

**Report**  
**Stakeholder Consultation Conference**  
**European Innovation Partnership on Active and Healthy Ageing**  
26 November 2010

**INTRODUCTION**

The event was a first occasion for stakeholders to put forward their views and, most importantly their ideas, on the pilot European Innovation Partnership on Active and Healthy Ageing (the EIP, the Partnership). It gathered more than 150 stakeholders from along the entire innovation chain, including public authorities, patients and senior citizens' organisations, health professionals associations, industry and other organisations active in aged related issues, who exchanged views on the need for the Partnership, possible areas where the Partnership could have an impact, what it could achieve and how.

Mrs Neelie Kroes, the Vice President of the European Commission and Commissioner for the Digital Agenda and Mr John Dalli, Commissioner for Health and Consumers, as well as Mrs Máire Geoghegan-Quinn, Commissioner for Research, Innovation and Science honoured the Conference with their presence and keynote addresses.

Mrs Paola Testori Coggi, Director-General for Health and Consumers, and Mr Robert Madelin, Director-General for Information Society and Media, moderated the discussions during morning and afternoon sessions.

The event was opened by:

**Commissioner Mr JOHN DALLI (Health and Consumer Affairs):**

(speech available at: [http://ec.europa.eu/information\\_society/activities/einclusion/docs/ahaip/dalli.pdf](http://ec.europa.eu/information_society/activities/einclusion/docs/ahaip/dalli.pdf))

**Commissioner Mrs NEELIE KROES (Digital Agenda)**

(speech available at:

[http://ec.europa.eu/information\\_society/activities/einclusion/docs/ahaip/kroes.pdf](http://ec.europa.eu/information_society/activities/einclusion/docs/ahaip/kroes.pdf))

The afternoon session included an intervention by:

**Commissioner Mrs MAIRE GEOGHEGAN-QUINN (Research, Innovation and Science)**

The Conference announced the opening of the **public online consultation** on the EIP on Active and Healthy Ageing, available until **28 January 2011**, via:

[http://ec.europa.eu/health/ageing/consultations/ageing\\_cons\\_01\\_en.htm](http://ec.europa.eu/health/ageing/consultations/ageing_cons_01_en.htm)

[http://ec.europa.eu/information\\_society/activities/einclusion/deployment/ahaip/consultation/](http://ec.europa.eu/information_society/activities/einclusion/deployment/ahaip/consultation/)

<http://ec.europa.eu/yourvoice/ipm/forms/dispatch?form=ahaip>

## CASE STUDY PRESENTATIONS

The purpose of the case study session was to put meaning to the concept of the Partnership by presenting real life examples from stakeholders on their collaborative (public-private partnership alike) work in the area of active and healthy ageing, where innovation can make a difference.

Speakers were asked to cover three main points:

- Brief background and description of their case-study
- Main obstacles/barriers encountered
- How the Partnership can help them with the difficulties they have identified.

### **Mr MIKE BIDDLE - Programme Manager in the UK Technology Strategy Board for the Assisted Living Innovation Platform (ALIP) – also presenting on behalf of the UK's Whole System Demonstrator**

(presentation can be downloaded at:

[http://ec.europa.eu/information\\_society/activities/einclusion/docs/ahaip/biddle.pdf](http://ec.europa.eu/information_society/activities/einclusion/docs/ahaip/biddle.pdf))

**Case:** the ALIP platform to promote innovation in solutions for independent living of the ageing population and the UK's Whole System Demonstrator gathering evidence on the integration of health and social care supported by digital technology.

#### **Summary of presentation by the speaker:**

The Assisted Living Innovation Platform is a £50m investment over five years by the Technology Strategy Board in the UK. More information about the innovation platform can also be found at <http://www.innovateuk.org/ourstrategy/innovationplatforms/assistedliving.ashx>.

The presentation provided some summary information about the Whole System Demonstrators, which explores the exciting possibilities opened up by truly integrated health and social care working supported by advanced assistive technologies such as telehealth and telecare. This Randomised Controlled Trial (RCT) has over 6000 users. More information can be found at:

[http://webarchive.nationalarchives.gov.uk/+www.dh.gov.uk/en/Healthcare/Longtermconditions/whole\\_systemdemonstrators/index.htm](http://webarchive.nationalarchives.gov.uk/+www.dh.gov.uk/en/Healthcare/Longtermconditions/whole_systemdemonstrators/index.htm) and [http://www.wsdactionnetwork.org.uk/about\\_wsdan/index.html](http://www.wsdactionnetwork.org.uk/about_wsdan/index.html)

### **Mr FAUSTO FELLI – President of Equity in Health Institute, Italy, and Member of Health Experts Group AGE Platform Europe**

(presentation can be downloaded at:

[http://ec.europa.eu/information\\_society/activities/einclusion/docs/ahaip/felli.pdf](http://ec.europa.eu/information_society/activities/einclusion/docs/ahaip/felli.pdf))

**Case:** modernisation of health care systems towards more integrated innovative care in response to the challenge of ageing population

#### **Summary of presentation by the speaker:**

The Equity in Health Institute in Italy invests in the culture of interactions of health authorities together with school and municipal authorities, trades and associations and GPs so that bottom up planning and health promotion is ensured on a large scale capacity building. Numerous work in Europe has been done to insert health in the political and institutional agenda since 2000 and now is the moment to stop the cooking of concepts and start with the hard work of implementation. It is not the time to produce coloured tropical fishes, but the time of working together to save the sea. Health promotion on a large scale that is fully represented in the budget is the lacking ocean to people, institutions, enterprises and research. More information at: <http://www.ehinst.net/>

**Mr PETER RAEYMAEKERS – Advisor Flanders’ Care, Cabinet of Jo Vandeurzen, Flemish Minister of Welfare, Public Health and Family Affairs, Belgium**

(presentation can be downloaded at:

[http://ec.europa.eu/information\\_society/activities/einclusion/docs/ahaip/raeymakers.pdf](http://ec.europa.eu/information_society/activities/einclusion/docs/ahaip/raeymakers.pdf))

**Case:** Flanders' Care initiative aimed at measurably improving the quality of care in Flanders, Belgium, through innovation and responsible entrepreneurship.

**Summary of presentation by the speaker:**

Flanders’ Care is an example of a regional policy initiative supporting innovation and entrepreneurship in care, adopting the Innovation Partnerships principles. It brings together stakeholders from the care sector, industry and research in order to develop consistent innovation strategies and to allow for efficient policy development. Maximum use is made of existing policy instruments by promoting collaboration and finding synergies between the relevant administrations. This approach results in measures targeted at the region wide implementation of new solutions in the care sector, thereby both addressing the demographic challenges and creating economic opportunities to reinforce Flanders’ industrial base. More information at: [www.flanders-care.be](http://www.flanders-care.be)

**Mr THOMAS BØRNER - Chairman, ABT Fund, Danish Ministry of Finance**

(presentation can be downloaded at:

[http://ec.europa.eu/information\\_society/activities/einclusion/docs/ahaip/boerner.pdf](http://ec.europa.eu/information_society/activities/einclusion/docs/ahaip/boerner.pdf))

**Case:** the Danish PWT (Public Welfare Technology) Foundation – strategic investments in Public Welfare Technology

**Summary of presentation by the speaker:**

In order to cope with the demographic challenge and strained resources in the public sector the Danish government has allocated 400 million Euro to a funding program from 2009 -16, which aims at intensifying the use of technology in the public sector. The programme is set up as a foundation: the PWT Foundation-Investments in Public Welfare Technology.

The PWT Foundation can fund and co-fund local and national projects in all areas that enable public services to meet increasing demands with fewer resources. The main focus has been on solutions in health and care sectors, particularly telemedicine, tele-care and tele-rehabilitation, as well as solutions that combine ICT and assistive technology. With the Foundation we gather the best new ideas and projects, support and fund cross-sector solutions, evaluate them and communicate key learning points to all involved partners, and we can coordinate and facilitate sharing of knowledge between different initiatives. With these activities we promote efficiency, productivity and innovation in the Danish public sector.

To mainstream good pilot projects one has to document best practice and to demonstrate the impact of the new innovative solution against current practice. Throughout the pilot phase the projects are therefore monitored closely with a focus on documenting a labour-saving potential, efficiency and service improvements. And when a project has proved a positive business case concerning productivity and service improvement, the PWT Foundation can try to mainstream the use of the technological solution in other institutions. More information at: <http://www.abtfonden.dk/>

## MAIN POINTS OF THE DISCUSSION DURING THE MEETING

### Preliminary remarks by the European Commission

#### ABOUT THE PARTNERSHIP

- The concept of European Innovation Partnerships and the pilot Active and Healthy Ageing Partnership has high-level support across the Commission, and is as well supported and positively received by Member States (reflected in Council Conclusions).
- **The partnership aims to address the societal challenge** of an ageing population in the EU by accelerating and scaling up **innovation** in line with the **Europe 2020 objectives** of smart, sustainable and inclusive growth.
- The Partnership is intended as a **coordination** framework. It is not a new instrument or programme, nor a new source of EU funding per se. It aims to align existing instruments and tools in order to better mobilise resources, expertise and speed up innovation process in the area of active and healthy ageing, thus ultimately bringing ideas faster to the marketplace.
- The Partnership intends to **bring together all actors** along the entire chain from research to market, in order to remove barriers and gaps and break down silos, thus trigger synergies.
- It is a **framework for action** and will aim to result in focussed and concrete initiatives.
- The Partnership is **challenge-led**, not technology-led and will build upon **stakeholder commitment** and concrete contributions. Challenge-led innovation can be very powerful as it can **drive market-pull**, not technology-push **innovation**, and focus on how to address the challenge.
- As a **pilot** in the process of being developed, it will act as a **test of the overall EIP concept**, on which basis the concept can be further matured and applied to other societal challenges.
- Innovation applied to demographic ageing is an opportunity to pursue a **triple win for Europe**: better health and quality of life for the EU ageing society, more sustainable and efficient health and social care systems, and fostered competitiveness and growth of the EU and EU businesses expansion.
- In order to achieve its goals, the **governance structure** of the Partnership must be light, simple and flexible but efficient, with a leading role of Member States and other stakeholders.

#### Main points from presentations, stakeholders' interventions and audience

#### HORIZONTAL ISSUES AND MAIN BARRIERS IN THE AREA

- There is a shared **sense of urgency** to tackle the challenges posed by the rapid demographic change – EU ageing population.
- However, to succeed, there is a need for a **paradigm** shift and a **mindset** change – ageing is not a disease – seeing as a burden, but ageing meaning getting older - seeing as an opportunity instead. This is key to **address** the challenge from the right angles.
- **The need to act is driven by economic sustainability** and **competitiveness** arguments on the one hand, and **equity, quality and access** imperatives on the other.
- It is important to acknowledge the **specificity of the issue and its complexity**. The initiation of the EIP is a first important step towards that recognition.
- The innovation in active and healthy ageing area is characterised by a **large number of pilots and demonstrations** that encounter barriers and problems when it comes to their real-life deployment on a meaningful scale for EU citizens.
- **Definition of "elderly person"** can be challenged (50+? 65+?) and "ageing starts at birth". However, demarcation is necessary to ensure focussed action.
- Innovation in this area will not work if **technology is not considered together with the human environment** in which it is used and vice versa. **Innovation**, to be successful, needs to be **demand driven – given it human face**. **Technologies** need to be tailored to the **solutions**, solutions need to be **user-friendly, scalable and transferable**.

- **Formal and informal carers** are faced with increased pressure and decreasing and insufficient numbers. Innovation is instrumental to make lives of carers easier, along with improving the health and quality of life of those cared for.
- It is negatively affected by **vertical and horizontal fragmentation**: there is often a cleavage between care systems and the industry and between care systems and the users' perspective, and there is not sufficient interaction between regions and Member States.
- **Regions** are key implementers but face fragmentation of work, **difficulties in scaling up or multiplying innovation**.
- Actors in the field are often put off by the **complicated procedures to access and use structural funds**. Simplification is required.

#### INGREDIENTS FOR SUCCESS & EIP ADDED VALUE

- The concept of EIP on Active and Healthy Ageing is timely and can play a key role in accelerating the process of innovation along the entire chain, and in fostering development and uptake of innovation in order to turn the ageing challenge into an opportunity for Europe.
- The EIP needs to be **focused** and **output-oriented**, needs to identify **clear goals**; and be based on an **open and inclusive approach**.
- The Partnership needs to aim at **creating jobs** and **maintaining sustainable health and social care systems**, at retirement investments, **better quality and equity of care**, investing in areas of care addressing the elderly needs, but stressing an importance of a life-cycle approach (e.g. genetics, prevention, screening, health promotion, long term care and geriatrics, medication adherence, social protection, citizens empowerment).
- **Coordinated and joint efforts of all actors and existing initiatives and instruments** – EIP as a tool to coordinate and scale up already existing actions and initiatives at regional and local level, to coordinate between different policies and actors, to ensure users involvement in policy making and process – key to bridge the gap between policy development and user needs.
- The EIP needs to ensure **interconnectedness** and break **die-hard assumptions and dichotomies**, for example between home and hospital, between social care and health care, between good health and quality of life, or regarding the role and responsibility of patients in managing their own health and health records.
- **Innovation** needs to be understood in the **broader sense**, including social, process, business, regulatory innovation, as well as in a **more iterative**, and not necessarily linear, meaning.
- The Partnership should pursue the **elderly well-being** as a whole and not in compartmentalised way ("adding life to years rather than years to life", "ageing is not a disease"). This should be reflected in the use of **proper indicators**. **Social interaction** and **ageing well at work** should not be neglected.
- The EIP in the area can be useful to **build a European-scale market** and connect **the dots of excellence and evidence** that exist across Europe. **Evidence** should help translating pilots into practice by creating incentives and be more broadly disseminated.
- There is a need to work together along the **entire innovation value chain** applying a sequential model – with stakeholders working in parallel, acting quicker, and breaking down silos. This should ensure a smooth and rapid **transition of ideas - from research and development into final solutions – to the marketplace**.
- The Partnership is a coordination framework to foster **partnerships between scientists and users** and **integration between social and medical care** - improving regulatory frameworks (inappropriate regulation might stifle innovation; over-enthusiasm); setting clear deliverables, that need to follow with the steps along the way to increase the HLY; strengthening EU research area and capability – in particular more focus on clinical research - research and technology need to build on synergies between science, academics, industries; better and more effective use and dissemination of research data across the EU.

- Importance of **ICT in making health and social care systems more efficient and technology** (e.g. tele-care) **as an enabler for healthy and active ageing** (to reduce hospitalisation, contribute to care management) - ICT can possibly bring large benefits though rapid technological changes need to be adapted to slower process changes to be fully efficient and effective.
- The EIP can also facilitate the creation of **new large business opportunities**, including **SMEs**, by helping to remove market barriers and creating favourable environments for the exploitation of innovative solutions (e.g. facilitating access to finance and investments).
- The EIP should endeavour to apply and use the instruments that are most suited at each level for addressing the ageing challenge.
- The EIP can make a key contribution by supporting **systematic identification** and "**proliferation of good practices**" across the whole value chain and at all levels (EU, national, regional, local).
- **Final users** and, more broadly, **demand side needs** to be involved and possibly **represented** in the Partnership's governance at steering level. Users should not be seen uniquely as a consultative or validation partner.
- **Older patients** need to be also perceived as providers of healthcare supported by a system with professional back-up, adaptation to **individual's conditions**, capacity building with regard to tele-care and tele-monitoring, benefits on co-morbidity procedures, better motivational /educational strategies, etc.
- **Regions** are accumulating a wealth of experience in this area and various regional networks exist that ensure good practice exchange. The **regional dimension** is key to help combine bottom-up and top-down approach, and bring in citizen dimension.  
=> Addressing fragmentation of work and allowing for a more effective use of structural funds can empower regions as important partners.
- **Social and health insurers** should be involved in the Partnership.
- The **potential of civil society** to help produce awareness should be considered.
- A **common impact measurement framework** is necessary to ensure comparability of evidence of impacts resulting from innovation. **Monitoring and interactive assessment mechanisms**, through working together, are not only key to measure progress and reach the objectives, but also indispensable to help communicate and share best practice and cases, to make sure end-users see the outcomes, and to inundate ideas offering breakthrough thinking.

#### CONCLUDING REMARKS OF CHAIRS

- **Robert Madelin**- selection criteria for success  
Important criteria **for actions to succeed**: (1) good evidence base vis-à-vis innovation and triple win and the potential contribution towards overall target of increasing Healthy Life Years by 2 (2) partnership approach and strong involvement of demand-side stakeholders and end-users - people and beneficiaries (3) ability to demonstrate and document successful impact to be integrated in the design of each initiative– as well as "replicability" and scalability of results (4) narrative about how a specific initiative will contribute to the overall active and healthy ageing goals, and which supporting mechanisms will be used to achieve this.
- **Paola Testori Coggi** – EIP scope and governance  
The EIP will concentrate on areas around **3 work activities**, outlined in the Innovation Union communication. These are not mutually exclusive, and do not prevent for other activities that, while not necessarily matching one of the three, can contribute clearly to the Partnership's objectives. **Governance** should be light, efficient and transparent, avoiding additional burdens manner. It should include representation of key stakeholders, Member States and the EU institutions. It will have to be approved by Member States and could become a model for other Partnerships.

For the next steps the **Commission** is interacting with stakeholders to help further refine and focus the Partnership towards concrete actions involving committed stakeholders. A key input for this will be results of the **public consultation exercise** started on **26 November 2010** and all stakeholders are encouraged to submit ideas and possible contributions to the Partnership.