encounter and how you would dealt with it
There is a lot of fear among care givers, patients and care organizations to use modern technology in the realm of health care, prevention and so on. Even health Insuring Companies/organizations are reluctant to try and implement innovations, and invest financially in them. There is a lack of incentive and a lack of sense of urgency. However, reality is catching up and care is becoming more and more difficult to finance, so changes are upon us in this respect. Our way of dealing with this reluctance is to keep trying and keep pushing until we succeed. Find accomplices and form a coalition of the willing.
6.Benefits you could obtain and lessons learned
In Glasgow at WG13 we saw the next step of our Senior Live program. The success of this program has shown us that we can achieve the same in the NL, or in Almere to be more

precise.

Policy analysis (by Learner)
Name of the organization
FRRB
1.**Describe the relationship (if any) between the good practice analyzed and your RIS3**
This best practice is in line with the RIS3 of the Lombardy Region. The RIS3 identifies 7 specialization areas, including the one named Health Industry, whose aim is to support the development of innovative technologies, applications, devices and systems able to contribute to the well-being of people (with particular reference to those in a fragile condition), to improve the prevention and diagnosis of diseases, to support active aging and encourage the emergence of new therapeutic approaches. See IS3.1 Development of devices and advanced systems for "independent life".
2.How would you involve the Relevant Regional Departments (DGs, etc) to get the program approved and launched?
The Lombardy Region is fully aligned with the development of the Smart Specialization Strategy, and this best practice could be a good example of how to implement it.
3. How would you organize the local stakeholders involvement to define the challenges the program tackle?
Setting up meetings involving the stakeholders as well as the Lombardy Region in order to discuss the possible implementation of this strategy.
4.Describe in which way and from which funds (ERDF, National, other) you would manage to allocate financial resources on this program
Lombardy Region resources and maybe allocation of resources to stakeholders through competitive programs.
5.Describe the barriers to the implementation of the program you could encounter and how you would dealt with it
Barrier: limited IT skills of elderly people. How to overcome: possibility to browse and to speak to an expert.
6.Benefits you could obtain and lessons learned
Possibility to reach in an easy way people who live alone and consequently allow people to live independently for longer. As learned from the origin of this best practice, (collaboration with the Fire Service to reduce the risk of fires in the houses of vulnerable people) often the need that comes from a particular event can provide the example for a much wider use of the practice.

III. Age Friendly Amsterdam

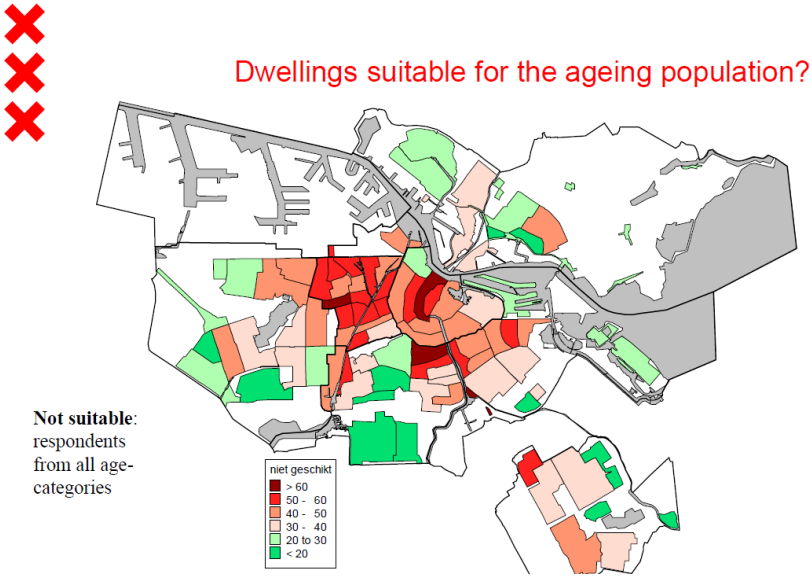
Policy analysis (by Mentor)
Name of the organization in charge
CAL
Summary of the good practice
A city that senior citizens enjoy living in and which encourages healthy and active ageing– that is the aim of the Age-Friendly City concept developed by the World Health Organization (WHO), and that is the aim of Age-Friendly City Amsterdam. Amsterdam became part of the WHO worldwide network of Age-friendly cities and communities in 2015. While Amsterdam currently counts ca. 800.000 citizens with 12% older adults (65+ years), this proportion is expected to grow to 16% in 2030. The city aims to use the age friendly initiative to further strengthen and streamline its activities on the topic of demographic change and the ageing population. The age friendly city programme builds on existing activities by the public administration, including existing practices to engage citizens (including older adults) in policy making, and the (emerging) practice for different departments to combine efforts towards great societal challenges (such as overweight). To organise the Age-Friendly City (AFC) Amsterdam a light project organisation was set up. A multi-disciplinary team was brought together representing the eight domains that play a key part in any age-friendly city: 1. Community and health care, 2. Transportation, 3. Housing, 4. Social participation, 5. Outdoor spaces and buildings, 6. Respect and social inclusion, 7. Civic participation and employment and 8. Communication and information.      To develop an Action Plan first local data were collected on the 8 domains and (all) services and programmes already in place were mapped. Elder citizens were included in these activities as co-researchers alongside professionals as the city wanted to know their opinion on subjects they believed to be important.

Based on the data and information collected a 5-year Action Plan was drawn consisting of four city wide action lines (with targets): 1. Dementia, 2. Loneliness, 3. Accommodation for the elderly and 4. Falls prevention. In addition a number of pilot areas/ neighbourhoods were selected to pilot topics such as 5. Spatial strategies to enhance an age friendly environment and 6. Participatory research by elderly.

At this moment in time the programme is being implemented, with a number of projects carried out per and across action lines with and by different city departments in collaboration with other parties (such as universities, students, citizens, etc.). It is the task of the AFC programme manager to manage and overview the projects in relation to the targets and programme at large. It is not doable to explain all projects and their (preliminary) results in detail here.

So far interesting results are gained through participatory research with elderly e.g. by walking through selected neighbourhoods with professionals and elderly to survey the conditions for the elderly. Another project involves the training of a group of elderly to become co-researchers and interview other elder citizens in two neighbourhoods: Does this method help to get access to people that are usually hard to reach or never heard? In both neighbourhoods the co-researchers were able to interview elderly citizens, including people that were not seen or spoken with before! Does this type of research empower participants? The co-researchers showed a high level of participation and they will continue their work e.g. to work on the findings and explore solutions based on their research and they will be involved in the development of an 'age proof route'.

Another example is the assignment of a Municipal Executive Councillor responsible for healthcare & urban planning. Until recently health was neglected in the department of urban planning. Ageing and the built environment, however, are very much related. Ageing has consequences for spatial issues at different levels of scale. The use of the home, the public space, the dispersion of health and care services, mobility etc. Self-management and autonomy have become key areas, also for people with disabilities. This too has led to a number of activities, measures, programmes and projects, involving e.g. place making (more public art), new innovative housing-care concepts, social interventions, house coach service, etc.



1.Describe which are the Key Performance indicators you have set, against which you assess the performance of the program.
N/A
2.How much did the implementation of the program take?
Work on the programme, including the preparation of the action plan, was originally carried out by the Amsterdam Municipal Health Service on a small budget. Most work was done by employees already involved with elderly or related to senior citizens. Together with e.g. older adults and the Amsterdam University of Applied Sciences research was carried out (€180k) to collect qualitative and quantitative data in two neighbourhoods in Amsterdam (Indische buurt Oost and Buitenveldert). After three years the programme was transferred to the Department of Care with a dedicated 2 FTE. Funding is somewhat scattered as projects are initiated /implemented both by the Age Friendly City programme and other parties like the Amsterdam University of Applied Sciences. The total budget spent on the spatial strategies (excluding research) is €800k, and on falls prevention €500k (2018) . One FTE is dedicated to Age Friendly City. This excludes the capacity of other employees within the city administration, whose work on age friendly city is an integral part of their responsibilities and tasks.
3.Describe the relationship (if any) between your good practice and your RIS3
N/A
4.How have you involved the Relevant Regional Departments (DGs, etc) to get the program approved and launched?
N/A
5.How have you organized the local stakeholders involvement to define the challenges the program tackle?
N/A
6.Describe in which way and from which funds (ERDF, National, other) you have managed to allocate financial resources on this program
N/A

Policy analysis (by Learner)
Name of the organization
DHI / NHS
1.**Describe the relationship (if any) between the good practice analyzed and your RIS3**
E-health and ICTs are prioritized areas within the Basque Bioscience-Health RIS3 strategy
2.How would you involve the Relevant Regional Departments (DGs, etc) to get the program approved and launched?
The Basque Public Health Service – Osakidetza has deployed the e-health strategy to support integrated healthcare to address ageing, chronicity and dependency in the Basque Country. The basque country also has its own healthy basque country project and so this kind of initiative is already underway in our region.
3.How would you organize the local stakeholders involvement to define the challenges the program tackle?
Setting up regional meetings with stakeholders to discuss the benefits obtainable from this work to build upon what we already have in place and to see if we can make our project better. Their involvement in the regional RIS3 strategy enables this kind of meetings.
4.Describe in which way and from which funds (ERDF, National, other) you would manage to allocate financial resources on this program
ERDF, national and others. I.e. by promoting demonstration lab projects.
5.Describe the barriers to the implementation of the program you could encounter and how you would dealt with it
N/A
6.Benefits you could obtain and lessons learned
N/A

IV. E-Saúde

Policy analysis (by Mentor)
Name of the organization in charge
ACIS
Summary of the good practice
É-Saúde is an electronic platform, which was developed to improve the communication between citizens and the public healthcare system. The platform aims to be flexible and easy to use, but without compromising security. É-Saúde acts as a tool of personalization of services for the patient by providing citizens with easy access to personalized services and contents according to their personal needs. Since the very beginning a multidisciplinary team (Citizen attention services, Quality services, IT services, Innovation services, nurses, doctors as well as patients), have been working closely with the company in charge of developing the platform. The platform, which is oriented both towards sick and healthy citizens, aims to be the meeting point in the virtual field between citizens and the Galician Public Healthcare Systems. Please find below its main features: • Access to personal data: electronic medical records, health card, x-ray diagnosis, etc. • Access to documentation and information related to health, which has been previously checked and backed by professionals. • Access to specific online training from the Galician School of Health for Citizens, Escola de Saúde para Cidadáns. • One-stop window to ask for appointments with general practitioner, nurse, etc. • Access to the e-consulting primary care service, which allows the patient to talk to their doctor by phone, to ask for medication, etc. • Information about available resources in the immediate environment: primary centres, hospitals, pharmacies, etc. • Access to information about patient associations and communities related to their pathology. • Access to blogs and social networks to share experiences with both other patients and professionals. Access to a pool of suggested apps which have been previously validated by professionals.
1.Describe which are the Key Performance indicators you have set, against which you assess the performance of the program.
KPIs are updated weekly, it is counted: The number of registered people, the number of accesses with "secure identification"; the number of authorizations of delegated access, the number of accesses of authorized persons, the evolution of discharges and use them by age groups and gender; the number of registered patient associations.
2.How much did the implementation of the program take?
Total mobilised: 1,1 M€ from ERDF.
3.Describe the relationship (if any) between your good practice and your RIS3
Within RIS 3, we tackle the Mayor Challenge 3: New Healthy Lifestyle Model Based on

Active Ageing of Population, to position Galician in 2020 as a lead region in Southern Europe that offers knowledge-intensive products and services linked to a healthy lifestyle model: active ageing, therapeutic application of fresh and marine water resources and functional nutrition. To develop technologies to improve the quality of life and health, especially in the field of elderly, along with the care challenges, to design innovative solutions that provide a high added value product or technology.
4.How have you involved the Relevant Regional Departments (DGs, etc) to get the program approved and launched?
The Departments involved in the creation, development, and implementation of the platform E-Saúde are: Regional Government of Galicia (Xunta de Galicia): *Galicia Ministry for Health (Consellería de Sanidade), Agency of the Technological Modernization of Galicia AMTEGA, and Galicia Ministry of Presidency (Consellería de Presidencia);* Galicia Health Knowledge Agency ACIS
5.How have you organized the local stakeholders involvement to define the challenges the program tackle?
The patient associations (72) participated in three technical sessions in the design phase of the platform; 250 patients and professionals participated in the pilot phase of using the platform, more than 50 of the associations have created their own information sheets about their organization and services. Health professionals (more than 50, doctors, nursing, and pharmacy) participated in the design and pilot phase. In the implementation and extension of the use phase, a coordinating team was created in each of the 7 management areas (EOXIs), with the participation of medical services, nursing, and new technologies. It can consider stakeholders to the teams of the EOXIs, in which we have a technical manager and another one of technologies by EOXI that are participating in the whole implementation and development process. More than 20 technical presentation sessions were made to the professionals in the different health managements. At the same time, it has been presented at health technology, medical, nursing and regional, national and international healthcare congresses. Patients continue to participate actively, through their associations, in the design teams of the new functionalities and services of the platform.
6.Describe in which way and from which funds (ERDF, National, other) you have managed to allocate financial resources on this program
Galicia was beneficiary of ERDF funds period 2014-2020. The Operating Program of Galicia includes an investment of 25M€ including regional co-funding for the deployment and implementation of innovative solutions that have been launched during the period 2007-2013 within the projects H2050 and Innovasaúde. The program includes 5M€ of annual investment from 2016-2020, that will be applied by contracting deployment services through a series of public procedures. In addition, the regional government is currently working to improve e-Saúde and to offer the following services: • Delegated service for elderly people as well as for minor children. • Access and option to record the Living Will.

Policy analysis (by Learner)
Name of the organization
DHI / NHS
1.**Describe the relationship (if any) between the good practice analyzed and your RIS3**
No Relationship
2.How would you involve the Relevant Regional Departments (DGs, etc) to get the program approved and launched?
This kind of platform is currently being developed in Scotland. Therefore, the NHS, SMEs with specific software capabilities, Scottish Government, Social care representatives and citizens are being brought together with the DHI to visualise what this kind of platform could look like and what it could achieve.
3.How would you organize the local stakeholders involvement to define the challenges the program tackle?
The challenge has been previously defined. There is no citizen-centred way of engaging with health services in Scotland. Therefore all the relevant stakeholders have been brought together in co-design workshops and strategy boards to understand how we move forward with a better platform and how we might build this.
4.Describe in which way and from which funds (ERDF, National, other) you would manage to allocate financial resources on this program
This would come from Scottish government directly
5.Describe the barriers to the implementation of the program you could encounter and how you would dealt with it
Barriers include change management – this is a major change to the way that the health service is currently run and therefore staff and citizens will need to be supported through the change to get the most out of the platform and all its functionalities. Costs may be a barrier as well.
6.Benefits you could obtain and lessons learned
The benefits would be widespread – citizens would be able to engage with their health service in a much more meaningful way with personalised services and information tailored to their lives and their circumstances. The in situ visit gave us lots of 'food for thought' for potential lessons to be learned from how Galicia have made their platform and how we can take the best learning from this.

Policy analysis (by Learner)
Name of the organization
Healthy Saxony
1.**Describe the relationship (if any) between the good practice analyzed and your RIS3**
No relationship
2.How would you involve the Relevant Regional Departments (DGs, etc) to get the program approved and launched?
The implementation of the Galician platform's modules could be regarded as an improvement and development of the CCS-THOS platform. Therefore, it would be necessary to present this good practice to the Saxon State Ministry for Social Affairs and discuss if additional funds could be raised for its expansion.
3.How would you organize the local stakeholders involvement to define the challenges

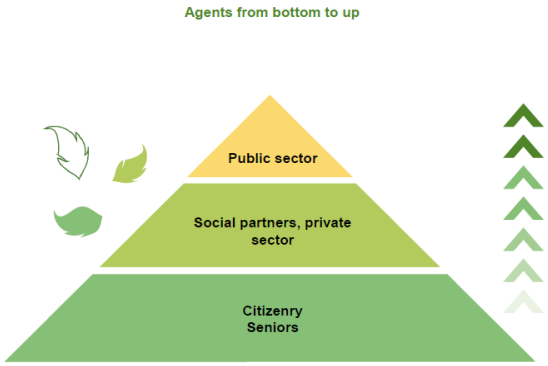
the program tackle?
Any of the meetings between Carus Consilium Sachsen GmbH and its partners, especially those who are involved in the implementation of the CCS-THOS platform, could be used to present the benefits of the E-Saude platform and the possibilities to integrate some of its modules in the Saxon infrastructure.
4.Describe in which way and from which funds (ERDF, National, other) you would manage to allocate financial resources on this program
Funding schemes might include the regional ERDF schemes managed by the Saxon State Ministry of Social Affairs, in addition to regional funding schemes.
5.Describe the barriers to the implementation of the program you could encounter and how you would dealt with it
We have already developed a platform in Saxony which was supported with large funds from ERDF and the Free State of Saxony. For this reason, it would not be easy to raise more funds for integrating new services from the Galician model. On the other hand, the E-Saude platform uses IANUS (The Galician Electronic Health Record), which connects all professionals along the entire region. Security standards and regulations in Germany regarding data sharing are completely different and could be one major barrier to the implementation.
6.Benefits you could obtain and lessons learned
The E-Saude platform is tool which can be of major benefit to regions with large rural areas, like Saxony, since it connects professionals, patients and citizens in general from the entire region using only one tool. It also has great opportunities to grow because it can be accessed from different electronic devices. Due to the high safety standards citizens trust the platform and both they and the professionals are no longer concerned about sharing documents or personal data. Undoubtedly, the tool has a promising future, since other Spanish regions have already shown its interest. For Saxony, its total implementation is rather ambitious, but it would be a good start if our partners realize that this is the kind of e-heath strategy that our region needs to prosper.

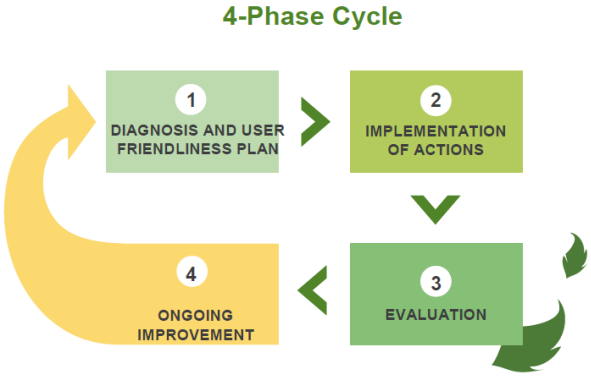
V. Age-Friendly Basque Country

Policy analysis (by Mentor)
Name of the organization in charge
Matia Institute of Gerontology (Research Institution)
Summary of the good practice
The Basque Country has taken a proactive approach to the WHO Age-friendly cites and communities' initiative by developing, implemented by the Department of Employment and Social Policies and Mata Institute from 2012. Rallying institutions, agents and individuals to make living spaces more "age-friendly", where people can live without physical obstacles and barriers is a primary goal.
1.Describe which are the Key Performance indicators you have set, against which you assess the performance of the program.
8 domains have been defined: 1.Outdoor spaces and buildings 2.Transport 3.Housing 4.Social participation and network 5.Social engagement and employment 6.Respect and inclusion 7.Communication and information 8.Social and health services In the Basque Country was calculated the Active Ageing Index (AAI) in 2014 to macro-assessment the project. AAI score in 2014 was 36.6. The aim is to increase to 38.4 in 2020.
2.How much did the implementation of the program take?
2012-ongoing
3.Describe the relationship (if any) between your good practice and your RIS3
Mata Institute is involved in the "EIP AHA Action Group D4: Age-friendly Environments", being EIP AHA one of the strategical initiatives considered within the Basque RIS3 strategy. The Basque Country application on EIP on AHA Reference Site has been awarded the status of 4 stars; this includes the project Age-Friendly Basque Country as a good practice
4.How have you involved the Relevant Regional Departments (DGs, etc) to get the program approved and launched?
In order to promote and develop the project, it was established a work plan in collaboration with the Federation of Retirees and Pensioners of the Basque Country (FEDERPEN). In this way, in new municipalities the elderly associations have created self-managed groups for carrying out the qualitative assessment through meetings and citizens forums, promoting empowerment and leadership to older persons. Basque Strategy on Ageing 2015-2020 (Department of Employment and Social Policies) has set as a priority the need to develop urban policies that enable aging people to live at home and friendly neighborhoods with their preferences and needs.
5.How have you organized the local stakeholders involvement to define the challenges

the program tackle?

The WHO methodology was followed:





1. **Year 1-2**
   a. Involving older people
   b. City's friendliness degree assessment
   c. Friendliness action plan
   d. Key elements for the final assessment
2. **Year 3-5**
   a. Presenting Action Plan to WHO for review and approval
   b. Implementation of actions
3. **End of year 5**
   a. Evaluation with indicators
   b. Reporting progress to WHO
4. **Continuous improvement**
   a. Evidence of progress with the initial Action Plan

6.Describe in which way and from which funds (ERDF, National, other) you have managed to allocate financial resources on this program

Basque Government

Policy analysis (by Learner)
Name of the organization
CAL (City of Almere)
1.**Describe the relationship (if any) between the good practice analyzed and your RIS3**
In our region (the Amsterdam Metropolitan Area, several Municipalities (among which are Amsterdam and Almere have an Age Friendly City approach. Therefor, developments and inspiration in other regions are of interest to us. Together with the Basque Country (among others) we have applied for an AAL grant, however this was turned down due to lack of funding available in one of the governing organizations in one of the countries.
2.How would you involve the Relevant Regional Departments (DGs, etc) to get the program approved and launched?
As mentioned, similar programs are in place in our region.
3.How would you organize the local stakeholders involvement to define the challenges the program tackle?
As with many initiatives or programs, local stakeholders are pivotal partners. Local or regional government in the NL depends heavily on the involvement and support by local stakeholders. At a very early stage of the program, they are invited to share their visions, policies and ideas on the topics at hand. Later on, when a program develops into a set of projects, stakeholders are participants or even in the lead for the execution of the projects.
4.Describe in which way and from which funds (ERDF, National, other) you would manage to allocate financial resources on this program
These programs are often funded by many parties: Government, businesses, care providers, knowledge institutes. Often, applications are made for relevant EFRO of ERDF funds by these consortia. Institutes like the Health factory tend to manage this type of applications because they have a strong central networking role in the relevant themes or areas.
5.Describe the barriers to the implementation of the program you could encounter and how you would dealt with it
Cooperation is one of the most difficult things to do. Sharing knowledge, sharing funds, sharing results are still hard and organizations still tend to want success for themselves rather than for the consortium or end users, or success is defined in divergent ways. Other than that, applying for grants is a time consuming business especially with the uncertainty of a positive outcome. The administrative burden of this type of grants and funding can suffocate a project or program.
6.Benefits you could obtain and lessons learned
What we have learned in the Basque Country is that is pays of to invest long term in a goal like realizing an age friendly region. We need to be willing to also celebrate and value small successes and be prepared to take a step back sometimes. Dare to look at success a progress on even an individual level. Our In Situ visit was very inspiring. The practical rather than theoretical approach in the Basque Country is one to apply here as well

Policy analysis (by Learner)
Name of the organization
Lower Silesia
1.**Describe the relationship (if any) between the good practice analyzed and your RIS3**

The Basque country has presented a proactive approach to the WHO Age-friendly cities and communities' initiative by developing, implemented by the Department of Employment and Social Policies and Matia Institute from 2012. Its primary goal. Goals: are for tapping the potential represented by seniors in the life of villages and cities as w elfare generators. This practical aproach to implement and use good practices in municipalities can be a tool needed to build Guide to Research and Innovation Strategies for Smart Specialisations
2.How would you involve the Relevant Regional Departments (DGs, etc) to get the program approved and launched?
To get the program approved and launched in Lower Silesia we will create five Geriatric Competence Centers
3.How would you organize the local stakeholders involvement to define the challenges the program tackle?
To get this program implemented in Lower Silesia we will create five Geriatric Competence Centers. The places where **local stakeholders will be involved**
4.Describe in which way and from which funds (ERDF, National, other) you would manage to allocate financial resources on this program
Not applicable
5.Describe the barriers to the implementation of the program you could encounter and how you would dealt with it
The new policy paradigm of elderly care must overcome concepts until recently related to age as dependency, deficit, disease and replace it for social share ideas, experience, potential and intergene rational solidarity. The main programme barier is elderly people participation.
6.Benefits you could obtain and lessons learned
This is a ready to use model of involvement of municipalities which are working by themselves following the guidance with the advice of Geriatric competence centers.

Policy analysis (by Learner)
Name of the organization
FRRB
1.**Describe the relationship (if any) between the good practice analyzed and your RIS3**
The practice is in line with the Smart Specialization Strategy of Lombardy Region, in particular the IS3 Area, named Active Aging. In more details, the sub-area IS3.4: development of systems for the protection of health and for the improvement of the quality of life of the elderly citizen.
2.How would you involve the Relevant Regional Departments (DGs, etc) to get the program approved and launched?
One possibility could be to involve the Research and Innovation direction of Lombardy Region and ask them to involve other directions that might be interested in the implementation of this best practice.
3.How would you organize the local stakeholders involvement to define the challenges the program tackle?
Setting up meetings involving the stakeholders as well as the Lombardy Region in order to discuss the possible implementation of this strategy.

4.Describe in which way and from which funds (ERDF, National, other) you would manage to allocate financial resources on this program
This might be a local program as a sort of proof of principle that the best practice could be implemented with regional fundings.
5.Describe the barriers to the implementation of the program you could encounter and how you would dealt with it
One barrier might be the participation of people. In this case a possible way to overcome this problem is to start involving them in an environment which they know and where they are at ease. One second limitation is that this kind of program must be managed by the single municipality, which could also be a good point because of the freedom of action of the municipality compared to the region.
6.Benefits you could obtain and lessons learned
Better cities, and a more favorable environment for the elderly.

VI. Living-it-Up

Policy analysis (by Mentor)
Name of the organization in charge
DHI / NHS
Summary of the good practice
The Living-It-Up (LiU) project is a large-scale digital intervention led by the Scottish Centre for Telehealth and Telecare (SCTT) / NHS 24, aiming to transform health and well-being services delivery throughout Scotland (Agbakoba et al. 2015a, Agbakoba et al. 2015b). LiU's ambition was to develop technologies and services to provide improvements in health, wellbeing and lifestyles
1.Describe which are the Key Performance indicators you have set, against which you assess the performance of the program.
The development of technologies and services to provide improvements in health, wellbeing and lifestyles for over 55,000 people, including 10,000 with long-term health and care issues living across five geographic areas of Scotland, with a partnership including 4 NHS health-boards (NHS Lothian, Highland, Forth Valley, Western Isles) and Moray Community Health and Social Care partnership (CHSCP). LiU was from the outset integrated into the Scottish Government National Telehealth and Telecare delivery strategy. LiU aimed to target 5 key populations: • General Population • Active & Healthy, between 50 to 70 years • 50 to 75 years with or at risk of Long Term Condition (LTC) • Over 75 years with LTC or Frailties • Service provider
2.How much did the implementation of the program take?
£11.131 million
3.Describe the relationship (if any) between your good practice and your RIS3
N/A
4.How have you involved the Relevant Regional Departments (DGs, etc) to get the program approved and launched?
N/A
5.How have you organized the local stakeholders involvement to define the challenges the program tackle?
N/A
6.Describe in which way and from which funds (ERDF, National, other) you have managed to allocate financial resources on this program
ALIP / SBRI Dallas Living-it-Up (2012-2015): **£10 million** Including contributions from Technology Strategy Board (£5m), Scottish Government (£3.9m), Highlands & Islands Enterprise (£0.8m) and Scottish Enterprise (£0.3m).

Consolidation fund of **£1.131 million** has been awarded in April 2015 by the Scottish Government's Technology Enabled Care (TEC) Programme to maintain and further develop the Living it Up programme.

Policy analysis (by Learner)
Name of the organization
CAL (City of Almere)
1.**Describe the relationship (if any) between the good practice analyzed and your RIS3**
The Living-It-Up (LiU) project is a large-scale digital intervention aiming to transform health and well-being services delivery throughout Scotland. It consists of various components (LiU Portal, Discover, Shine, Connect, Flourish and Get Active). Community engagement and co-creation, revealing opportunities and needs, were key for its development. One of the major objectives of the Western Netherlands RIS3 is that of providing innovative solutions to societal challenges and needs related to the EU2020 objectives (societal challenge 1 '*Health*, *demographic change* and *wellbeing*'). Encouraging knowledge valorisation and leveraging crossover opportunities (Health, ICT, Creative Industries) are key to this strategy. LiU fits in this space.
2.How would you involve the Relevant Regional Departments (DGs, etc) to get the program approved and launched?
Share LiU project findings, and involve them in the project development phase
3.How would you organize the local stakeholders involvement to define the challenges the program tackle?
Parts of the LiU approach and lessons learned are very interesting to investigate further for application (of challenges) at home. As advised, one should take enough time to carry out the co-creation process before developing and implementing anything. Considering its broad scope, one would at an early stage involve stakeholders from various government domains (social, care, innovation) as well as citizens, volunteers, professionals, industry, scientists, etc. in project development.
4.Describe in which way and from which funds (ERDF, National, other) you would manage to allocate financial resources on this program
For example ERDF funds, pooling of local WMO funds. Municipal funds supporting social inclusion, digital innovation?
5.Describe the barriers to the implementation of the program you could encounter and how you would dealt with it
Any project in this area would probably need to be connected to a larger (health and social care) information infrastructure and link into the many services/ information already out there to ensure uptake and continued use. This is much more than technological innovation, it is social innovation.
6.Benefits you could obtain and lessons learned
Lessons learned by the LiU project team is that it is not online self-management but the 'soft stuff' that users liked most: community activities, challenges, sharing user stories… Offering citizens their EHR online does not solve their challenges nor engages them! Taking these lessons to heart when transferring (parts of) the good practice, would lead to happier and healthier older citizens, as they are now better informed and connected – both online and offline.

Policy analysis (by Learner)
Name of the organization
ACIS
1.**Describe the relationship (if any) between the good practice analyzed and your RIS3**
Living-it-up (LiU) provides innovative and integrated healthcare and well-being services. Through four sections of the online portal, 'Living It Up' aims to help everyone: -SHINE: Empowering people to stay as healthy for as long as possible -DISCOVER: Providing better links to useful information, products and services -CONNECT: Linking people with their local community -FLOURISH: Helping those with long term health and care issues use familiar technology to improve opportunities for well-being. This good practice is in line with the Challenge3 of the RIS3 in Galicia, a new healthy lifestyle model based on active ageing. The main target is to convert Galicia into a leading region in the south of Europe in the application of new technologies to the field of active ageing and personal autonomy, especially in benefit of the elderly affected by some kind of disability.
2.How would you involve the Relevant Regional Departments (DGs, etc) to get the program approved and launched?
LiU involves the government, academia, industry and citizens. The Galician Public Healthcare Provider (Servizo Galego de Saúde) has an electronic platform called É-Saúde, which was developed to improve the communication between citizens and the public healthcare system. The Galician Public Healthcare Provider has been working closely with the company in charge of developing the platform.
3.How would you organize the local stakeholders involvement to define the challenges the program tackle?
As it is stated in the previous question, Galicia already has an electronic platform called É-Saúde. Since the very beginning a multidisciplinary team (Citizen attention services, Quality services, IT services, Innovation services, nurses, doctors as well as patients), have been working together to develop the platform.
4.Describe in which way and from which funds (ERDF, National, other) you would manage to allocate financial resources on this program
The É-Saúde electronic platform mobilised 1,1 M€ from ERDF. LiU has private funding as well, through sponsorship.
5.Describe the barriers to the implementation of the program you could encounter and how you would dealt with it
-Elderly people have difficulties in handling properly electronic devices. -Maintenance costs of the electronic platform. -Security: authentication methods, data protection.
6.Benefits you could obtain and lessons learned
Benefits: -Possible improvement of our electronic platform E-Saúde. -Learn from partners' experiences and avoid errors.

Lessons learned:
-One coordinator locally per division of the region
-Communication activities: stands in shopping centres
-Platform: two-click rule, user-friendly website (by external web designers, not by the National Health Service)
-Different type of users: browser, subscriber, user, active user
-Easy login – Google/Facebook account
-New features: pilot project about smartcare

VII. CCS Telehealth Ostsachen

Policy analysis (by Mentor)
Name of the organization in charge
Carus Consilium
Summary of the good practice
The telemedicine platform "CCS Telehealth Ostsachsen" (CCS Telehealth Eastern Saxony) is a European pilot scheme which offers a broad range of possibilities in networked medical care and is intended to help overcome former limitations in healthcare. To do this, the project makes an open and universally applicable IT platform available for the healthcare of an entire region in Eastern Saxony and beyond. Thanks to CCS-THOS clinics, physicians, nurses, other medical service providers and patients at home are connected by means of own, secure data networks. The patients can meanwhile also play an active part and communicate with hospital personnel in real time.
1.Describe which are the Key Performance indicators you have set, against which you assess the performance of the program.
- Development of several applications that show the potential of the infrastructure: telestroke, telecoaching and telepathology - Program's scaling up within Saxony (currently Eastern Saxony) - Increase of companies interested in the platform - Better care and services offered especially to those living in rural areas Increase of potential medical applications that can be hosted in the platform
2.How much did the implementation of the program take?
The infrastructure was an EUR10M ERDF/Saxony/project partner co-funded project until June 2015 and started to be operational in July 2015.
3.Describe the relationship (if any) between your good practice and your RIS3
The aims of the project and the aims of RIS3 in terms of fostering digitalization within the healthcare landscape of Saxony are closely related.
4.How have you involved the Relevant Regional Departments (DGs, etc) to get the program approved and launched?
The project was approved by the regional government of Saxony and the regional ministry of social affairs. During the project, the regional ministry of social affairs in particular was regularly informed about the project development, milestones and challenges.
5.How have you organized the local stakeholders involvement to define the challenges the program tackle?
During the project, an expert board was created and maintained in order to involve all major stakeholders in the health region. Further, the first implementation applications were designed and tested by regional stakeholders The parties involved in this first implementation stage include the Dresden Cardiology Centre, Dresden University Clinic, Leipzig University Clinic, the Saxon Hospital in Arnsdorf, and the Klinikum Oberlausitzer Bergland in Zittau.
6.Describe in which way and from which funds (ERDF, National, other) you have managed

to allocate financial resources on this program
The development of the telemedicine platform has been co-financed by the European Fund for Regional Development and the Free State of Saxony, with a sum total of 9.8 million euros. Another 20% of its funding came from private funding by project partners. This makes it the largest project funded within the program of the Saxon State Ministry for Social Affairs and Consumer Protection (SMS) for promoting innovative approaches in the health economy during the Structural Fund's 2007-2013 funding period.

Policy analysis (by Learner)
Name of the organization
FRRB
1.**Describe the relationship (if any) between the good practice analyzed and your RIS3**
The practice is in line with the Smart Specialization Strategy of Lombardy Region, in particular the IS3 Area, named Active Aging. In more details, the sub-area IS3.8: development of innovative devices for continuous and optimized patient support.
2.How would you involve the Relevant Regional Departments (DGs, etc) to get the program approved and launched?
The Lombardy Region is fully aligned with the development of the Smart Specialization Strategy, and this best practice could be a good example of how to implement it.
3.How would you organize the local stakeholders involvement to define the challenges the program tackle?
Propose meetings and tutorials in order to show the stakeholders in real practice how this best practice work and how beneficial could be for the management of patients.
4.Describe in which way and from which funds (ERDF, National, other) you would manage to allocate financial resources on this program
Lombardy Region and stakeholders might allocate funding for a trial test.
5.Describe the barriers to the implementation of the program you could encounter and how you would dealt with it
Probably the “education” and “formative” barrier, especially from the side of medical doctors and other professionals in the health field. This could be overcome by showing in real life how this implementation works. One second barrier might be the establishment of telemedicine workplaces, procurement of tablets and IP phones for patients, and the installation of high-quality servers, etc. This might be overcome with a good investment for the trial.
6.Benefits you could obtain and lessons learned
Tele-nurses for case management and tele-physicians create the real opportunity of a good management of all kind of patients, including the ones living in rural regions or difficult to reach. Telecoaching enables patients to better control their documentation and vital parameters and allow an active participation.

Policy analysis (by Learner)
Name of the organization
DHI
1.**Describe the relationship (if any) between the good practice analyzed and your RIS3**

This large scale pilot programme aligns with the digital health and care strategy for Scotland which discusses the need for integrated systems which put the person at the centre of the services. Also, this is a large scale project, which is something that all government strategies discuss the need for – there are too many small scale pilot projects that do not progress out of local areas and thus this hige pilot is a good example of a scalebale pilot.
2.How would you involve the Relevant Regional Departments (DGs, etc) to get the program approved and launched?
This would involve the technology enabled care steering group and the Scottish Centre for Telehealth and Telecare and NHS24 who would decide if this project is beneficial and achievable.
3.How would you organize the local stakeholders involvement to define the challenges the program tackle?
In Scotland, there is already an extensive network of partners involved in telehealth. NHS24, which is a partner of the TITTAN programme is the main organisation that works in telehealth in Scotland. They would be the instrumental organisation to work with in this regard.
4.Describe in which way and from which funds (ERDF, National, other) you would manage to allocate financial resources on this program
The financial resources would come from the Technology- enabled care fund because this multi-million pound fund supports a myriad of projects, whereby a central focus is telehealth.
5.Describe the barriers to the implementation of the program you could encounter and how you would dealt with it
In Scotland, health and social care is not fully integrated, although we are in the process of doing this. Therefore, a barrier would be systems integration with the correct software to make this kind of large scale project effective.
6.Benefits you could obtain and lessons learned
There are many benefits to be gained from a project such as CCS Telehealth. The learnings are particularly around the technical aspects of how they have managed to integrate different systems. The in situ visit was instrumental in understanding the pathway to their current state and how these learning can be used in a Scottish context. The benefits would be mainly around a better, more person-centred telehealth service which is technology-enabled.

VIII. GeriNeTrainer

Policy analysis (by Mentor)
Name of the organization in charge
Carus Consilium
Summary of the good practice
The GeriNeTrainer was a project until 2016 and has since then been implemented as a permanent programme. It could be summarised as an exercise programme which aims to increase the everyday competence of people with first cognitive and motoric impairments, limited everyday skills and diagnosed dementia, especially those who are 70 years and older. The main goal is to combine cognitive and mobility exercises with the help of a care and training concept based on a voluntary basis. The exercise units take place close to the participants' homes in different districts of Leipzig (Saxony), so that everyone can visit the GeriNeTrainer session by themselves and become more independent.
1.Describe which are the Key Performance indicators you have set, against which you assess the performance of the program.
- Program's scaling-up - Increase of trained staff - Increase of participants - Reduction of falls and injuries and, consequently, unplanned hospitalization - Increase of elderly's quality of life: longer independent living and less isolation
2.How much did the implementation of the program take?
GerNeTrainer was a pilot project between 2011 and 2016. Since 2016 it has been working as a permanent program.
3.Describe the relationship (if any) between your good practice and your RIS3
There is no relationship between Gerinetrainer and the Saxon RIS3.
4.How have you involved the Relevant Regional Departments (DGs, etc) to get the program approved and launched?
The very conception of the program originates from the partners of the GeriNet Leipzig e.V network, which is responsible for the implementation and application of the program. This network was created by the Saxon Ministry of Social Affairs and Consumer Protection as a pilot project.
5.How have you organized the local stakeholders involvement to define the challenges the program tackle?
Implementation of quality circles with geriatricians, therapists and specialists in rehabilitation of geriatric patients Introduction of a stringent quality management system Involvement of all local and regional players which are close to this thematic area
6.Describe in which way and from which funds (ERDF, National, other) you have managed to allocate financial resources on this program

This program is supported by the Saxon Ministry of Social Affairs and Consumer Protection, the Federal Ministry of Education and Research and the Federal Ministry of Family Affairs, Senior Citizens, Women and Youth. At the moment, GeriNeTrainer's implementation is supported by the Municipal Social Welfare Association. For participants with impaired everyday competence or care level the costs are assumed by the nursing care insurance. A scientific evaluation of the different stages of the project is being funded by the above mentioned Ministry.

Policy analysis (by Learner)
Name of the organization
DHI
1.**Describe the relationship (if any) between the good practice analyzed and your RIS3**
No relationship
2.How would you involve the Relevant Regional Departments (DGs, etc) to get the program approved and launched?
The health and social care alliance would likely be the main partner to coordinate such a programme as this. They would work with their regional social care partners to get the programme launched.
3.How would you organize the local stakeholders involvement to define the challenges the program tackle?
The alliance would work with design researchers to understand what the inherent problems are in trying to exercise more over the age of 70 from the perspective of the patients and their families/carers.
4.Describe in which way and from which funds (ERDF, National, other) you would manage to allocate financial resources on this program
This would likely come from national government.
5.Describe the barriers to the implementation of the program you could encounter and how you would dealt with it
Some patients would need to be transported to the classes because they could possibly not come alone which could be problematic. There may no be staff available to ferry the people back and forth from the classes. Funding may also be an issue.
6.Benefits you could obtain and lessons learned
This could be very beneficial for understanding how people respond to physical exercise and can help us as a community realise that exercise is fundamental for a healthy brain.

IX. Cardiac Rehabilitation

Policy analysis (by Mentor)
Name of the organization in charge
ACIS
Summary of the good practice
Cardiac Rehabilitation (CR) is a professionally supervised programme to help people recover from heart attacks, heart surgery and percutaneous coronary intervention (PCI) procedures such as stenting and angioplasty. Cardiac rehab programs usually provide education and counselling services to help heart patients increase physical fitness, reduce cardiac symptoms, improve health and reduce the risk of future heart problems, including heart attack (*American Heart Association*). The cardiology service of the University Clinical Hospital of Santiago de Compostela has implemented a complete cardiac rehabilitation programme. One of the innovations is a gym for cardiac patients, which provides specific training and exercises for this type of patients. Besides, every Wednesday a group of patients and their relatives meet a group of experts related to cardiac rehabilitation. The meetings lasts around 1 hour and the hot topics, though related to cardiac rehabilitation, are very varied: • healthy dietary habits • suitable physiotherapy for cardiac rehabilitation • educating patients and their relatives on how to manage cardiac patients • eliminating bad habits: tobacco… • establishing good practices: physical exercise… The meetings began in September 2015 and are still in progress. The environment was sought to be patient-friendly, so the room chosen was a very special one: CODIGO SAUDE, an innovative meeting-room located inside the hospital, but in the library facilities, with comfortable sitting puffs, tables and blackboards, close to one of the coffee lounges of the hospital.
1.Describe which are the Key Performance indicators you have set, against which you assess the performance of the program.
With this good practice we try to improve the patient quality of life. The numbers of patients and families involved in the program are recorded, as well as their age, gender, location or family background. All measures are monitored together with the CR program: -Clinical measures: cardiovascular measurement is made according to the standards: ACC/AHA Clinical Data Standard such as blood pressure, lipid management and weight. -Behavioural and educational measures: recommendations to improve their diet, their adherence to the program, their lifestyle (quit smoking) and introducing exercise habits (with personalized intensity, type, duration and frequency). -Patients feedback: elaboration of surveys to assess the waiting periods, the relationships with the professionals, the quality of the information provided and the general evaluation of the program.
2.How much did the implementation of the program take?
Funding for the gym: 30.000€ Fees for the professionals: 0€ (no fees from professionals)

3.Describe the relationship (if any) between your good practice and your RIS3

Cardiac Rehabilitation good practice is in line with the Galician RIS3. Within RIS3, we tackle the Mayor Challenge 3, 'Galicia as the leading region in Southern Europe in the implementation of knowledge-intensive products and services in the field of active ageing and healthy living and the promotion of personal autonomy'.

Researchers confirm that exits a correlation between age and the probability of suffering a cardiac pathology. Elderly people are more likely to suffer it, reducing their mobility. The Cardiac Rehabilitation programme covers this need. It provides physical rehabilitation through a personalized and monitored training. Besides, a multidisciplinary team provides educational and therapeutic sessions to influence patients but also their families and even society. The programme expects a long-term social impact, to achieve the goal of active citizens for healthy ageing.

4.How have you involved the Relevant Regional Departments (DGs, etc) to get the program approved and launched?

This project has received funding from the European Union's Horizon 2020 research and innovation programme under grant agreement No 634439. The EU-CaRE project aims to compare the effectiveness of existing healthcare interventions in the elderly population considering the specific challenges related to age and preferably addressing conditions that are particularly frequent, have a high impact on the quality of life and/or are associated with significant costs or where savings can be achieved. This is achieved through a comparative effectiveness analysis of current conventional CR programmes in different European regions, as well as new innovative mobile telemonitoring guided cardiac rehabilitation.

So, CR was a pilot programme with local coverage, in the University Hospital of Santiago de Compostela, that was created from the EU-CaRE project, with the equipment budget line: 30,000€ approximately. With this funds from EU-CaRE project the gym for the programme CR was created. For deploying this programme was needed to be supported by the Galician Health Service and the Regional Ministry of Health and to involve the professionals at the hospital which will be more actively committed in its development.

5.How have you organized the local stakeholders involvement to define the challenges the program tackle?

So far, in this good practice, there is a wide commitment of both the cardiac service within CHUS (staff from Galician Health Service and Foundation IDIS/ H2020 EU-CaRE project) and patients (with their families) involved in the CR programme. Patients (and their families) are the main stakeholders involved.

The patients are recruited by the department of cardiology staff of the Galician health service: nurse, cardiologist, etc. They are recruited voluntarily as long as they meet the inclusion criteria: people recover from heart attacks, heart surgery and percutaneous coronary intervention (PCI) procedures such as stenting and angioplasty. The key is that patients are organized in two different ways:

1.In groups of five patients. It is thus possible to successfully face the challenge of rehabilitate them through performing physical activity which is monitored in a shared gym within the CHUS. So, the small gym has to be organized in batches. Although they work with patients in groups the type, frequency and intensity of the physical activity is personalized. They create small groups of work in order to motivate them, create a team spirit and enthusiasm.

2.Individually. The monitoring must be individually. It is thus possible to successfully face the challenge of prevention. With the patients (and their families) it is offered therapeutic sessions with a more open and a multidisciplinary service of cardiac rehabilitation and personalized cardiovascular prevention that will bring high value to the health status of the patients, focused on their needs and optimize the available resources with an innovative design. There are educational tasks: encouraging them to abandon bad habits, such as alcohol or tobacco and start new ones more healthy, such as a balanced diet, or recommendations such as do some soft physical activity out of the hospital. CR follows a process of continuous improvement of quality thanks to the continuous patient feedback, face-to-face or through surveys. Through all this methodology the programme reduce the risk of cardiovascular events, improve prognosis, quality of life and facilitate the return to a normal life. Another objective is to facilitate a change of culture in society towards the consolidation of cardiovascular habits and prevention that allow active and healthy ageing. This is the community and social aspect of the cardiac rehabilitation program.
6.Describe in which way and from which funds (ERDF, National, other) you have managed to allocate financial resources on this program
The funds needed came from HORIZON 2020 project "*A EUropean study on effectiveness and sustainability of current Cardiac Rehabilitation programmes in the Elderly (EU-CaRE)*". Topic PHC-17-2014. Grant Agreement number: 634439. EU contribution: 553,885€ (30,000€ approximately for equipment).

Policy analysis (by Learner)
Name of the organization
DHI
1.**Describe the relationship (if any) between the good practice analyzed and your RIS3**
No relationship
2.How would you involve the Relevant Regional Departments (DGs, etc) to get the program approved and launched?
This would be carried out with a specific hospital where there was space to house such a gym and meeting space. Therefore the specific hospital, the NHS board that the hospital falls within, the local government would all be brought together to understand the benefits of this approach.
3.How would you organize the local stakeholders involvement to define the challenges the program tackle?
Glasgow, in particular has a high rate of cardiovascular ill-health and thus the challenges are vast but one of the main problems is a lack of knowledge of older people about what they can/should do to remain healthy as they age.
4.Describe in which way and from which funds (ERDF, National, other) you would manage to allocate financial resources on this program
This would likely come from local government funding.
5.Describe the barriers to the implementation of the program you could encounter and how you would dealt with it
The cost of getting the equipment could be quite high and then securing a permanent place for the machines would be tough. Perhaps it would have to be purpose-built would increase costs even more.

6.Benefits you could obtain and lessons learned
Having regular exercise classes as well as educational meetings would be very beneficial for the older citizens of Scotland who need support to remain well as they age. I think a good lesson to take from this would be to get people into this kind of scheme earlier rather than later because heart health begins to deteriorate around age 50.

Policy analysis (by Learner)
Name of the organization
Healthy Saxony
1.**Describe the relationship (if any) between the good practice analyzed and your RIS3**
No relationship
2.How would you involve the Relevant Regional Departments (DGs, etc) to get the program approved and launched?
It would be necessary to present the good practice to Saxon Ministries.
3.How would you organize the local stakeholders involvement to define the challenges the program tackle?
Since the three main university hospitals in Saxony are founders and board members of HEALTHY SAXONY e.V., its meetings provide an ideal opportunity to get them involved in this project.
4.Describe in which way and from which funds (ERDF, National, other) you would manage to allocate financial resources on this program
Funding schemes might include the regional ERDF schemes managed by the Saxon State Ministry of Social Affairs, in addition to regional funding schemes.
5.Describe the barriers to the implementation of the program you could encounter and how you would dealt with it
One of the major barriers could be the same that Galician partners face: patients living in rural areas would have many difficulties to attend the weekly sessions at the hospital.
6.Benefits you could obtain and lessons learned
The cardiac rehabilitation program has a holistic approach. Therefore, it offers not only support in a physical way, but the psychological part plays a key role as well. Furthermore, the program is designed for patients and their relatives because it is important that the whole family is well informed about the illness, the rehabilitation process and gets involved in better healthy habits. This avoids the patient to be isolated and uninformed and with the support of the professional team and their family, they can get their quality of life back in an easier and faster way.

X. Senior Live

Policy analysis (by Mentor)
Name of the organization in charge
CAL
Summary of the good practice
Senior-Live is a platform for online services to the elderly of Almere. The goal of best practice Senior Live is to enable elderly in Almere to stay in their home as long as possible, in their familiar neighbourhood in good health and wellbeing. Goal: More seniors who are able and willing to use the available technology in their best interest and according to their needs Mission: To stimulate self-reliance and to prevent seniors ending up in social isolation. To help achieve this Senior-Live makes the necessary information and services accessible at home, in a way that adapts itself according to the skills of the user Senior live provides two types of services: Practical Technical Support at home and technical workshops (teaching the use of modern media) on the one side and services that make life more pleasant, easier or more fun for the elderly in Almere on the other side (Fitness Online (or Live) Coffee Online, Sing & Smile). Finally, Senior-Live is providing the living lab function for the Health Factory (see TA2) by involving the elderly in the developing of new products and services and involving them in research projects.
1.Describe which are the Key Performance indicators you have set, against which you assess the performance of the program.
The primary KPI is the number of participants. Beyond that, there are qualitative PI's aimed at building a community of elder people, take part in parallel projects carried out by the Health Factory, Allocate external/additional funds and realize a living lab of elders to take part in parallel projects, representing the end users.
2.How much did the implementation of the program take?
This program receives a yearly subsidy of 125.000 euro from the Municipality
3.Describe the relationship (if any) between your good practice and your RIS3
Senior Live involves the end users (seniors) in relevant projects and indirectly in policy development (ehealth and general policy development aimed at well-being elderly)
4.How have you involved the Relevant Regional Departments (DGs, etc) to get the program approved and launched?
Senior-Live is a local program, approved and funded by the municipality for it's older citizens.
5.How have you organized the local stakeholders involvement to define the challenges the program tackle?
The Hier-TV foundation, responsible for the Senior-Live program, involves many local

organizations in the area of health and well-being in it's activities in various forms of cooperation. They account for their activities yearly to the municipality. Some of the cooperations are structural (certain courses, use of working and project spaces etc), other cooperations are on a project basis.
6.Describe in which way and from which funds (ERDF, National, other) you have managed to allocate financial resources on this program
Funded solely by the municipality and aimed at local citizens.

Policy analysis (by Learner)
Name of the organization
BIOEF
1.**Describe the relationship (if any) between the good practice analyzed and your RIS3**
No relationship
2.How would you involve the Relevant Regional Departments (DGs, etc) to get the program approved and launched?
The Basque Public Health Service – Osakidetza has deployed the e-health strategy to support integrated healthcare to address ageing, chronicity and dependency in the Basque Country. This includes activating the elderly in the community.
3.How would you organize the local stakeholders involvement to define the challenges the program tackle?
Setting up regional meetings with stakeholders to discuss the benefits obtainable from this work and to understand from the citizen's perspective how these activities could benefit their daily lives. Regional partners' involvement in the regional RIS3 strategy enables this kind of meetings.
4.Describe in which way and from which funds (ERDF, National, other) you would manage to allocate financial resources on this program
ERDF, national and others. I.e. by promoting demonstration lab projects.
5.Describe the barriers to the implementation of the program you could encounter and how you would dealt with it
Not following an equity perspective among geographical areas, difficulties to recruiting homecare workers, being based on volunteers as seen in other regions… Professionalizing these kind of initiatives would strengthen its impact.
6.Benefits you could obtain and lessons learned
-Knowing about the need to create a highly accessible public facing service . -Being able to see the eHealth and telecare products "in situ" helps people see them as something other than necessity.

F. Summary of the 4th Interregional Workshop in Edinburgh (Scotland)

Partner-Host	Date(s)	Nº Workshop	Participants	Main outputs:
DHI	2nd-4th October 2017	4	42	The knowledge exchange workshop was linked to the British Computing Society's annual event and so there were various high-level keynote speakers in attendance including Scotland's minister for health and care. Ten good practices of TA3 were explored in this workshop over the course of the two days. This involved good practices from various different partners.

G. Summary of the 5th Interregional Workshop in Dresden (Saxony)

Partner-Host	Date(s)	Nº Workshop	Participants	Main outputs:
Healthy Saxony	5th -7th February 2018	5	-TITTAN project partners -Martin Strunden, representative of the Saxon State Ministry of Social Affairs and Consumer Protection -Prof. Michael Albrecht, Chief Medical Director of the Dresden University Hospital and Director of HEALTHY SAXONY -Various regional stakeholders In total, about 25 participants each day.	The framework for the three-day workshop in Leipzig and Dresden was the thematic area "Active citizens for healthy ageing". At the workshop more than 10 best practices from different European regions were presented, discussed and linked with each other. Saxony presented some of its successful practices like SOS-NET, GeriNeTrainer and CCS-THOS. Participants visited the Fraunhofer Institute for Cell Therapy and Immunology in Leipzig as well as the Proton Treatment Centre of the Dresden University Hospital. Furthermore, the event was linked to the in-situ visit of the Basque and Galician partners who learned more about C3-Saxony.

H. Summary of the 6th Interregional Workshop in Wroclaw (Lower Silesia)

Partner-Host	Date(s)	Nº Workshop	Participants	Main outputs:
Lower Silesia	7th -9th May 2018	6	TITTAN Workshop of the Lower Silesian Voivodeship Healthy Ageing were organized in Wroclaw, at 7th – 8th May 2018): It was a meeting of Lower Silesia stakeholders with Project partners to present good practices that have not been presented so far and others that would be interesting in order to check the feasibility to implement some of them in the Polish region. Lower Silesia creates currently one of the five planned Centers of Geriatric Competence. It is created at the A. Falkiewicz Specialist Hospital. Therefore, the Polish Partner were organized this Workshop together. There were attending: Project partners, Representatives of Tenological Parks, and Universities, Fundations and other NGOs, Clusters. As well as Leonardo da Vinci Academy (tutors and elderly people).	Acting according to the project scheme, Lower Silesia, this time was a host and has arranged workshop and in study visit for Tittan Partners since 7th by 8th of May 2018. Participants have visited south part of Dolnoslaskie voivodship, famous from its natural resources - thermal waters and therefore sanatoriums and medical clinics for medium term treatments, had an unique opportunity to get practical knowledge about advantages of balneology treatment for elderly patients. Historic base for balneology is located in a few towns in the mountains. It is under constant exploration since 18thcentury. Natural resources gives opportunity for treatment on many disease for patients the same time for drinking and baths taking. Healing stays are combined with physical rehabilitation. Each year thousand of patients from Poland, Europe, USA, Israel are visiting dolnoslaskie for medical treatments. According to cooperation between Tittan participants, in situ visit gives a chance for medical turism cooperation