THCS

2024 Annual Conference

Hosted by

European Committee of the Regions

SECOND SESSION: Thursday 28th of November - 16:00 to 17:30

Unlocking Health & Care systems transformation: the role of regional and local authorities in boosting health ecosystems

Introduction: the role and function of regions in health and care system transformation
MADDALENA ILLARIO – THCS Advisory Board Chairs

The experience regional funding agencies involved THCS
➔ *REGINA SAUTO ARCE - B.I.O.E.F. (Basque Country, Spain)*
➔ *TERESA VIERI - Tuscany Region (Italy)*

Interactive panel discussion
➔ *VALERIA CENACCHI – DG REGIO Unit D2 "Cross - Border Cooperation"*
➔ *GERDA GEYER - FFG (Austrian Research Promotion Agency) and THCS WP9 leader*
➔ *YLVA REISNERT - ERRIN, European Regions Research and Innovation Network*

Moderator *: MADDALENA ILLARIO – THCS Advisory Board Chair*

Unpacking the potential of regional healthcare spending

THCS ANNUAL CONFERENCE
SECOND SESSION

**"Unlocking Health & Care Systems Transformation:
The Role of Regional and Local Authorities in Boosting
Health Ecosystems"**

28 November 2024
Committee of the Regions (Room JDE52), Brussels

Prof. Joanna Lane
University of South-Eastern Norway
Stichting HCN (Amsterdam)
Prof. Maddalena Illario
Federico II University & Hospital
RSCN

Co-funded by the
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The transformative role of Regional Authority

- Regional authorities work in complex ecosystems
- They present different maturity levels
- They have the responsibility to plan across sectors. This should extend to sharing resources and risks
- They develop and implement innovative good practices that can be transferred from one sector to the other and multiply their impact

MATURITY

COMPLEXITY

Funding instruments

- Innovative procurement
- Value-based procurement
- Twinnings
- ….

Inter-organisational planning

Transformative ecosystems

What do they have in common?

Engaging: show return of investment (social , cultural, economic)

Dynamic and flexible: organizational changes, capacity building, networking & cooperation

Transparent, equal: invest in communication

Open: there is a place for everyone

Open questions

- *Are our **performances** KPIs and approaches still adequate?*

- *How do we ensure that **good practices** are supported until they achieve full maturity, scale up and potential?*

- *Is there anything we might **simplify** to accelerate the transformation of regional ecosystems towards green, digital and sustainable societies?*

Decisions, decisions

Policy choices and investment decisions for health systems in this post-COVID pandemic world have 2 challenges:

- **<u>Wellbeing economy</u>** - Better align investment and spending decisions with sustainable regional development goals that help tackle inequities.

- **<u>Smart Capacitating Investment</u>** - Incentivise new ways of financing health promotion and disease prevention where the financial benefits to health and other sectors outweigh the initial costs and give a sustainable return e.g. *www.invest4health.eu*

For each, it is *the added value principle* that will shape strategic and sustainable change for regional health ecosystems.

Stimulating wellbeing economies

- **Publicly funded health systems** have considerable leverage (people, capital, procurement, innovation) that can contribute to building dynamic and inclusive regions.

- Nobody has worked out how to release and maximize this **hidden public sector capacity** effectively and how to connect health systems and regional development. This is a 'know-how' capacity gap.

May 2023

OUR VISION

EU Wellbeing Econonomy Coalition

AN ECONOMY OF WELLBEING FOR HEALTH EQUITY

BUSINESS AS USUAL

CHANGE

European Union

Regional healthcare spending example

THCS
TRANSFORMING HEALTH AND CARE SYSTEMS

51,100 **staff & families** spending €1.48 billion in the region

130,000 health and social care staff financially enabling 400,000 people

Healthcare spending = 6.8% of regional GDP

€2 billion **operating costs** exceeds the GVA (€1.56 billion) of the construction industry

40% of **direct external spending** on non-clinical items and services = €219 million in the region

Inclusive employment: what the health sector can do?

Connect with **hard to reach groups** (long-term unemployed, the homeless, NEETS, older people, refugees and immigrants) in order to provide sustainable job opportunities including for older people;

Work with the **social enterprise sector** to create employment opportunities

Develop **training partnerships** with the education and enterprise sectors that create viable 'skills escalators' that lift people into jobs and prosperity

Local procurement

A sustainable approach to procurement has **four elements**:

1. Exploring the potential for increasing the proportion of goods and services that are purchased **<u>locally</u>** within the region or community

2. Working with local businesses to **<u>enhance their technical capability</u>** to compete in return for advances in health & safety at work

3. Widening the definition of '**<u>value</u>**' in purchasing to embrace recyclable benefits such as environmental protection, social cohesion, enhancing local competitiveness and promoting community regeneration

4. Extend local procurement as a **<u>conditionality of contracts</u>** for refurbishing or building new healthcare and IT infrastructure
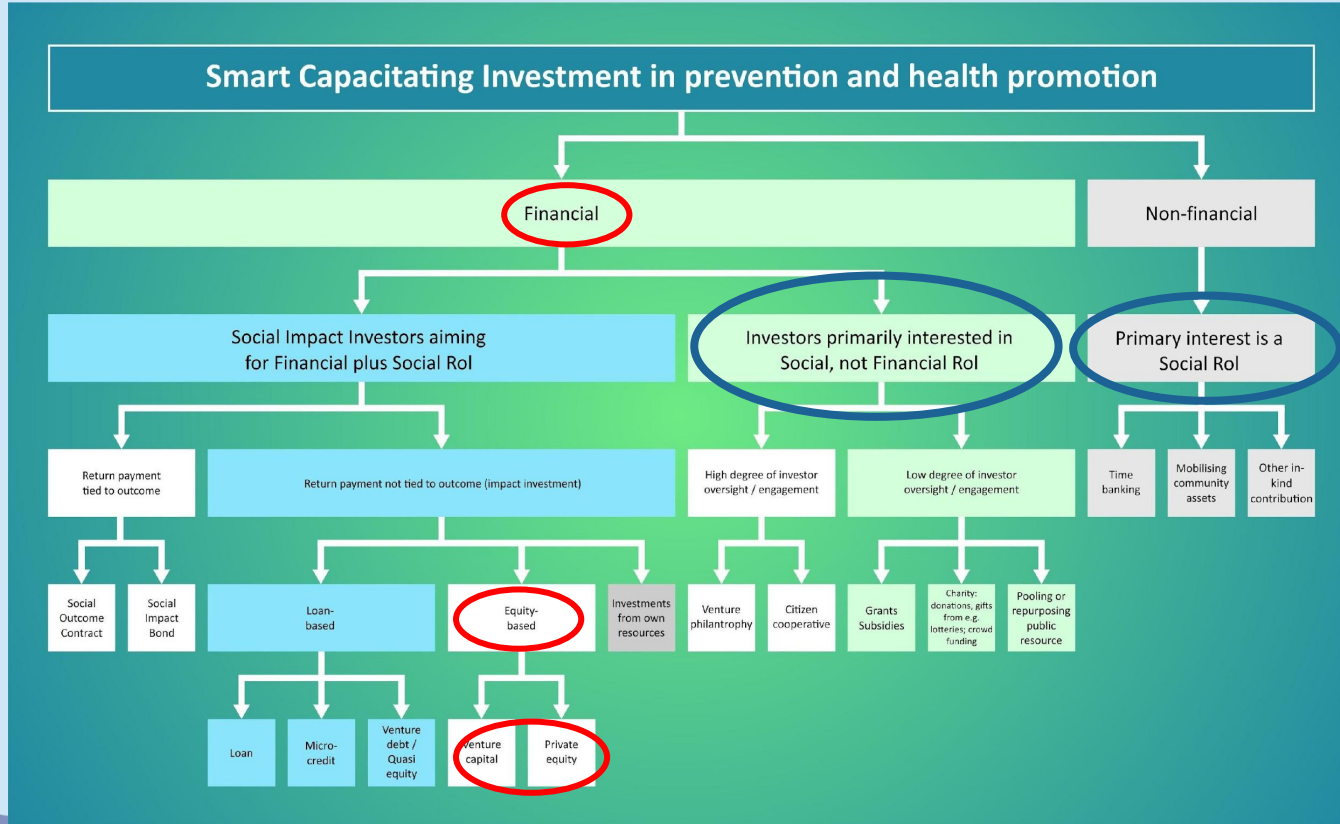

European Union

Smart Capacitating Investment

This means **sharing risks and resources** to invest at scale across multiple levels within health ecosystems generating sustainable returns and localised benefits.
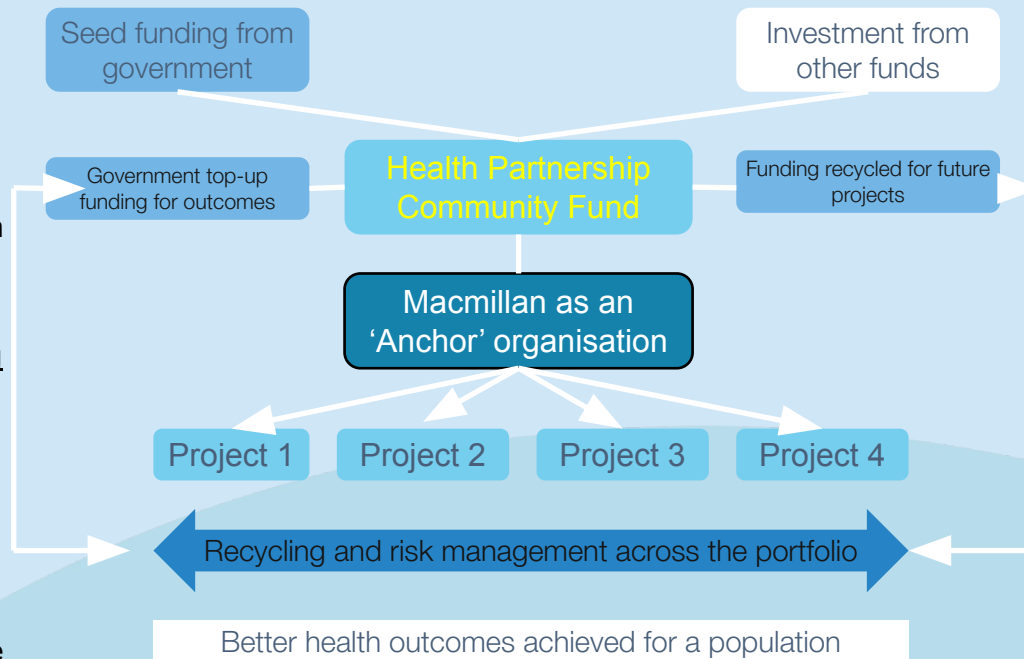
www.invest4health.eu

Smart capacitating investment sources

Smart Capacitating Investment in prevention and health promotion

Financial

Non-financial

Social Impact Investors aiming for Financial plus Social RoI

Investors primarily interested in Social, not Financial RoI

Primary interest is a Social RoI

Return payment tied to outcome

Return payment not tied to outcome (impact investment)

High degree of investor oversight / engagement

Low degree of investor oversight / engagement

Time banking

Mobilising community assets

Other in-kind contribution

Social Outcome Contract

Social Impact Bond

Loan-based

Equity-based

Investments from own resources

Venture philantrophy

Citizen cooperative

Grants Subsidies

Charity: donations, gifts from e.g. lotteries; crowd funding

Pooling or repurposing public resource

Loan

Micro-credit

Venture debt / Quasi equity

Venture capital

Private equity

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Emerging Social Capacitating Investment models: a good practice

Social Finance, Macmillan and West Herts NHS Trust are co-designing **a place-based outcomes fund**. The aim is to start investment in services by 2025.

- Macmillan is looking to invest circa 3-5 million GBP in each Community Transformation Fund across 5 years, but it can be more depending on the requirements of the local statutory services

- Investment is paid back to the Fund only if outcomes are successfully achieved: **de-risking investment into innovation and transformation**

- This is an opportunity to turn non-recurrent funding into multi-year for preventative care

- **Capacity and capability building of engaged Voluntary, community, faith and social enterprise sector partners** is a key bpart of the work of Macmillan bringing resources as an anchor organisation

Seed funding from government

Investment from other funds

Government top-up funding for outcomes

Health Partnership Community Fund

Funding recycled for future projects

Macmillan as an 'Anchor' organisation

Project 1 | Project 2 | Project 3 | Project 4

Recycling and risk management across the portfolio

Better health outcomes achieved for a population

"Coming together is a beginning.
Keeping together is progress.
Working together is success"

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Looking at the THCS funded projects

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AND CARE SYSTEMS

Will the project provide something that can be embedded into existing systems?

(see market/service readiness levels in next slide)

$ If yes, how will it be funded? Will new payment methods be needed or not?

✓ Can it replace something already running? If yes, can you make a case to disinvest to reinvest as a first step in securing financial sustainability?

Market/service readiness and maturity levels

Maximising the potential

The THCS has evidences, capacity and good practices to make the difference
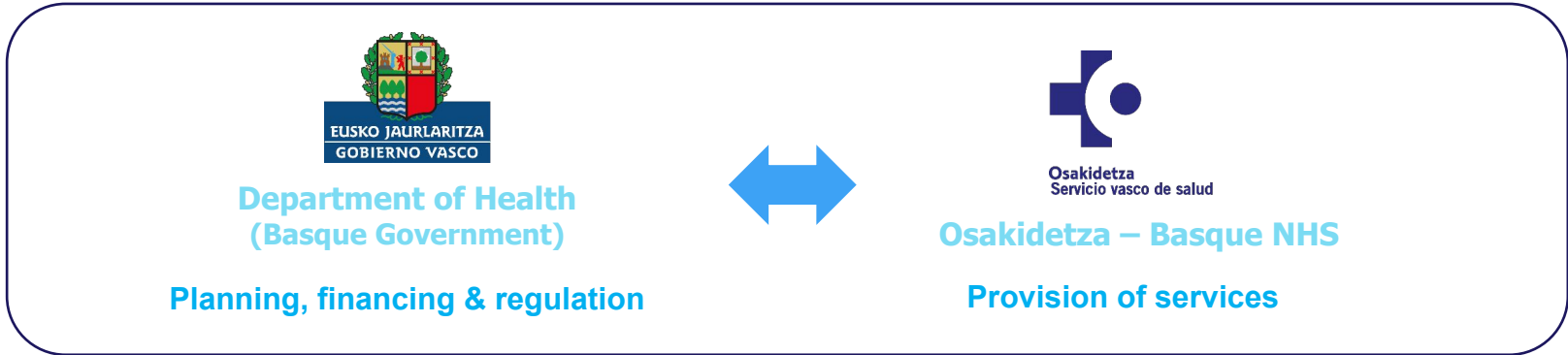
Toady

Tomorrow
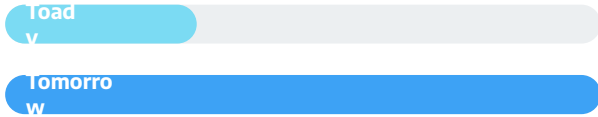
Research and innovation organisation and funding in the public Basque Healthcare System

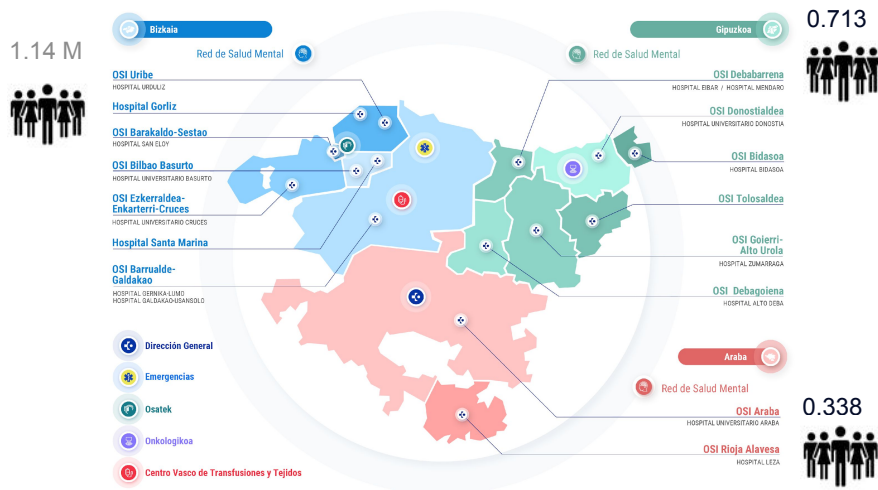THCS Annual Conference 2024

28 November, Brussels

BIOEF

EUSKAL OSASUN IKERKUNTZA

INVESTIGACIÓN VASCA EN SALUD

BASQUE HEALTH RESEARCH

Osakidetza

EUSKO JAURLARITZA GOBIERNO VASCO

OSASUN SAILA
DEPARTAMENTO DE SALUD

Basque Healthcare System

Department of Health (Basque Government)

Planning, financing & regulation

Osakidetza – Basque NHS

Provision of services

- **Tax-funded with mostly public provision:** *A tax-funded system with universal population coverage and mostly public provision*

- **Guiding principles:** *The system is governed by the principles of universality, equity, solidarity, quality, and participation.*

- **Free access at the point of care:** *Healthcare services are accessible free of charge at the point of care.*

- **Primary Care as Gatekeeper:** *Primary care acts as a gatekeeper for access to other levels of care.*

Osakidetza – Basque NHS: an integrated care model

Care provided through 13 Integrated Healthcare Organisations (IHOs)

In each IHO, primary care centers and a reference hospital under single management.

140 primary care centers

12 acute care hospitals

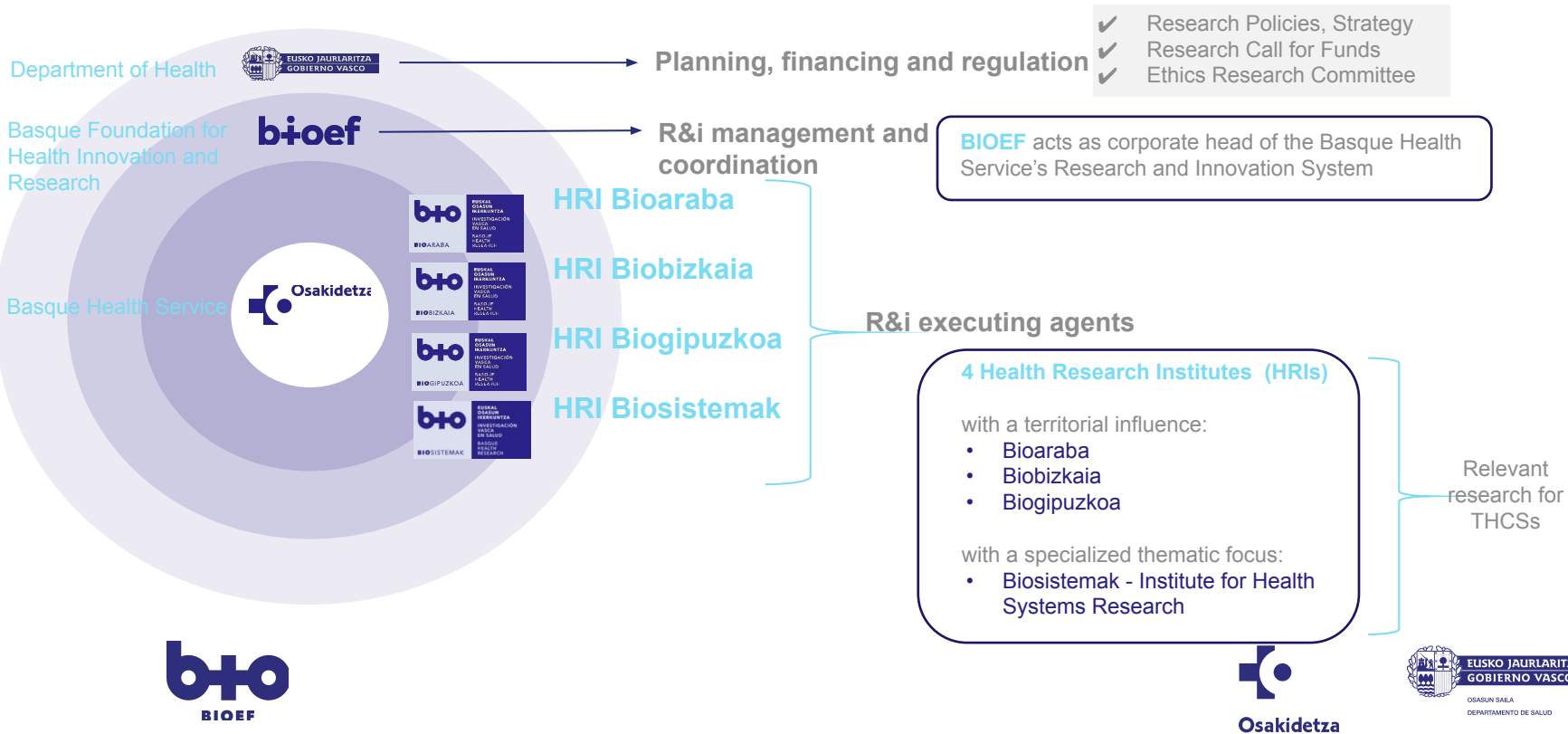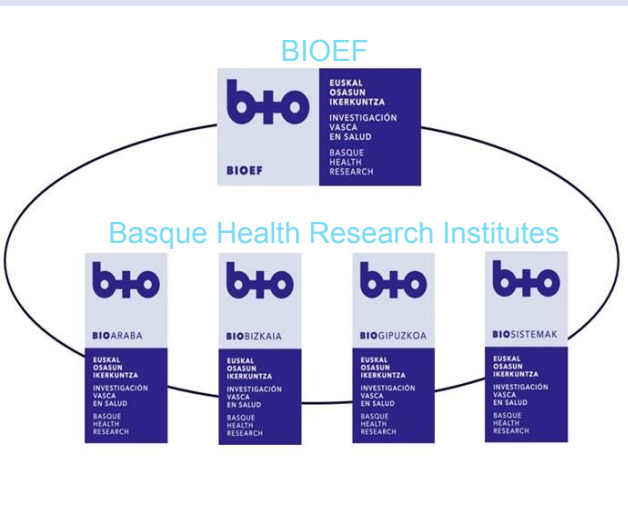3 medium and long stay hospitals

3 Mental Health Networks

1.14 M

0.713

0.338

Bizkaia
Red de Salud Mental

OSI Uribe
HOSPITAL URDULIZ

Hospital Gorliz

OSI Barakaldo-Sestao
HOSPITAL SAN ELOY

OSI Bilbao Basurto
HOSPITAL UNIVERSITARIO BASURTO

OSI Ezkerraldea-
Enkarterri-Cruces
HOSPITAL UNIVERSITARIO CRUCES

Hospital Santa Marina

OSI Barrualde-
Galdakao
HOSPITAL GERNIKA-LUMO
HOSPITAL GALDAKAO-USANSOLO

Gipuzkoa
Red de Salud Mental

OSI Debabarrena
HOSPITAL EIBAR / HOSPITAL MENDARO

OSI Donostialdea
HOSPITAL UNIVERSITARIO DONOSTIA

OSI Bidasoa
HOSPITAL BIDASOA

OSI Tolosaldea

OSI Goierri-
Alto Urola

OSI Debagoiena
HOSPITAL ALTO DEBA

Araba
Red de Salud Mental

OSI Araba
HOSPITAL UNIVERSITARIO ARABA

OSI Rioja Alavesa
HOSPITAL LEZA

Dirección General

Emergencias

Osatek

Onkologikoa

Centro Vasco de Transfusiones y Tejidos

23% population ≥ 65 years old

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Osakidetza

EUSKO JAURLARITZA
GOBIERNO VASCO
OSASUN SAILA
DEPARTAMENTO DE SALUD

R&D&i organisation & strategy

Research and Innovation in the public Basque Healthcare System

Department of Health → **Planning, financing and regulation**

- ✔ Research Policies, Strategy
- ✔ Research Call for Funds
- ✔ Ethics Research Committee

Basque Foundation for Health Innovation and Research → **R&i management and coordination**

BIOEF acts as corporate head of the Basque Health Service's Research and Innovation System

Basque Health Service

HRI Bioaraba

HRI Biobizkaia

HRI Biogipuzkoa

HRI Biosistemak

R&i executing agents

4 Health Research Institutes (HRIs)

with a territorial influence:
- Bioaraba
- Biobizkaia
- Biogipuzkoa

with a specialized thematic focus:
- Biosistemak - Institute for Health Systems Research

Relevant research for THCSs

BIOEF- Basque Foundation for Health Innovation and Research

- *dependent on the Department of Health*
- *aims at promoting innovation and research in the Basque Healthcare System – **continuous health system improvement***
- *collaboration and communication with actors and sectors on health R&D&i (regional, state, international)*

✔ **Basque Health Research and Innovation Strategy** deployment and follow up

✔ **R&D&i Management Coordination**: HR; calls; financing; legal; indicators; etc.

✔ **Scientific Coordination**: cooperation with Basque health R&D&I ecosystem (Medtech Initiative, RIS3 Personalised Health); Biobank; Clinical Trials common procedures; Knowledge Transfer Office; international strategic projects.

✔ Health Technology Assessment (Osteba) Service

Health Research and Innovation: Strategic framework

Estrategia de investigación e innovación en Salud 2022-2025

Basque Health Research and Innovation Strategy 2022-2025
Department of Health

Basque Health System of excellence, which implements research and innovation results, through an integrated and dynamic R&D&i system that cooperates with science/technology and productive actors

1. COORDINATION AND INTEGRATION

2. SPECIALISATION

3. TALENT

4. INTERNATIONALISATION

5. RESOURCES

Plan de Ciencia, Tecnología e Innovación Euskadi 2030
PCTI EUSKADI 2030

Science, Technology and Innovation Plan (STIP) Euskadi 2030
Basque Government

RIS3 – "Personalised Health" as a priority

☐ Led by the Department of Health/ BIOEF
☐ Double aim:
  • Improving health and care in the health system
  • Contributing to competitiveness of Basque industry developing solutions for health challenges
☐ In collaboration between health system, science-technology actors, companies, third sector
☐ 4 thematic priorities + healthy ageing

BIOEF

The Basque health R&D&i ecosystem

2

R&I funding and EPs

Competitive Funding for Health Research and Innovation by the Department of Health/BIOEF

Financing sources of R&D&i in the public Basque Healthcare System

63% Public autonomous community	**19%** Private
	14% Public state / **4%** Pub Int

Department of Health's call for health R&D projects

1. R&D projects by Basque Health System (HRIs) / research projects on health services
2. R&D activities by healthcare professionals (HRIs)
3. Collaborative R&D projects with other science-technology entities
4. Supportive collaborative actions for RIS3 Personalised Health

✔ RIS3 Personalised Health accredited agents of the Basque STI Network

✔ In 2023, 5.68M €

Medtech Initiative

✔ Advice, development, validation and/or testing of technologies in public Basque healthcare system (TRL 1-9)
✔ Supports public Basque Healthcare System collaborative activities, through the HRIs, with the biohealth industry
✔ In 2023, 2.7M €

Other BIOEF calls

✔ in 2024 **THCS regional call** (JTC 2023), solidarity marathon, ad-hoc calls financed by private entities.

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European Partnerships

Cluster 1- Health

Basque Health System Participation

THCS - Transforming Health and Care Systems
2023-2029
Coordinator: Ministero della Salute (Italy)
- *Research Funding Organisation:*
    - **Department of Health of the Basque Govenment** (beneficiary)
    - **BIOEF** (affiliated entity)
- *Research Performing Organisation:*
    - **Biosistemak – Institute for Health Systems Research** (beneficiary)
- Estimated contribution to THCS JTCs: 2.1 M€

EP for Personalised Medicine
2023-2033
Coordinator: German Aerospace Center – Project Management Agency (DLR) (Germany)
- **Department of Health of the Basque Government** (beneficiary)
- **BIOEF** (affiliated entity)
Involved in WP1,3,4&5

Following preparation of the future EP Brain Health
CSA Brain Health; Funders Forum

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Experience as regional funding organisation in THCS

Basque Department of Health/BIOEF

PARTICIPATION AS RESEARCH FUNDING ORGANISATION IN THCS

JTC 2023: "Healthcare of the future"

✔ Information Session to agents in the Basque STI network (30.03.2023)

✔ 4 proposals eligible for funding by Basque Department of Health (3 HRIs and 2 Universities)

✔ 1 project selected and financed (298,270€):

- "*PAI-Predicting Care Needs of Older Adults in the Healthcare System through AI-enabled Analysis of Patient-Monitoring Data*"
- Coordinator: Norwegian University of Science and Technology (NO)
- 2 Basque participants:
  - High Polytechnic School of Mondragon University
  - Biogipuzkoa HRI
- Other partners: University of Skövde (SW)

JTC 2025: "Better care closer to home: Enhancing primary and community care"; Budget: 350,000 euro

PARTICIPATION AS RESEARCH FUNDING ORGANISATION IN THCS

Basque Department of Health/BIOEF

AMONG REGIONAL CRITERIA

✔ Eligible institutions:

- Agents integrated in the **Basque Science, Technology and Innovation Network**

- At least one **Health Research Institute** of the public Basque Healthcare System in consortium

✔ A single project as coordinating PI

✔ Subcontracting costs: cannot exceed 50% of the funding; nor scientific aspects nor management of the project.

✔ Need to apply for finance at regional level – **BIOEF Call** for R&D projects with Basque participation selected in THCS

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PARTICIPATION AS RESEARCH FUNDING ORGANISATION IN THCS

What do we expect?

- Sinergies on R&D&i efforts to better face common challenges on THCSs

- Learning and sharing good practices with other health systems & regions

- Generation of knowledge, solutions, tools and methodologies relevant and aplicable to our healthcare system

- Foster participation of Basque research groups in European R&D&i projects on THCS

- Promoting cooperation of other agents in the Basque STI Network with the healthcare system

➡ **aligned with objectives of the Basque Health Research and Innovation Strategy 2022-2025**

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ESKERRIK ASKO
MUCHAS GRACIAS
THANK YOU

Osakidetza

b+o

EUSKAL
OSASUN
IKERKUNTZA

INVESTIGACIÓN
VASCA
EN SALUD

BASQUE
HEALTH
RESEARCH

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GOBIERNO VASCO

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DEPARTAMENTO DE SALUD

Cross border healthcare in border regions: support under Interreg 2021-2027

THCS Annual conference 28/29.11.2024

Committee of the Regions

Valeria Cenacchi
European Commission – DG REGIO
Territorial cooperation

WHAT is Interreg

- **Interreg** is a key EU instrument for **territorial cooperation** between regions and countries. Part of Cohesion Policy and funded by ERDF, Interreg supports a large set of possible interventions https://interreg.eu/about-interreg/ including **ESF+ type of activities.** Based on a placed-based approach

- Interreg started in 1990 as a pilot initiative (to support creation of EU Single Market and while expanding over the years, it preserved its experimental character as **laboratory of new policy delivery mechanisms and of EU citizenship and integration**.

- Cooperation 2021-2027 => 86 programmes EUR 10 billion => 4 distinct strands:

64 **cross-border, including 15 external (10 IPA & 5 NEXT) and PEACE+** **€6,7 bn**	**13** **trans-national, incl. 2 external** **€2,3 bn**	**4** **inter-regional** **€0,56 bn**	**5** **Outermost regions** **€0,33 bn**

- **Cooperation beyond funding:** besides programmes, Interreg addresses **systemic conditions** to improve the governance of cooperation, reduce "border effect" and obstacles

WHY internal borders matter

- 1/3 of EU population live in border regions (40% of EU territory, 30% of EU GDP) but navigating different legal and administrative systems is still complex, long and costly

- Need to address persistent obstacles **to EU single market** (including « right to stay »)

- 360° territorial approach shows **untapped potential for growth**: the price tag of existing internal border is some EUR 458 bn, or 3% of EU GDP and 9% of GDP in land border (High level group report)

- COVID showed how interdependent and fragile border areas can be

- Cooperation in external borders help **preparing enlargements**

- Territorial cooperation supports cohesion and is a laboratory for EU new practices and **cross border public services**

Interreg VI A Cross-border cooperation programmes 2021–2027

© EuroGeographics Association for the administrative boundaries

0   500 Km

REGIO*gis*

European Commission
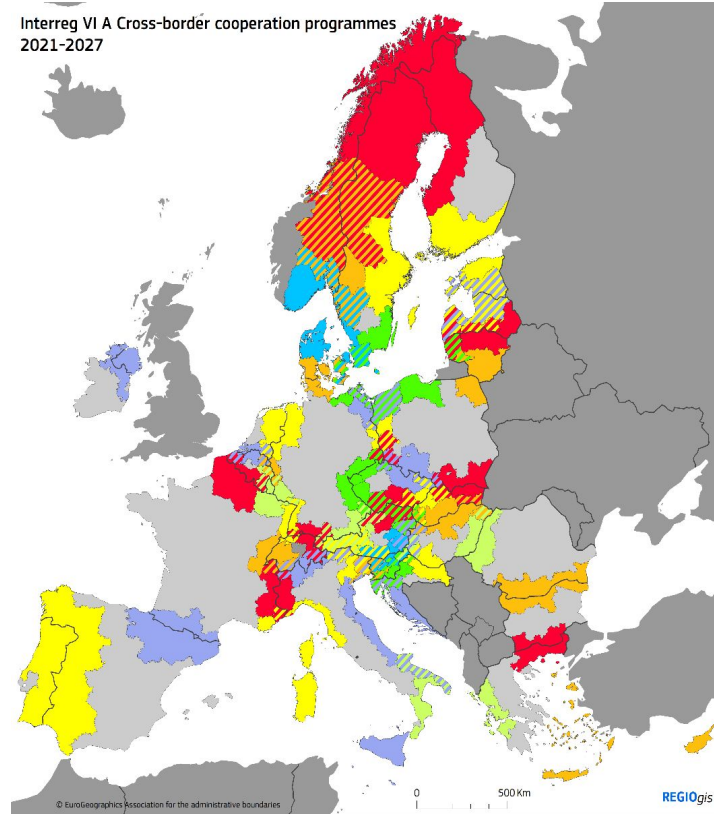
Interreg investments for healthcare

Soft and hard investments are possible. The purpose is to improve citizens' daily lives where they live, facilitating local access to quality services through synergies and complementarities offered by cooperation with neighbours

Relevant policy and specific objectives

- PO1: RDI, 3S, e-gov, digital health

- PO4.5: access to healthcare and provision of services, equipment, skills, social economy, inclusion, prevention

- PO5: integrated territorial strategies, participatory approaches

EUR 513M on PO 4.5:

- 152M for infrastructure
- 113M for the accessibility, effectiveness and resilience of health systems
- 72 M for equipment
- 39M for digitalisation
- 23M family/community care services
- 10M supplies for emergency situations
- 8M for active and healthy ageing

but also
Over EUR 1bn to improve the governance of cooperation

https://cohesiondata.ec.europa.eu/funds/interreg/21-27

European Commission

Place-based approach for cross border healthcare

360° vision - Functional areas centered on people (patients) beyond national borders
Shared diagnostic of needs and strengths to design integrated strategies

FRIDHA - Formation et Réseau Intégré D'Hôpitaux Alpins (programme FR-IT Alcotra) total budget 1.3M€ (SO 4.5)
https://www.interreg-alcotra.eu/fr/les-projets-soutenus-2021-2027

It sets a cooperation between the AUSL (regional health authority) of Valle d'Aosta (IT) and the Sallanches Hospital in Haute-Savoie (FR) **to share their organizational structures, personnel, and respective technological equipment** in order to improve the healthcare services offered in the field of digestive disease diagnostics and the robotic surgical treatment of some of these diseases. The project plans an **agreement between the two institutions to regulate the provision of services to external patients** and **to optimize the management of medical and nursing teams.**

Among the expected results:
- **Crossborder access to care** (patients from the Aosta Valley to undergo diagnostic examinations at HPMB while French patients the possibility of being operated on with robot-assisted techniques at the hospital in Aosta).
- Empowering doctors working in the field of digestive system pathologies through a **training program**;
- **Acquiring specialized equipment** to strengthen the technical equipment of both hospitals to meet the demand for health services in the cross-border area, including in the future;
- Providing **a patient assistance service** for information, booking follow-up, an awareness campaign to family doctors;
- **Providing a transport service** from Aosta to the Hospitals of the Mont-Blanc region for patients needing to undergo a diagnostic examination.
- **The cooperation will reduce waiting lists**, ensure a high level of performance in the execution of certain surgical operations, reduce costs for patients, and enhance and improve the skills of medical staff.

Good practice examples in healthcare (2014-2020)

- **Healthacross (AT-CZ-SK-HU)** https://www.healthacross.at/en

This is an **umbrella strategy** to develop healthcare projects between Lower Austria, South bohemia and the border area of Slovakia and Hungary. Support covers cooperation between hospitals and medical staff for emergency services and care services (for example for pregnancy, neonatology or radiotherapy)

- **Mobile hospital between France and Spain**: https://egalurg.eu/

A mobile and operational (in 45 minutes) unit was implemented to provide to care to victims in disaster or in emergency situations. The initiative involved the Toulouse University Hospital, Navarrabiomed, the Emergency Medical Services of Catalonia and the Hospital Center in Bayonne. At the time of the pandemic, the partners adapted their hospital as a mobile unit to help in the fight against COVID-19 including in remote areas.

- Keep.eu (Interreg projects database)

Policy building

✔ Support cooperation beyond funding: in 2017 the Commission adopted the Communication "Boosting Growth and Cohesion in EU Border Regions". It highlights ways in which the EU and its Member States can reduce the complexity, length and costs of cross border interaction and promote the pooling of services along internal borders.

✔ Border Focal Point network: to develop horizontal activities to monitor and integrate the territorial cross border dimension into all EU policies, provide thematic support to programmes, building knowledge, promote networks and pilot initatives ➡ **to improve the systemic conditions of cooperation**

✔ Concrete guidances and results

https://futurium.ec.europa.eu/en/border-focal-point-network
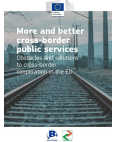
✔ **Close cooperation REGIO-SANTE**:

❖ https://health.ec.europa.eu/publications/cross-border-patient-mobility-selected-eu-regions_en

❖ https://op.europa.eu/en/publication-detail/-/publication/52088b97-3234-11e8-b5fe-01aa75ed71a1/language-en

B-solutions initiative

Expertise is provided to address obstacles (legal and/or administrative) due to the presence of a national border (around 150 cases developed so far). https://www.b-solutionsproject.com/

Typical examples of barriers in the health sector:

- Access to care services (including emergency), the reimbursement of medical expenses, and the lack of coordination between the bodies responsible
- the existence of a high bureaucratic burden in the procedures governing the recognition of staff qualifications and the recruitment of foreign medical staff
- overall complexity of health governance systems

✔ Sustainable solutions generally require:

- **multi-levels and multi-sectors governance** approaches
- measures to **improve capacities and to empower bodies responsible for cross-border cooperation**
- **development of population-based strategies** to facilitate access to services
- bilateral agreements to address administrative practices

European Commission

Thank you

European Commission

WP 9 Strengthening Ecosystems

WP 9 leading partner, Tasks 9.1 and 9.3 lead: FFG
Co-lead Task 9.1 and Task 9.2 lead: TAU
Co-lead Task 9.3: ZonMW

THCS Annual Conference, 28-29 November 2024

Panel II

Co-funded by the European Union

The THCS Approach

THCS — TRANSFORMING HEALTH AND CARE SYSTEMS

Implementation and transfer

Test and Validate Solutions

Strengthen ecosystems

People-centered health & care systems

Problems & Priorities Definition

Learn from practices

Learning what, why and how

Filling the knowledge gap

Boosting Health and Care systems

Capacity building

Policy update
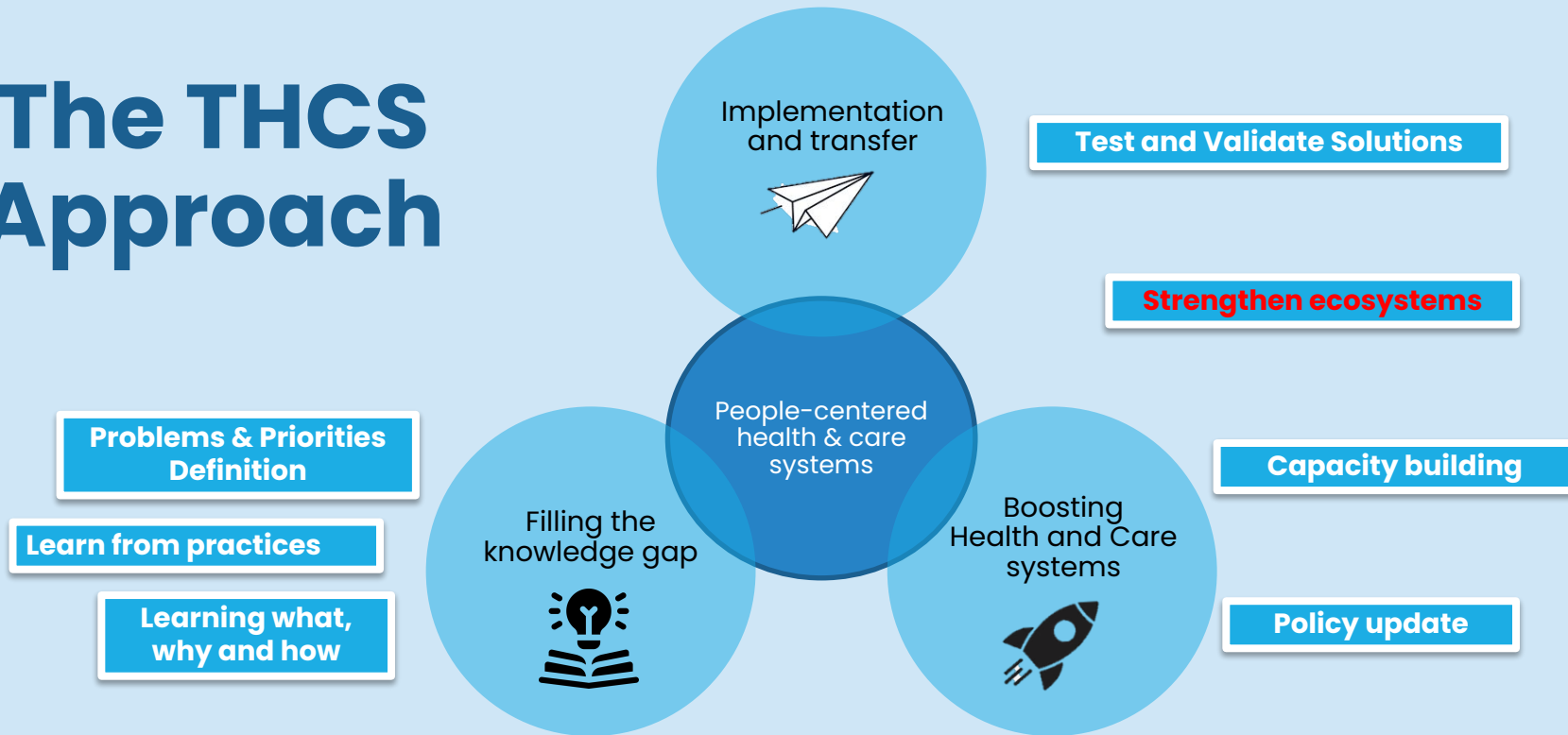
The target groups for WP9 activities

The external target groups will be:

| Existing ecosystems of different levels of maturity | Funded THCS projects, to raise awareness of the benefits of the ecosystem approach | National mirror groups that will inform WP9 and act as multipliers at national, regional and local level | National, regional and local actors reached via THCS partner organisations or WP9 activities |

Ecosystems

In the THCS Partnership, the term ecosystem at a basic level is used as a broad concept of health and care stakeholders and other related entities, from regulators to end-users, from funders to service providers, from governing bodies to health and care professions, and from NGOs to companies and innovators. Ecosystems can be further defined along different dimensions, i.e. the level and scale of their activities, or the level of maturity.

Three ecosystem levels

Micro level: often local, around specific technology, process, …, not limited in time;

Meso level: often regional, around several health and care issues;

Macro level: create the rules of the game;

macro-level

meso-level

micro-le vel
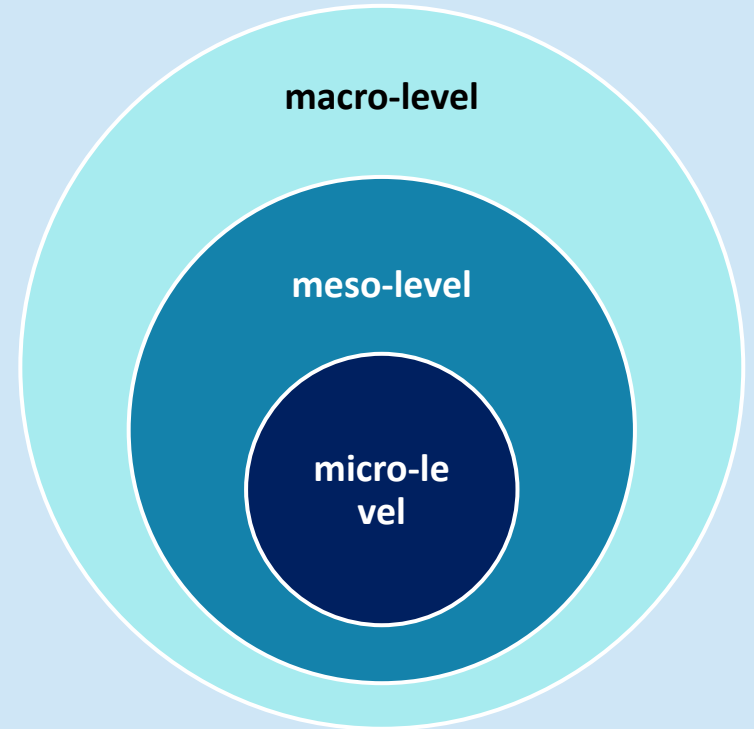
Maturity levels of ecosystems

- No decision on how to develop
- Commitment of actors
- Concrete arrangements
- Evidence

Beacon

Forerunner

Consolidating

Emerging
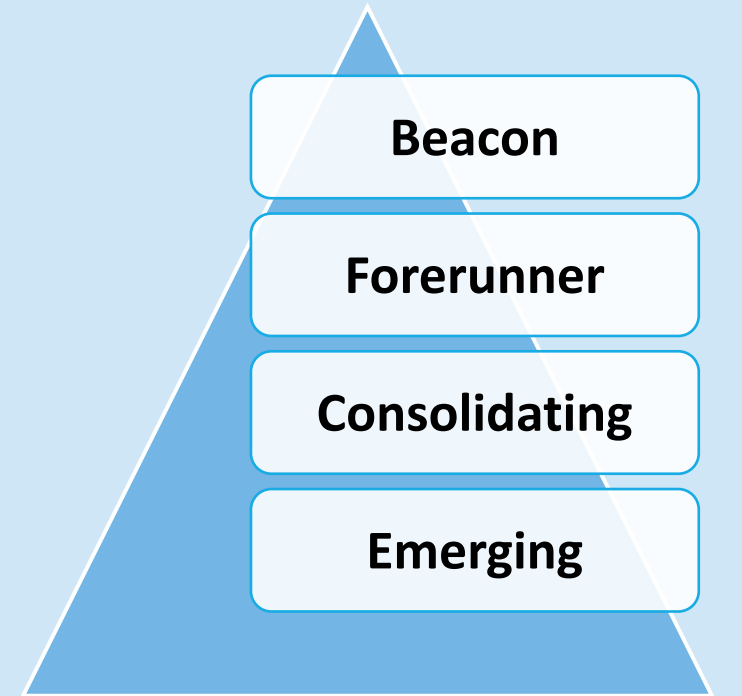
Maturity levels of transformative ecosystems

From Innovation to Transformation

Innovation: a multifaceted phenomenon, associated with a new offer, business model, or service system

The transformation approach, is broader: "a new vision of the system, integrating several innovations with a focus on people's well-being" (Vaz et al. 2022)

TRANSFORMATIVE ECOSYSTEMS: TEMPLATE

Transformative ecosystem is a broad constellation of interacting organisations and people who are committed, and, through aligned actions, able to reach joint, explicitly defined goals in long term

THCS — TRANSFORMING HEALTH AND CARE SYSTEMS

1. STRATEGIC GOALS

What are the joint, explicitly documented strategic goals? How are they in line with the THCS General Objective?

2. CONCRETE OBJECTIVES

What are the concrete issues the ecosystem is trying to improve?

3. CONSTELLATION

Who are the main actors involved and what is the geographical scope of the ecosystem?

4. CO-ORDINATION

How is the interaction and collaboration between actors arranged?

5. TOWARDS SYSTEMIC CHANGE

How is the alignment of actions secured?

6. OUTCOMES AND MEASUREMENT

How is the attainment of the goals proved or planned to be measured?

Preliminary Typology of Ecosystems (developed by TAU)

Diverse descriptions in terms of level and depth of "explaining" the case

Preliminary typology based on the ecosystem cases brings out special elements of diverse ecosystems:

✔ Ecosystems as innovation platforms and networks
✔ Regional and local health and care ecosystems governed through a National Programme
✔ Health and care programmes as ecosystems
✔ Regional health and care ecosystems for competence building
✔ Regional health and care Ecosystems as a business-model
✔ Digital health and care ecosystems (regional or national)

Some Preliminary Learnings

- Common goal
- Diversity of stakeholders
- **Citizens included**
- **Commitment, engagement**
- Often lean structure, dynamical
- **Monitoring as part of the learning curve**

Value based business models to support transformation in health and care

(Keynote Speaker at WP9 Workshop in Vienna, 6 Nov, 2024: Johan Moyersoen)

Traditionally, healthcare has been focusing on creating impact via finding and financing a solution in individual organisations.

The increased availability of ICT and health data enables better and more personalised (health)care provision to individuals when and where they need it. Thus, more integrated care pathways are needed to put the focus on a collaborative effort including various disciplines and sectors for being able to meet individual needs better. By doing so, increased value is created for the involved persons – but also for the other involved parties. In such cross sector ecosystems the mix of involved parties is heterogeneous: ranging from formal and informal (health)care providers and social institutions to the private sector.

CONTACT DETAILS

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EUROPEAN REGIONS RESEARCH AND INNOVATION NETWORK

THCS Annual Conference
Ylva Reisnert, Policy and Project Manager
28 November 2024

ERRIN
European Regions
Research and
Innovation Network

WHO ARE WE?

ERRIN

OUR MEMBERS

120 Members

20+ Countries

Ecosystem approach

Bringing together local and regional authorities, universities and private sector

Work closely with Brussels offices

ERRIN

OUR MISSIONS

Bring a **place-based perspective** to EU research and innovation policy and programmes

Make connections and facilitate EU engagement between member regions, EU institutions, and other partners

Increase project opportunities for members

Position regional interests in the research and innovation landscape

ERRIN

OUR SERVICES

13 WORKING GROUPS AND 2 TASK FORCES
Policy dialogues, workshops, mutual learning, networking, matchmaking.

PROJECT DEVELOPMENT
Targeted information on funding and calls, project facilitation activities and online tools.

POLICY
Dialogue with EU institutions and bottom-up work for regional and local dimensions in EU R&I.
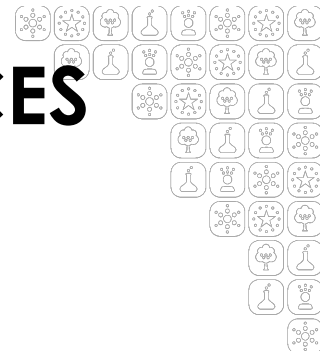
Cooperation

Information sharing

Visibility

WORKING GROUPS

WORKING GROUPS AND TASK FORCES

STRATEGIC AND TRANSVERSAL

POLICY

SMART SPECIALISATION

INNOVATION AND INVESTMENT

SCIENCE AND EDUCATION FOR SOCIETY

LOW CARBON

SMART CITIES

ENERGY & CLIMATE CHANGE

TRANSPORT

NATURAL RESOURCES AND FOOD

CLIMATE ADAPTATION TASK FORCE

BLUE ECONOMY

BIOECONOMY

HEALTH

HEALTH

CULTURE AND CREATIVITY

NEW EUROPEAN BAUHAUS TASK FORCE

DESIGN & CREATIVITY

CULTURAL HERITAGE & TOURISM

ICT

ICT

WORKING GROUPS AND TASK FORCES

15 Working Groups/Task Forces
- 11 thematic groups – following Horizon Europe Pillar 2
- 4 strategic working groups

Working Groups are member-driven:
- Over 60 individuals leading our work
- Coming from 43 member organisations

Working Groups in Practice:
- Building partnerships
- Supporting project development
- Influencing policy
- Exchanging information and local practices
- Networking

HEALTH WORKING GROUP

ERRIN's Health Working Group (WG) supports members with early intelligence and regular updates about EU-level health policy-related issues, regulations, EU programmes and their funding opportunities. Creating opportunities for interregional cooperation in the Health area is one of the WG's main objectives. The WG is also a vehicle for networking, profile raising and promoting good practices and projects among health stakeholders in the ERRIN regions.
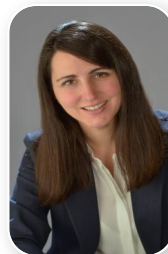
Home ❯ Health Working Group

Ylva Reisnert
ERRIN contact

Helga Aunemo
Stavanger Region European Office
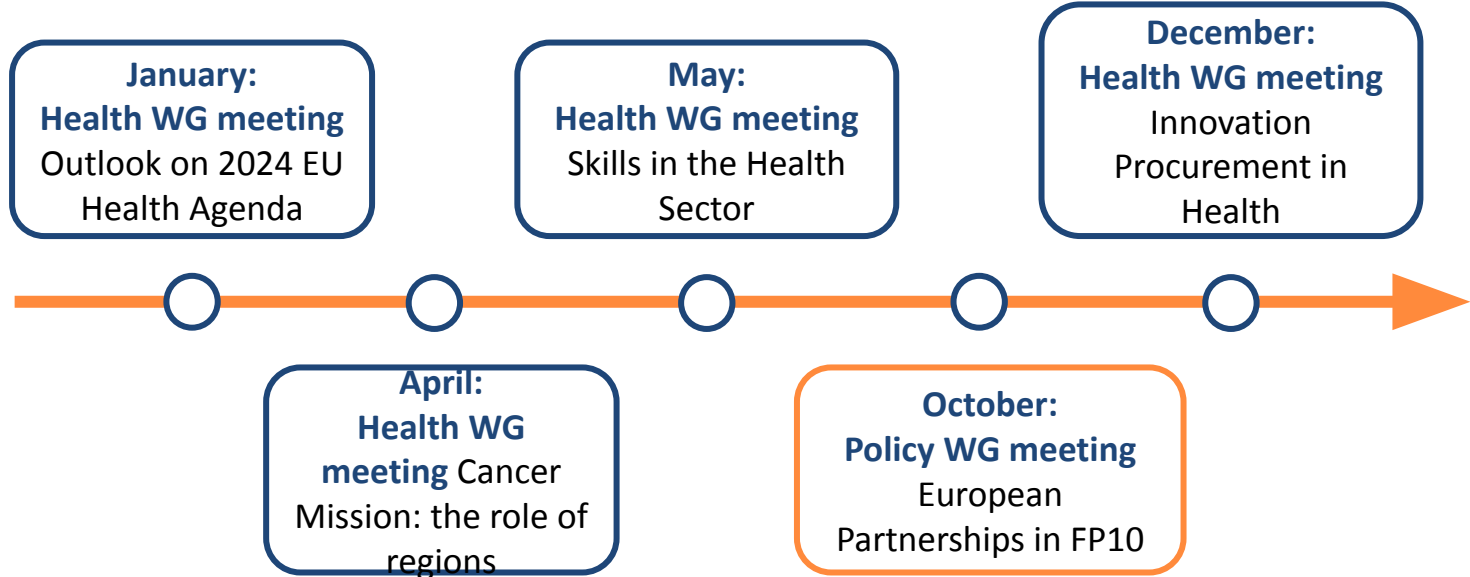
Maria Tørnsø Østergaard
Greater Copenhagen EU Office

Beatriz Irala Aliaga
Government of Navarra

Cédric Daumas
Ile-de-France Europe

ERRIN

HEALTH WG RELATED ACTIVITIES 2024

January:
Health WG meeting
Outlook on 2024 EU
Health Agenda

May:
Health WG meeting
Skills in the Health
Sector

December:
Health WG meeting
Innovation
Procurement in
Health

April:
Health WG
meeting Cancer
Mission: the role of
regions

October:
Policy WG meeting
European
Partnerships in FP10

ERRIN

WORKING GROUP PRIORITIES

The annual plans and priorities are developed by WG leaders based on results from our membership survey
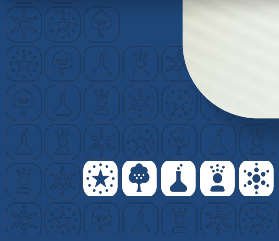
HEALTH PRIORITIES 2025 (PRELIMINARY)

- Digital transformation
- One Health and environmental aspects
- Prevention and ageing society
- Life Science
- Cancer
- Skills and workforce in health care
- Mental health and prevention
- EU funding and project development support

PROJECT SUPPORT

European Regions Research and Innovation Network

ERRIN'S PROJECT DEVELOPMENT TOOL

- A central hub for ERRIN members to explore, express interest and engage with a variety of funding opportunities

- ERRIN members who have expressed interest in the same calls can directly connect, initiate discussions and explore potential collaboration

- ERRIN Working Groups and Clusters will conduct follow-up activities through dedicated project development sessions where there is sufficient interest

Learn how to use the Project Development Tool <u>here</u>.

Start expressing interest via the Project Development Tool <u>here</u>!

ERRIN
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ERRIN'S PROJECT DEVELOPMENT TOOL

Express   Connect   Develop

ERRIN

SHAPING POLICY

TOWARDS THE NEXT FRAMEWORK PROGRAMME (FP10)

- **Continuous work stream in 2024**

- **Inputs to the Expert Group on Interim Evaluation of Horizon Europe**
  - Several interactions with the chair, Manuel Heitor
  - 2-page input document

- **ERRIN FP10 paper series volume one: EU Missions**
  - Cross-cutting issues focusing on governance of the EU Missions and horizontal activities, and Mission-specific chapters

- **ERRIN FP10 paper series volume two: Widening**
  - Proposals on increasing diversity and tackling place and format of the widening actions

- **Second half of 2024 – two papers under development**
  - Ecosystem support in FP10
  - European Partnerships – tackled in the Policy Working Group as well as across thematic clusters

ERRIN paper series
Towards the 10th Framework Programme
-
EU Missions
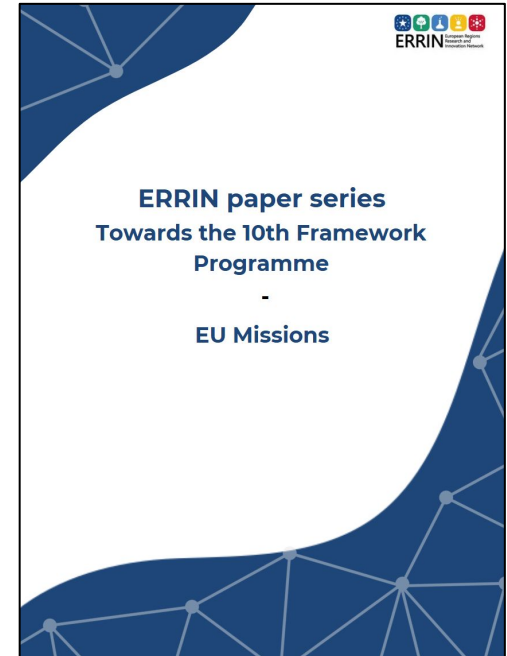
ERRIN INPUT PAPER ON EUROPEAN PARTNERSHIPS IN FP10 (PRELIMINARY)

WHAT WORKS WELL?
- European Partnerships **drive collaboration, innovation, and address key challenges** both regionally and across Europe
- Co-funded Partnerships are the **most accessible model for regional involvement** as they leverage regional funding and allow regions to participate in planning and decision-making

KEY RECOMMENDATIONS
- Reduce complexity in administration and governance structure
- Create a centralised portal for information and joint communication on all active Partnerships
- Develop mechanisms so that failure with one funding organisation doesn't jeopardise the entire project
- Promote flexibility in funding eligibility requirements to accommodate a broader range of stakeholders
- Encourage member states to participate fully in Co-Funded Partnerships to enable inclusive access across all EU regions

www.errin.eu

ERRIN

info@errin.eu

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