



**European Innovation Partnership on Active and Healthy Ageing  
(2016 Call for Reference Sites)**

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# I General Overview

## **Introduction: Lessons learned from the first Call for Reference Sites**

In 2012, the European Commission invited applications for Reference Sites, defined as “regions, cities, integrated hospitals/care organisations that implement a comprehensive, innovation-based approach to active and healthy ageing and can give evidence and concrete illustrations of their impact on the ground.” Following a self-assessment and peer review process, 32 Reference Sites from 12 Member States were recognised, each with a ranking of 1 to 3 stars reflecting the extent to which predetermined criteria had been met. These criteria included the contribution made by applicant Reference Sites to the different EIP on AHA Action Areas and on their overall strategy to tackling the demographic challenge in Europe. The Reference Sites offered regions and areas across Europe the opportunity to identify and explore proven examples of innovation for active and healthy ageing.

Reference Site members have seen many benefits from becoming Reference Sites and operating in a collaborative network, including:

- Enhancing strategic oversight and direction;
- Ensuring areas of good practice are evidence based and innovation responds to an agreed need;
- Becoming a catalyst in a region to bring other stakeholders on board to work collaboratively in developing innovative solutions, thereby ensuring the set-up of a “whole system approach”;
- Contributing to the development of Regional Strategies for Innovation, Economy, Smart Specialisation by ensuring innovation in health and care delivery is a key component;
- Networking with other Reference Sites to identify and share areas of good practice;
- Forming partnerships for European Funding Calls under H2020, ERDF, etc.;
- Scaling up service delivery models by ensuring health and care providers are able to adopt innovative practices;

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- Collaborating in the development and agreement of cross-regional service delivery models, e.g. Integrated Care Pathway for Respiratory Disease;
- Consistency in approach to health and care and achieving objectives of EIP on AHA following changes in regional government;
- National and international awareness and visibility of the Reference Site achievements and strategies;
- Accelerating strategy and activities at regional and national level including EIP on AHA;
- Fostering cohesion and inclusion of stakeholders at local and national level thus contributing to the development of comprehensive strategies across levels of government administration and activity sectors.
- Contributing significantly to the EU-wide EIP on AHA scaling up strategy;
- Contributing to priorities of the H2020 research and innovation programme – for example being instrumental in introducing calls on public procurement for innovative solutions PPI in AHA (WP 2016) and pilots on Integrated care of the innovation actions H2020, SC1 Work Programme 2014.

However, some Reference Sites have also encountered the following challenges:

- Lack of clarity on the role of Reference Sites in the EIP on AHA has meant that Reference Sites, through the Reference Site Collaborative Network, have had to induce ideas on how they can add value and differentiate between providing for the needs of a region, at one level, and the assessment of an “innovative practice” at a service delivery level;
- The use of the term “Reference Site” could depict a single entity operating outside a collaborative alliance and therefore not all stakeholders may have been brought together sufficiently to achieve an agreed goal.
- Reference Sites that are not a public authority or have responsibility for health and care provision in a region can find it extremely difficult to scale up innovative solutions and realise the benefits to a region; they can also

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experience difficulties in influencing health, societal and economic strategies in a region.

- Where all stakeholders across Regional Government Bodies, Health and Care providers, industry and academia are not co-joined in an alliance or network, difficulties have arisen in aligning “innovative practices” to strategic need. This can potentially impact on the ability to deliver solutions to meet needs in a region and fully address health, societal and economic challenges and the interdependencies they create;
- If the Reference Site is not, or does not include, a Regional Public Authority, gaining the necessary political buy-in can prove very difficult. Lack of awareness by policy decision makers impacts the ability to set up and implement whole system approaches.

It should be noted that, while some of the benefits and challenges appear to counter or contradict each other, variations are very much down to the extent to which the respective Reference Site has engaged all the key stakeholders in the process or acts independently in the pursuit of innovative practice.

Where Reference Sites have been most successful is when they have brought together all the key stakeholders - Regional Government Bodies and Health and Care providers, industry, academia and civil society – into a coherent partnership or ecosystem. This “Quadruple Helix” arrangement has enabled



all stakeholders to be more aware of the health and care priorities, challenges, and needs, enabling researchers and industry to focus on more rapidly developing solutions to be tested, and where a positive evidence base is demonstrated, offering mechanisms to scale

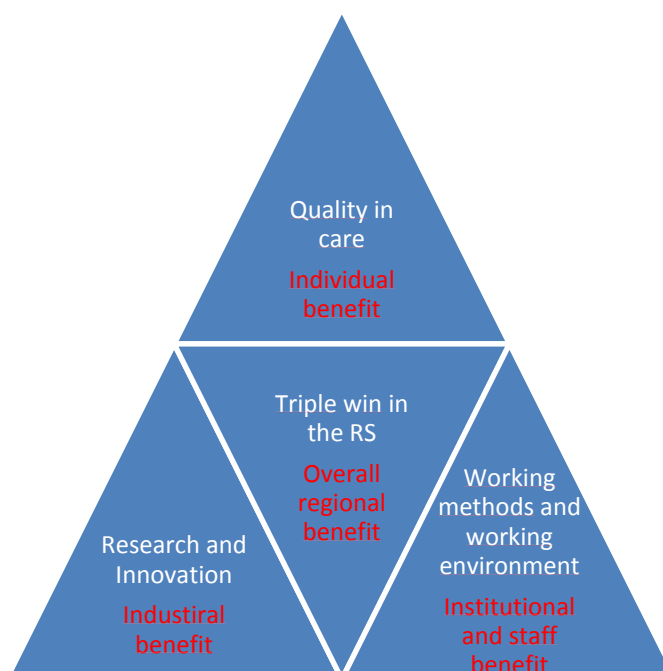
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up within the region. Each of the existing 32 Reference Sites are at different levels of maturity in implementing a Quadruple Helix model but many now recognise the importance and benefits of involving the right mix of stakeholders in the process and not just seeing the Reference Site as a single entity.

In addition, experience has shown that the adoption of a strategic approach complemented by the development and implementation of innovative solutions for prevention and health promotion, care and cure, and active and independent living of elderly people, can single a Reference Site out for attention and create an environment for other regions across Europe to learn, transfer and adapt knowledge into their specific situation, with regional, social and economic development as a long term objective. Reference Sites can therefore become “go to” Regions as exemplars of good policy and practice.

The adoption of a strategic approach has also allowed some regions to focus on the benefits to be obtained through the adoption of innovative practices and solutions. Wider adoption of this approach would help move EIP on AHA from being supply side driven i.e. development of a solution, to one that can assess impact against required outcomes for patients and service users, for solution development, and on the provider organisation. Having this focus on outcomes therefore provides a “Triple Win” which all stakeholders will have contributed to.

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One of the most significant perceived benefits of becoming a European Reference Site was the potential to improve opportunities to form credible consortia and proposals for EC funding programmes to complement and accelerate transfer and scaling up activities within and across regions. However, insufficient alignment to date between Call objectives in EC funding programmes and the modus operandi for many Reference Sites has significantly limited the ability to make successful applications. This is undermining the perceived value of remaining or becoming a Reference Site for some regions.

### Moving forward – New Reference Site Characteristics

EIP on AHA was never intended to be a process in itself. If used properly, it provides a framework for continuous improvement, involvement of new relevant stakeholders, enabling any Reference Site to maintain and further improve its status. While very valuable, the peer assessment process is secondary to addressing the health, social and economic needs of the Region which can benefit from ongoing continuous improvement. The next evolution of the Reference Site instrument should therefore build in an Improvement Tool which Reference Sites can use to identify gaps and opportunities for improvement, as well as develop an implementation plan. This will allow Reference Sites to continually challenge and benchmark themselves to ensure they are at the forefront in strategy and policy



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development, embedding evidence-based service delivery models, forming appropriate partnerships and strategic alliances, enabling knowledge exchange and transfer, scaling up of adoption of innovative solutions and good practices, informing current and future need, and contributing to economic growth.

The 2016 Call for Reference Sites also provides the opportunity for greater clarity and understanding of the role of Reference Sites and how they can contribute to the EIP on AHA objectives by ensuring a strategic approach is taken to bring together all key stakeholders to improve the outcomes for patients, carers and service users. This necessitates enhancements to the current policy on Reference Sites with a special focus on scaling up for the next 3 years. We therefore propose the following key characteristics be used to assess the maturity of Reference Sites, which is then reflected in the allocation of star status:

- i. The term Reference Site should refer to an **alliance or partnership of stakeholders** within a region or major metropolitan area. Stakeholders must be understood as any institution or entity that is in the position to act on EIP on AHA topics, disregarding its legal status: regional political entities, health/social professionals' associations, hospital trusts, or private entities that work on EIP on AHA topics (*given the diversity of legal environments and backgrounds, no exhaustive list can be provided*). In particular, applicants for Reference Site status should demonstrate they have adopted, or are working towards, the adoption of a "Quadruple Helix" model to ensure all stakeholders have a common understanding of the organisational, technical and financial challenges facing the region or area within health and active and healthy ageing, and are working collaboratively to define and implement innovative solutions and possibilities for economic growth. The appropriate lead authority for health and social care in the region or area<sup>1</sup> is expected to be a fundamental stakeholder in any Reference Site partnership or alliance.

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<sup>1</sup> Depending on local structures this may be a Regional Government, City Government, Health Authority/Provider, or a Commissioning Agency

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- ii. Reference Sites should demonstrate they have **comprehensive strategies** in place, or under development, which direct and guide policies and practices in the region, including supporting an active and healthy ageing population. These may include Innovation Strategies, R&D Strategies, Smart Specialisation Strategies, Older People Strategies, Education and Training Strategies, Economic Strategies, Regional Development Strategies.
- iii. Reference Sites should be able to demonstrate how they are responding to health, societal, and economic challenges through a strategic “**whole system approach**” to deliver against the EIP on AHA triple win objectives:
  - Enabling EU citizens to lead healthy, active and independent lives until old age;
  - Improving the sustainability and efficiency of health and social care systems;
  - Fostering competitiveness and market growth by developing and deploying innovative solutions.
- iv. Reference Sites should be able to demonstrate the degree of their alignment **with the EIP on AHA** through both contributions to the 3 EIP on AHA Pillars<sup>2</sup> and commitments to adopt the relevant elements of the EIP on AHA Action Plans developed by the various Action Groups.
- v. Reference Sites should demonstrate the degree they have developed, or are willing to develop, partnerships with other Regions for the **transfer and exchange of good practice**, and/or joint working on projects to support health and care, including active and healthy ageing.
- vi. Reference Sites should be committed to contributing to the **European evidence base** demonstrating impact on outcomes for patients and service users; effectiveness of developed solutions in meeting need; and how provider organisations have adapted to deliver new services and service models. This explicitly includes contributing data and evidence to the Monitoring and Assessment Framework for the European Innovation Partnership on Active and

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<sup>2</sup> Prevention, Screening and Early Diagnosis; Care and Cure; and Active Ageing and Independent Living

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Healthy Ageing ([MAFEIP](#)) and to the EIP on AHA Repository of Innovative Practices. The requirement to contribute to MAFEIP and to the EIP on AHA Repository of Innovative Practices does not preclude the use by RS of other existing methodologies at national, regional or EU level. However, the commitment to future contribution of data and evidence to MAFEIP is a requirement for all RSs.

- vii. Reference Sites should be able to demonstrate examples and evidenced impact of good practices and the degree that Reference Sites have scaled up or that they are working to scale up smart health and care solutions for active and healthy ageing. Delivery 'at scale' should be assessed as interventions which have benefited, or be in the process of benefiting, a substantial proportion of the target population for services relevant to the EIP on AHA pillar it addresses.

Benefits of being a Reference Site are clearly set out in section 1 of this paper. These remain valid and will become more pertinent as the EIP on AHA progresses. Moreover, many Reference Sites will continue to share similar objectives and address common challenges. Collaboration between Reference Sites therefore offers further clear benefits. To help simplify and accelerate such collaboration, Reference Sites can become members of the EIP Reference Site Collaborative Network (RSCN) on award of Reference Site status. They will have the ability to determine their own degree of participation in the network.

The RSCN would therefore assist Reference Sites in areas such as:

- acting as a single coherent voice on behalf of Reference Sites, particularly in discussions with the European Commission and other European representative bodies of industry and organisations;
- addressing horizontal issues across the 3 EIP on AHA pillars;
- supporting and facilitating specific initiatives such as "Twinning" of Reference Sites to provide for sharing experiences in the development and implementation of health and care strategies and policies, and service delivery models;

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- helping to develop and promote the scaling up and adoption of evidence based areas of good practice and innovative solutions; and
- assisting in the identification of funding instruments and formation of partnerships in response to Funding Calls from the European Commission.

### 2016 Key Criteria for Assessment of Reference Sites

Assessing Reference Sites for a 'star status' should demonstrate their maturity in relation to the above characteristics. Given the updated definition for a Reference Site, the Assessment Criteria for Reference Sites in the 2016 Call are based on the following themes:

- 1. Political, Organisational, Technological and Financial Readiness**
- 2. Sharing learning, knowledge and resources for innovation**
- 3. Contributing to European co-operation and transferability**
- 4. Delivering Evidence of Impact against the triple win approach**
- 5. Scale of demonstration and deployment of innovation**

In the following sections of this document, definitions and examples are provided for each dimension to help regions (including local health or social care jurisdictions, municipalities, etc.) in rating their current level of activity with a score of 1 to 3. The Region can also plot its ratings onto a spider web diagram to provide a visual representation of its baseline self-assessment. This is similar to the "Maturity Model" developed by the B3 Action Group, which can be used to assess individual innovative practices and their capability to be scaled up. For the Reference Sites the assessment tool and spider web diagram focus on the actions to support the quadruple helix model. This will allow Reference Sites to plot annual re-assessment ratings on the spider web and provide a visual overview of the region's progress year on year in seeking continuous improvement. Both the B3 Maturity Model and the proposed Reference Site Assessment Tool complement each other and by applying both tools within the EIP on AHA process it will also be possible to differentiate and plot progress between an individual innovative practice and the strategic whole system approach adopted in the region.

## **The Self-Assessment Questionnaire**

The evaluation process for the 1<sup>st</sup> Call for Reference Sites in 2012 set out the following objectives:

### *General objectives*

- Increasing the impact - from small to large scale of coverage - of care delivery innovations for older people that have been tested to benefit a wider target population, foster policy developments and prioritisation.
- Facilitating peer learning and sharing.
- Improving accessibility, quality of care and financial sustainability, and contributing to reducing health inequalities.

### *Specific objectives*

- Identification of innovative 'good practices', innovative elements of a comprehensive approach to active and healthy ageing.
- Exchange and dissemination of the 'good practice' models across Europe.
- Support of scalability, transferability and replication of 'good practice' models: learning from small-scale initiatives/innovations as a means of fostering larger-scale policy and programme development and implementation.

Whilst for the most part these remain valid, they can be enhanced to reflect the characteristics of Reference Sites as set out in this paper. The assessment and monitoring of the Reference Sites should still be built on a ranking system but there should be a clear pathway for progress to a higher level where there is evidence of improvement against the criteria, or downgrading to a lower level where a Reference Site demonstrates a lack of continuous commitment. By using this tool it will be possible to rank the Reference Sites in relation to performance. As the Reference Site approach is built on the concept of continuous improvement, the self-assessment tool can also be used by Reference Sites, and candidate Reference Sites, as a strategic dialogue tool to support regional improvement processes within the entire stakeholder partnership.

The proposed Self-Assessment Questionnaire is set out on the following pages along with a template Improvement Plan.

## **II. Self-Assessment Questionnaire**

**TO BE COMPLETED ONLINE AT <http://www.scale-aha.eu/home/>**

**SELF-ASSESSMENT QUESTIONNAIRE - SECTION 1 – "ABOUT YOU"**

<b>About your organisation/institution</b>	
Organisation name	
Your Name	
Your address	
Your e-mail address	
Member State	
Please describe your organisation and core activities	
Geographical coverage	
Population coverage (patients or users: disease / number?)	
Coalition coverage (Partners)	
<b>Your region</b>	
Region Name (NUTS 2)	
Number of inhabitants	
Indicators of relevance, e.g. on health workforce, expenditures	
Other reference sites from the region/country	
<b>Your participation in the Partnership</b>	
Have you been awarded Reference Site status before? If yes, please indicate the number of awarded stars.	
Please list any EIP Action Group Commitments that you plan to submit for 2016-2018 from the organisation/institution, and which specific action(s), will support those commitments.	

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**SELF-ASSESSMENT QUESTIONNAIRE - SECTION 2 – "YOUR ACTIVITIES"**

YOUR ACTIVITIES			
Describe your activities within the scope of the Partnership		How do they relate to the specific actions	
Pillar I: Prevention, Screening and Early Diagnosis	(max 300 words)	A1. Prescription and adherence action at regional level	(max 500 words)
		A2. Personalised health management, starting with a Falls Prevention Initiative	(max 500 words)
		A3. Action for prevention of functional decline and frailty	(max 500 words)
Pillar II: Care and Cure	(max 300 words)	B3. Replicating and tutoring integrated care for chronic diseases, including remote monitoring at regional level	(max 500 words)
Pillar III: Active Ageing and Independent Living	(max 300 words)	C2. Development of interoperable independent living solutions, including guidelines for business models	(max 500 words)
Horizontal issues (including Contributions to MAFEIP and to the EIP on AHA Repository of Innovative Practices)	(max 300 words)	D4. Age-friendly cities, buildings and environments	(max 500 words)

*Note: Please include online links to only supporting and relevant documents, evidence and information, available in English.*



## SELF-ASSESSMENT QUESTIONNAIRE - SECTION 3 – "YOUR CARE MODEL"

YOUR CARE MODEL	
Static Baseline	
organisation	
<b>2.1 Care System/Model Organisation</b> <i>Consider the organisational context of the modernization and transformation of your care system. Key elements to be described:</i> <ul style="list-style-type: none"> <li>• Leadership and governance</li> <li>• Funding scheme (private, public, private-public)</li> <li>• Regulatory or strategic framework</li> </ul>	(max 500 words)
processes	
<b>2.2 Management of Care Processes</b> <i>Consider the various tools and processes that improve the system's capacity to improve health outcomes, such as protocols and guidelines, education and training, liaison and consultation, standardisation and interoperability, as well as financing (insurance based, reimbursement, etc.).</i>	(max 500 words)
<b>2.3 Information and Communication Systems</b> <i>Describe the quality, availability and scope of information for management and improvement of clinical practices; the vertical and horizontal communication between and within care structures.</i>	(max 500 words)

## SELF-ASSESSMENT QUESTIONNAIRE - SECTION 4 – "THE 5 KEY CRITERIA"

### Criterion 1. Political, Organisational, Technological and Financial Readiness

#### **What does it mean?**

Has a formal "policy commitment"<sup>3</sup> been formulated so that innovation for active and healthy ageing (comprising elements of health, social care and wellbeing) is a strategic priority for your region (health and/or care jurisdiction)?

Is innovation for active and healthy ageing a part of your Innovation Strategy, R&D Strategy, Smart Specialisation Strategy, or other relevant Health and Social Care Strategies?

Are the activities within the EIP on AHA seen as integral to your region's priorities?

Have you implemented a 'quadruple helix' approach to an inclusive engagement strategy that encourages commitment and creates a close cooperation between:

- a) Public authorities (regions and municipalities); Health and Care providers;
- c) Educational and research institutions;
- c) Businesses; and
- d) Citizens / patients and voluntary sector partners.

Do you have a clear implementation plan and sources of funding/resources for successful deployment and implementation of innovative solutions for prevention and health promotion, care and cure and active and healthy independent living of elderly people, including age friendly and smart health and care solutions?

Is the plan in line with the objectives of the EIP on AHA and does it comprise the implementation of commitments from the EIP on AHA Action Plans relevant to your region? If not, how will this be achieved?

Are you using other European funds, transnational developments and shared learning?

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<sup>3</sup> By using the expression policy commitment instead of political commitment, we cover the differing governmental and policy-making contexts across Europe

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**Rationale**

A fundamental principle of the EIP on AHA is a broad co-operation between all relevant stakeholders, which should be a prerequisite on all levels, including Reference Sites. In order to ensure that Reference Sites have a true strategic, sustainable and long term focus it is important that the individual commitments are based on a **broad regional cooperation** (“Quadruple Helix”), with all relevant actors who can add value to their implementation and to the objectives of the action plans for the action groups in which the region participates.

Implementing the objectives of the EIP on AHA is based on the level of political and financial commitment within the participating regions. Hence it is important that Reference Sites are able to show and document this commitment through regional strategic decisions and operational plans to improve outcomes for patients and service users and address social and economic priorities.

<b>C.1. To what extent can your region show political organisational, technological and financial readiness towards the objectives put forward in your region</b>	<b>Now</b>	<b>Within the next 12 months</b>
Level 0: No evidence or not demonstrated		
Level 1: To a little extent - yes for up to 2 of the above questions		
Level 2: To some extent - yes for 3 or 4 of the above questions		
Level 3: To a great extent – yes for all of the above questions		

(Max 750 Words)

**Please provide evidence and examples – e.g.** links to relevant documents (please include brief summary in English language where appropriate).

## **Criterion 2. Sharing learning, knowledge and resources for innovation**

### **What does it mean?**

The extent to which the Reference Site has established an infrastructure for knowledge transfer and has the capacity and capability to support learning, coaching and improvement so that partners from a range of sectors can be mobilised to disseminate knowledge and to scale up and increase coverage of innovative practices.

Examples could include: the establishment of living labs, demonstrators, test sites, show rooms, easily accessible research environments, open source facilities, knowledge networks, collaboration platforms to support continuous improvement.

Does the Reference Site supply training and further education programmes to health and care professionals and other stakeholders (in its own region or in other regions), assisting them to learn how to implement and effectively work with innovative solutions for prevention and health promotion, care and cure, and active and independent living of elderly people, including age friendly and smart health and care solutions?

### **Rationale**

The aim of the EIP on AHA is that regions in Europe should learn from each other's good practices, and innovative solutions should be transferred and adopted where relevant and possible, instead of reinventing the wheel. By applying to become a Reference Site within the EIP on AHA, Reference Sites, comprising their strategic partners, have expressed their willingness to share experiences and transfer knowledge and good practices across health and care settings and partners at both a national level and with other regions in Europe. To be able to do this effectively, Reference Sites must demonstrate their capacity, capability, experience and willingness for knowledge transfer and the spread of improvement and innovation both within their region and with other regions.

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<b>C.2. To what extent does your region have an innovation and improvement infrastructure that facilitates the learning process, builds improvement capabilities and enables transfer of knowledge?</b>	<b>Now</b>	<b>Within the next 12 months</b>
Level 0: No evidence No infrastructures established		
Level 1: To a little extent Ad-hoc and opportunistic sharing of learning allied to EIP on AHA aims.		
Level 2: To some extent Organised framework(s) for learning, development and improvement allied to EIP on AHA aims but these operate only in some areas/ sectors.		
Level 3: To a great extent Systematic approach and a programme of opportunities for cross sector learning, development and improvement allied to EIP on AHA aims.		

(Max 750 Words)

**Please provide evidence and examples – e.g.** links to relevant documents (please include a brief summary in English language where appropriate).

### **Criterion 3. Contributing to European co-operation and transferability**

#### **What does it mean?**

To what extent has or does the Reference Site participate(d) actively in other relevant EU projects, (e.g. within programmes such as FP 1 – 7, CIP, H2020, Interreg, PHP, LLP / ERASMUS, 3<sup>rd</sup> Health Programme, EIT-KIC Health or others) self-financed twinning activities, inter-regional / cross-border activities and other European network activities.

Has emerging learning and experience from the region already been shared with other regions?

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Are regional and / or local innovations already being adopted, tailored or informing local and / or regional progress in other regions around Europe or beyond?

Reference is made to the assessment structure implemented in the viability dimensions of the EIP on AHA Repository of Innovative Practices:

- The good practice has been developed on local/regional/national level and transferability has not been considered in a systematic way
- The good practice has been developed on local/regional/national level, transferability has been considered and structural, political and systematic recommendations have been presented. However, the good practice has not been transferred yet.
- The good practice has been transferred in other locations or regions or national scale in the same country.
- The good practice has been transferred either at local, regional or national level in at least one other country.

To what extent is the region actively involved with the EIP on AHA Action Groups?

### **Rationale**

The aim of the EIP on AHA is that regions in Europe should learn from each other's good practices, and innovative solutions should be transferred and adopted where relevant and possible, instead of reinventing the wheel. Thus, Reference Sites should show a high level of participation in European / International partnerships, alliances, development projects and engagement in concrete activities related to transfer of good practices. Having experience and expertise in international collaboration is important in order to be able to assist knowledge transfer, advance European learning and inform policy development.

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<b>C.3. To what extent has your region participated in European and/or International collaborations and supported transfer and/or adoption of innovation.</b>	<b>Now</b>	<b>Within the next 12 months</b>
<p>Level 0: No evidence</p> <p>No involvement with European partners and transferability of good practices has not been considered.</p>		
<p>Level 1: To a little extent</p> <p>Still forming alliances and little experience of collaboration beyond the region. The good practice may be ready for transfer but it has not been transferred yet.</p>		
<p>Level 2: To some extent</p> <p>Experienced in collaboration and in sharing learning and / innovations but little adoption of good practices is established, either to other regions (within the same country) or from other regions.</p>		
<p>Level 3: To a great extent</p> <p>Experienced in collaboration and in sharing learning and / innovations. One or more good practices have been adopted, tailored or are informing practice in at least 2 other regions and in at least one other country.</p>		

(Max 750 Words)

**Please provide evidence and examples – e.g.** links to relevant documents (please include a brief summary in English language where appropriate).

#### **Criterion 4. Delivering evidence of impact against the triple win approach**

##### **What does it mean?**

Does the Reference Site have a strategic approach to the coordination of care and services to the ageing population across providers / settings?

Is the Reference Site able to demonstrate clear strategic intent on establishing stakeholder partnerships to drive innovation and upscaling of good practices, supported by an agreed structure and shared governance?

Are there concrete examples of public – private innovation and upscaling that demonstrate progress towards the EIP on AHA goals?

Is the Reference Site ready to collaborate with comparable innovative solutions in other regions in order to aggregate datasets and undertake common qualitative surveys of outcomes for citizens, patients and their carers, thereby enhancing the evidence of economic, system and societal benefits of the EIP on AHA?

Is there evidence of a contribution to growth of new markets, employment & job creation within the region?

Is there evidence of a contribution to growth of new markets, employment & job creation within Europe?

Have innovative solutions within active and healthy ageing been implemented and have they delivered evidenced benefits for individuals and increased the sustainability and efficiency of the local and / or regional system?

Does the Reference Site use evaluation tools as an integrated part of their deployment and implementation process of age friendly and smart health and care solutions (e.g. TREAT, MAST, MAFEIP, or other locally developed tools)?



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### Rationale

The fundamental principle of the EIP on AHA is the triple win approach. In order to become a Reference Site it is thus important that the region demonstrates a clear strategic focus and commits to work towards the triple win, which means:

- **Enabling EU citizens** to lead healthy, active and independent lives until old age
- **Improving the sustainability** and efficiency of health and social care systems
- **Developing and deploying** innovative solutions, thus fostering competitiveness and market growth

Source: [http://ec.europa.eu/research/innovation-union/index\\_en.cfm?section=active-healthy-ageing&pg=about](http://ec.europa.eu/research/innovation-union/index_en.cfm?section=active-healthy-ageing&pg=about)

Public-private partnerships and pre-commercial procurement are seen as some of the most important ways to reach development and deployment of innovative solutions in the health and care sector and create business opportunities and economic growth.

Many barriers exist in relation to deployment and market up-take of health and care related products and services. Public-private partnerships and innovation are seen as an instrument which can help address some of these barriers. For example, efforts by public and private sector players to build a consumer market (that can enhance people's health and well-being and, as they age, improve their lives and capacity to live independently for longer) are also vital to upscaling, market growth and European competitiveness on the world stage.

Source: [http://cordis.europa.eu/fp7/ict/pcp/projects\\_en.html](http://cordis.europa.eu/fp7/ict/pcp/projects_en.html)

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<b>C.4. To what extent does your region's commitment to age friendly and smart health and care solutions reflect the triple win approach</b>	<b>Now</b>	<b>Within the next 12 months</b>
<p>Level 0: No evidence</p> <p>There is no reflection of triple win approach</p>		
<p>Level 1: To a little extent</p> <p>The helix approach is recognised as important but there is no formal coordination or recognition of active and healthy ageing and no established evidence of triple win impact</p>		
<p>Level 2: To some extent</p> <p>Significant level of a regional coordination and evidence established (based on qualitative and quantitative studies) about improving outcomes for individuals and the system, but linkage to impact on the economy is limited</p>		
<p>Level 3: To a great extent</p> <p>Solutions within active and healthy ageing and improved outcomes are matched by strong commitment to innovation and prevention to sustain economic growth. Concrete evidence is available to support impact across the entire triple win approach, based on an established monitoring system/process used before and after the implementation of the innovative solutions.</p>		

(Max 750 Words)

**Please provide evidence and examples – e.g.** links to relevant documents (please include a brief summary in English language where appropriate).

## **Criterion 5. Scale of demonstration and deployment of innovation**

### **Are there good practice examples of innovations?**

Is there evidence of large scale deployment within the last 3 years (reaching 10-20% of the target population within the area covered by the Reference Site<sup>4</sup>) of innovative practices with clear evidence of positive impact? The successful deployment of good practices will have included engagement with key stakeholders to improve their understanding of the benefits to be achieved through adoption.

Describe up to three good practice examples (GPs) that have been evaluated and implemented at scale within your Region, or good practice examples you propose to scale up, and which can be replicated and transferred beyond your region.

Each GP example should:

- link to at least one of the EIP on AHA pillars
- evidence the added value and benefits over existing models
- include a strategy for engagement, mobilisation and knowledge transfer
- demonstrate capability to scale at large

<b>C.5. Scale of demonstration and deployment</b>	<b>Now</b>	<b>Within the next 12 months</b>
Level 0: No such example		
Level 1: One to two good practice examples meeting the above criteria		
Level 2: Three or more good practice examples that meet the above criteria		
Level 3: Three or more good practice examples that meet the above criteria, plus evidence of large scale deployment for at least one of them		

(Max 750 Words)

**Please provide details of the good practice examples and how they meet the above criteria**

**Provide details of the large scale deployment if applicable**

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<sup>4</sup> In alignment with the ambition of the EIP on AHA Strategic Implementation Plan to move from "pilots" to "mainstream".

## SELF-ASSESSMENT QUESTIONNAIRE - SECTION 5 – "SUMMARY OF SCORES"

The Summary of Scores must be completed based on the "NOW" column of Section 4.

Essential criteria met	Yes / No
Dimension	Score 0 - 3
Criterion 1. Political, Organisational, Technological and Financial Readiness	
Criterion 2. Sharing learning, knowledge and resources for innovation Learning,	
Criterion 3. Contributing to European co-operation and transferability	
Criterion 4. Delivering Evidence of Impact against the triple win approach	
Criterion 5. Scale of demonstration and deployment of innovation	
<b>Total Points</b> <b>Maximum 15</b>	

### Scoring Guidance

The basis for the Summary of Scores is the "Now" column. The "Next 12 Months" column will be used to provide indicators of future potential and priority areas for joined-up actions.

Reference Sites that do not meet the Essential Criteria or only obtain a total of three points or less, will remain candidate Reference Sites.

**1 Star** will be given to Reference Sites obtaining between 4 and 7 points.

**2 Stars** will be given to Reference Sites obtaining between 8 and 10 points on the condition that the Reference Site has at least 1 point in each criterion.

**3 Stars** will be given to Reference Sites obtaining between 11 and 13 points on the condition that the Reference Site has at least 1 point in each criterion.

**4 Stars** will be given to Reference Sites obtaining between 14 and 15 points

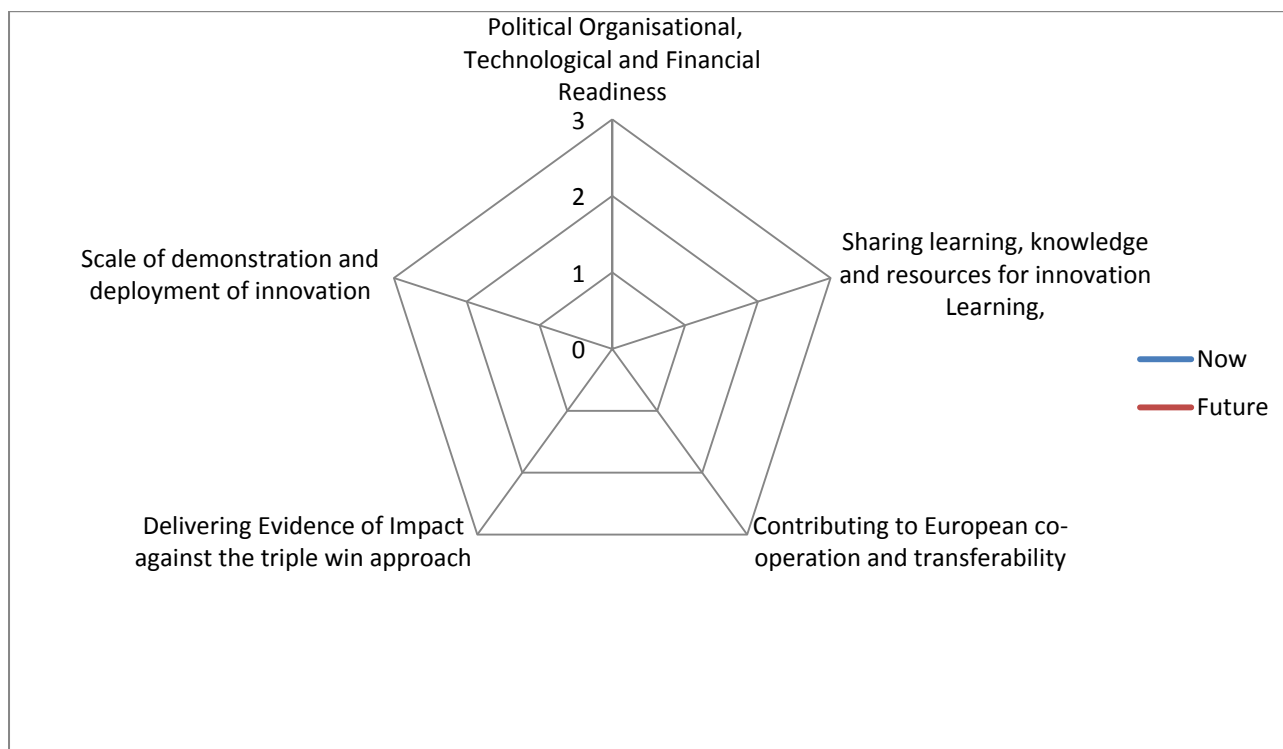
# III. Improvement Action Plan

## European Innovation Partnership on Active and Healthy Ageing (2016 Call for Reference Sites)

### Improvement Action Plan – to be completed following peer review

Following review, support and challenge from other Reference Sites provide a brief description of agreed actions for each domain that will lead to an improvement in your Reference Site's self-assessment score in the next 12 months

### The Reference Site Spider Web Diagram



## **Improvement Plan Template**

**Our Reference Site has decided to prioritize the following initiatives in the near future:**

(e.g. Describe briefly your temporary ideas for each subject and how to progress from Candidate Reference Site to Reference Site, from 1 star to 2 stars, from 2 stars to 3 stars, from 3 stars to 4 stars or to maintain the 3 star or 4 star Reference Site status)

**Essential criteria for Reference Sites as set out in the EIP on AHA**

(e.g. Our Reference Site wants to participate actively in all three pillars, or a roadmap will be developed to cover x % of.....)

**1. Political, Organisational, Technological and Financial Readiness**

e.g. Our Reference Site will create better financial commitment by.....

**2. Sharing learning, knowledge and resources for innovation**

e.g. Our Reference Site plans to install a show room

**3. Contributing to European co-operation and transferability**

e.g. Our Reference Site plans to establish partnerships / projects in the following areas..... or we have planned a close collaboration with x, y, z region in Europe for the purpose of... with the aim of transferring the following areas of GP....

**4. Delivering Evidence of Impact against the triple win approach**

e.g. A strategy will be developed to.....

**5. Scale of demonstration and deployment of innovation**

e.g. our Reference Site plans to implement .... at scale in the next 18 months

# **IV. General Guidance for Candidates**



### ***Definition of Reference Sites of the EIP on AHA***

Reference Sites (RSs) of the European Innovation Partnership on Active and Healthy Ageing (the EIP on AHA) are ecosystems which comprise different players, including regional and/or local authorities, cities, integrated hospitals/care organisations, industry organisations, SMEs and/or start-ups, research and innovation organisations, that jointly implement a comprehensive, innovation-based approach to active and healthy ageing, and can give evidence and concrete illustrations of the impact of such approaches on the ground.

RSs should showcase innovative components of their care model/systems that can serve as illustrations of good practice to other regions. Robust proof of their impact on the ground and presentation of sound indicators aligned notably with the indicators supported by the Monitoring and Assessment Framework of the European Innovation Partnership on Active and Healthy Ageing ([MAFEIP](#))<sup>5</sup> and grouped under "Quality of Life", "Sustainability of Healthcare systems" and "Economic growth and jobs". They should also be actively engaged in the scaling up/replicability process by submitting good practices to the EIP on AHA Repository of Innovative Practices, for example, coaching other regions that wish to implement their good practices and already engaged (or to become engaged) with the Action Groups of the EIP on AHA.

The applicants, initially deemed with a status of “candidate” Reference Sites, will be rated and ranked on the basis of the results of a self-assessment and a peer review exercise. Both are integral parts of the assessment framework. Within the assessment framework, candidate RSs have to describe their care models/systems, and must demonstrate their maturity in relation to several characteristics outlined across 5 key Criteria (see section 4 of the Self-Assessment Questionnaire "The 5 Key Criteria"). In respect of Criterion 5 “Scale of demonstration and deployment of innovation” present at least 1, but no more than 3, areas of good practice considered the most innovative, effective, scalable and impactful in terms of results. Each candidate Reference Site (RS) assesses the level of excellence of its submitted application against the criteria that form the self-assessment questionnaire.

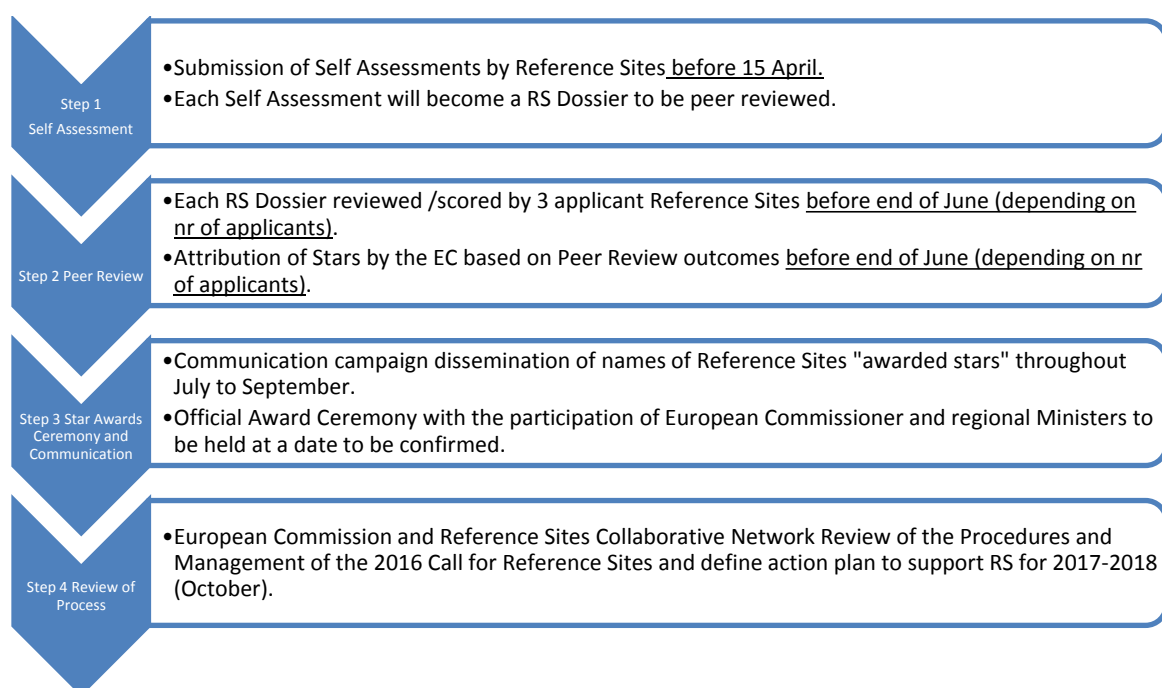
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<sup>5</sup> For more information and to test the MAFEIP tool please visit: <http://mafeip-pre.jrc.es/> and for detailed background on how the tool was developed please consult <http://is.jrc.ec.europa.eu/pages/TFS/MAFEIP.html>

## European Innovation Partnership on Active and Healthy Ageing (2016 Call for Reference Sites)

This exercise expects to demonstrate if and to what extent the criteria are met. The outcome of this phase will be a '*RS dossier*' for each candidate Reference Site that will go through the peer review<sup>6</sup> exercise in the next stage. The *RS dossiers* will be reviewed by 3 randomly chosen peer Reference Sites seeking to verify and confirm reliability of self-assessment outcomes. On the basis of these two steps, candidate RSs will be ranked by attribution of one, two, three or four "stars". Official award of the stars and nomination of RSs will take place during a Star Ceremony to be held in the course of 2016.

### Timeframe for the 2016 Call for Reference Sites



### Pre-defined criteria

Candidate Reference Sites can apply online until 15 April 2016. The applications will be initially evaluated on the basis of pre-defined criteria, notably whether a candidate RS was representing ecosystems of different organisations and public authorities and if their activities covered the priorities of the EIP on AHA. Candidate Reference Sites who meet the pre-defined criteria also conduct a self-assessment on the outcomes and impact of their work (see Self-Assessment Questionnaire). These criteria, as suggested in

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<sup>6</sup> Peer review in the process of RSs is understood as a simple exercise to be carried out only by the candidate RSs who will verify and validate the previously self-assessed good practices of their peer RSs to ensure high level of quality, transparency and fairness in scoring the good practices.

## European Innovation Partnership on Active and Healthy Ageing (2016 Call for Reference Sites)

both the European Commission Communication on EIP-AHA<sup>7</sup> and the current call text, refer to the readiness of the Reference Sites to:

- build a local coalition involving various actors (professionals, patients, carers and families, technology providers, healthcare managers and providers, academic experts, as well as public authorities), including collaboration with other applicants from the same region;
- implement a substantial part of the actions of the EIP Strategic Implementation Plan (SIP)<sup>8</sup> in an integrated way, across the 3 pillars: prevention and early diagnosis, care and cure, and active ageing and independent living;
- be ready to demonstrate coverage of a significant proportion of the target population (at least 10%)<sup>9</sup>, by the services implemented in the context of the SIP specific actions;
- commit to substantial investments (financial and human) towards their objectives;
- perform an assessment of the outcomes and impacts according to a shared approach, exchange practices, share information, make outcomes and impact data publicly available (open data);
- demonstrate impact on sustainable economic growth by contributing to growth, job creation or sustainable public finances;
- cooperate with others across Europe;
- present a list of results/outcomes to be delivered in the 2016-2018 timeframe.

The above criteria are also reflected in the Self-Assessment Questionnaire.

### **Objectives of the Evaluation framework**

The evaluation process is a key step in the collaborative effort to scale up proven innovative solutions in active and healthy ageing. The process acknowledges that the RSs operate complex care systems/models.

***The (self)-assessment does not evaluate the performance of the care systems/models but reviews the adoption of a comprehensive strategic approach involving multiple stakeholders that has allowed a focus on the benefits obtained through the adoption of innovative practices and solutions.***

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<sup>7</sup> COM(2012) 83 final on "Taking forward the Strategic Implementation Plan of the European Innovation Partnership on Active and Healthy Ageing"

<sup>8</sup> [http://ec.europa.eu/research/innovation-union/pdf/active-healthy-ageing/steering-group/implementation\\_plan.pdf#view=fit&pagemode=none](http://ec.europa.eu/research/innovation-union/pdf/active-healthy-ageing/steering-group/implementation_plan.pdf#view=fit&pagemode=none); [http://ec.europa.eu/research/innovation-union/pdf/active-healthy-ageing/steering-group/operational\\_plan.pdf#view=fit&pagemode=none](http://ec.europa.eu/research/innovation-union/pdf/active-healthy-ageing/steering-group/operational_plan.pdf#view=fit&pagemode=none)

<sup>9</sup> The notion of "target population" refers to a group of patients or older persons who can benefit from such services.

## European Innovation Partnership on Active and Healthy Ageing (2016 Call for Reference Sites)

### 1.1. General objectives

- Increasing the impact - from small to large scale of coverage - of care delivery strategies and innovations for older people that have been tested to benefit a wider target population, foster policy developments and prioritisation.
- Facilitating peer learning and sharing.
- Improving accessibility, quality of care and financial sustainability, and contributing to reducing health inequalities.

### 2.2. Specific objectives

- Identification of innovative approaches in development of 'good practices', innovative elements of a comprehensive approach to active and healthy ageing.
- Exchange and dissemination of evidence-based service delivery models and good practice across Europe.
- Support of scalability, transferability and replication of evidence-based service delivery models: learning from small-scale initiatives/innovations as a means of fostering larger-scale policy and programme development and implementation.

### *Main steps of the Evaluation Process*

#### Step I: Self-Assessment (to be completed online)

A thorough and sound assessment of candidate Reference Sites is based on a methodology that is simple, measurable and responds to the objectives and specificity of the RSs' concept. The methodology seeks to measure innovativeness, scalability and outcomes related to activities carried out by the RSs within their care models/systems.

Given variation in the performance of care models/systems, the assessment methodology also considers their static baseline by asking the RSs to describe their care systems/models as Section 3 of the Self-Assessment Questionnaire. It has been designed to facilitate a better understanding of the overall system context and help peer reviewers better fit into the RS's setting, as well as to achieve a more customised self-assessment of good practices.

In order to ensure consistency and complementarity, the assessment of the submitted good practices is based on a set of clearly defined parameters that may use other established methodologies, but is also in line with the objectives of the EIP on AHA monitoring and evaluation framework (MAFEIP).

## **Step II: Peer Review**

### *a. The peer review process*

All RSs will participate in reviewing and validating their peers' strategies, models and good practices. In order to facilitate the peer review process and avoid additional

time consuming work, each self-assessed application (dossier) will be subject to assessment by 3 randomly selected peer Reference Sites. Given the fact that some of the RSs represent the same region or/and country, for the sake of objectivity and credibility of scores and to avoid conflict of interest and arbitrary reviews, candidate RS's applications will only be reviewed by peer Reference Sites that are from different Member States. The European Commission will facilitate and coordinate the process by pursuing a random selection in the attribution of the peer RSs and helping the fairness, consistency and smoothness of the process, including the final ranking.

#### *Peer review - example*

*For example, a good practice of one region in a country should not be reviewed by its peer RS representing the same country or any other region in this country. It will be reviewed by a RS outside the country.*

### *b. An interactive selection process – a rating/ranking system for the Reference Sites*

The ranking system of the Reference Sites of the EIP on AHA is designed to: identify, validate and promote effective strategies and good, scalable practices; acknowledge the efforts of the Reference Sites in developing strategic alliances and partnerships across relevant sectors and supporting the scaling up of innovation across regions. In this system, the Reference Sites will be able to attain stars which reflect the extent to which they meet all 5 criteria. In effect this will reflect the level of innovativeness, scalability and outcomes of their strategies and the adoption and deployment of innovation in addition to the different criteria that have been established. RSs can submit up to 3 good practices and all of them will pass the ranking assessment but only one good practice with the highest score will be considered for star attribution in addition to the other criteria.

Considering the dynamics of innovations and their adoption and implementation, the classification of Reference Sites into a star rating system can be updated to reflect the progress of their performance over time.

## **European Innovation Partnership on Active and Healthy Ageing (2016 Call for Reference Sites)**

The self-assessment and peer review exercise might be repeated on an annual basis and might provide the opportunity to those Reference Sites that had initially presented more than one good practice to ameliorate their ranking. The cycles and schedule to open new self-assessments and peer reviews will be debated by the European Commission and the RS as part of the process review (Step 4).

### **Step III: Star Awards Ceremony and Communication**

Following the peer review step, the European Commission will announce the Reference Site awards through its communication channels and through the EIP on AHA channels.

A public high-level event - a 'Star Ceremony' - will be organised in the course of 2016 to honour the Reference Sites with the adequate number of stars.

### **Step IV: Review of Process**

The European Commission with the Reference Sites Collaborative network will review the process supporting the 2016 call for Reference Sites.

# V. For More Information

## **European Innovation Partnership on Active and Healthy Ageing**

[http://ec.europa.eu/research/innovation-union/index\\_en.cfm?section=active-healthy-ageing](http://ec.europa.eu/research/innovation-union/index_en.cfm?section=active-healthy-ageing)

## **2015 Conference of Partners of the EIP on AHA (9-10 December 2015)**

[http://ec.europa.eu/research/innovation-union/index\\_en.cfm?section=active-healthy-ageing&pg=partners-conference-2015](http://ec.europa.eu/research/innovation-union/index_en.cfm?section=active-healthy-ageing&pg=partners-conference-2015)

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