EIP ON AHA

RSCN

4th Call for AHA Reference Sites

Phase 2

Maturity Assessment - Addressing a Life-course Approach To Active and Healthy Ageing

Summary Report and Action Plan

1. **Details of those involved in the AHA Reference Site Maturity Self-Assessment**

Role	Name	Organisation	eMail
Reference Site Coordinator	Giovanni Gorgoni	Regional Strategic Agency for Health and Social Care - Puglia (AReSS - Puglia)	g.gorgoni@aress.regione.puglia.it
Government/Public Authority/Health and Care Provider	Silvia Visciano	Welfare and Social Innovation Department	s.visciano@regione.puglia.it
University/Research	Gianluigi De Gennaro	University of Bari - Innovation & Creativity Center	gianluigi.degennaro@uniba.it
SME/Industry	Pietro Siciliano	INNOVAL	pietro.siciliano@le.imm.cnr.it.
Patient Group/Civic Society	Filippo Turi	National Retirers Federation	filippo.turi@cisl.it
Assessor and Consensus facilitator	Elisabetta Graps	Assessment and Research Area (AReSS - Puglia)	e.graps@aress.regione.puglia.it

Date(s) Consensus Building Maturity Self-Assessment Undertaken: | 15 | | 09 | | 2022 |

2. ACTION PLAN

Maturity Dimension	Proposed action(s)	Timescale	Action Lead	Proposals for monitoring delivery
1. Readiness to Change	More and more systems and ways to provide for information sharing and to support inclusive engagement and collaboration across the health and care stakeholder alliance in the Region need to be implemented and tailored to specific stakeholders. Leadership needs to be stabilized. • **Action 1.1: a general "hearing" initiative to rescue and gather residual and partial experiences on AHA exploited on their own by single actors of 4H-Model** • **Action 1.2: a "value proposition" lab among wider community reshaped on Action 1.2**	Short - Medium	• **AReSS Puglia**	Accompany, through constant monitoring, institutional public interventions at regional and international level with the presence of the protagonists of the policies (institutional representatives and public managers). The political decision-maker must assume a leading role with a greater presence on the territory alongside the recipients of the interventions.

	to set and share the operating directions of preexisting regional political pay-off "Una lunga vita felice" (tr. A long happy life)			
2. Structure & Governance	It's fundamental a close collaboration between Regional Departments (Welfare Department, Health Department, Economic Development Department) and Regional Strategic Agencies (AReSS Puglia, ARTi Puglia, InnovaPuglia) to align initiatives, purposes and methodologies to tacke AHA across diverse organisations and to promote common actions. • **Action 2.1: update and reload current regional regulation on AHA including organizational framework and functional pattern to content and drive all AHA initiatives**	Short - Medium	• **Welfare and Social Innovation Dept**	Forms of shared collaboration between the Health Department, the Welfare Department, the Economic Development Department and AReSS are already firmly active, which also led to the drafting of the Smart Specialization Strategy 2030 document with the active participation of all territorial stakeholders with a quadruple helix approach. Precisely in S3Puglia2030 the trajectories on which the Puglia Region based the current 2021/2027 programming have been defined. With InnovaPuglia and ARTI there is other form of cooperation lied to project of innovation and research.

| 3. Digital Transformation | Digital transformation process in the field of AHA needs to be deployed more widely across all stakeholders. A unified approach to digital solutions and services to address a life-course approach to active and healthy ageing must be achieved with full engagement of Enterprises and Citizens.

• **Action 3.1: complete mapping of past, current, planned and future paths of DT to compose them in a wider mosaic of regional Care DT, defining connections and dependencies, to build a regional AHA DT Master Plan**
• **Action 3.2: restart challenge to build an European interregional Health&Wellbeing S3 partnership taking on charge the pilot action on AHA** | Short - Medium | • **AReSS Puglia**
• **Innovapuglia** | The priority innovation areas for the ten sectors of the S3 allow for the identification of some common areas of innovation which together constitute a "vision" of the future of the economic system and its trajectory in the green and digital transition path.
These areas of innovation can be usefully aggregated around three major unifying themes, including that of the *health and well-being of regional society*, combining the promotion of *healthy lifestyles and active aging, person-centered approaches* to care, and a system modern and resilient sanitary. |

4.Stakeholder coordination	Innovation and Digital Technology solutions addressing a life-course approach to active and healthy ageing need to be evaluated in their impacts; Results must be properly communicated to stakeholders. • **Action 4.1: edit and e-publish annual AHA Maturity Self-assessment as a shared and coded way of awareness and audit about improvement and weaknesses** • **Action 4.2: evolve existing web page about Apulia RS to a community webportal for calls, surveys and results about AHA ecosystem**	Short - Medium	• **AReSS Puglia** • **Welfare and Social Innovation Dept**	The results are communicated and shared with interested parties through institutional initiatives, formal initiatives and widespread media channels. At the same time, the observatory of social policies and the table on healthy and active aging of the Puglia Region undoubtedly contribute to the dissemination of the results of each intervention and investment made in this field.
5. Funding	European Union funding, public-private partnerships (PPP) and risk-sharing mechanisms need to be increasingly used to sustain	Medium - Long term	• **Welfare and Social Innovation Dept**	Without any doubt already AReSS, in synergy with InnovaPuglia, has for some time activated study, analysis and opportunities for the development and adoption of PPP solutions but above all

| | scaling up of "Value based" solutions. Financial engineering competences are core elements to ensure and keep under control.
• **Action 5.1: edit AHA Wallet through the review of current financial sources from EU, Italy and Region to select and "pool on system" those ageing related**
• **Action 5.2: design feasibility study for PPP to implement and improve on wider range existing regional telemedicine platform** | | • **Health Dept**
• **Economic Development Dept** | of PPI or PCP interventions in the social and health sector. The advantages of efficiency and efficiency are widely known. Now it is certainly necessary to involve the regional health system in the adoption of innovative procurement tools to fully satisfy the needs of citizens. AReSS has already been an active partner of the European Value Based Procurement Community for years, which meets annually in Brussels. |
| **6. Removal of Inhibitors** | Actions to remove barriers (legal, organisational, financial, professional) need to be drilled down and applied at meso and micro level. Changes to organisational models and information governance are necessary. | Medium - Long term | • **Welfare and Social Innovation Dept**
• **Health Dept**
• **AReSS Puglia** | This aspect has already been extensively tested by the Economic Development Department, Aress and InnovaPuglia in the experimentation and implementation of Gatekeeper interventions (H2020 RIA) at the regional level. The involvement of about 50 associations, committees, municipal administrations, trade unions, etc. has |

	• **Action 6.1: introduce in the organizational architecture of 4H-Model (see Action 2.1) "De-grip Team" to fix crisis circumstances**			brought value to the theme of prevention and dissemination of the main elements for healthy and active aging.
7. Population Approach	Research and Development of Innovation and Digital Technology solutions addressing a life-course approach to active and healthy ageing need to be driven by population needs. Accademia and Enterprises must be engaged ever more in initiatives like "living labs", useful to implement the right match between need expression (coming from epidemiology) and services delivery. • **Action 7.1: establish data co-ownership agreements with relevant stakeholders to widen availability of information that matters**	Short – Medium term	• **AReSS Puglia**	

	• **Action 7.2: establish as a standard the co-design lab for any new service line for integrated/connected care as already experimented for 4 complex conditions** • **Action 7.3: deploy and implement "Open Salute", our projected interactive Atlas for health, social and environment risk (half 2023)**			
8. Citizen Empowerment	Citizens need to be full involved by Accademia and Enterprises in research and development of services and tools that enable convenience, offer choice, and encourage self-service and engagement in health management. Incentives and tools to motivate and support citizens to co-create innovative and digital technology services must be enhanced. See also Action 7.2.	Medium - Long term	• **AReSS Puglia** • **Innovapuglia** • **Welfare and Social Innovation Dept**	On this aspect it is necessary to strengthen the criteria for involving citizens. The presence of citizens in innovation interventions must be strategic and functional to the adoption of processes and products useful for satisfying needs. A social pact is proposed between the Region, AReSS and health authorities and hospital to activate a constant involvement of the population in the choice of acquisitions of products and services.

	• **Action 8.1: introduce in region-wide tenders documentation the advisory report from citizens (organizations qualified) on relevance needs if related to good or services in direct tuition** • **Action 8.2: replicate for other critical devices and services the experience of 4Helix HTA Board for Diabetes Technology, to fairly and effectively assign high technology** • **Action 8.3: replicate annually current education initiative for digital literacy in AHA** • **Action 8.4: design a VET curriculum for informal carers currently engaged and supported by the Region**			
9. Evaluation Methods	Evidence-based investments, need established baselines (on	Medium - Long term	• **AReSS Puglia** • **Health Dept**	Strengthen AReSS' Regional HTA Centre

	cost, quality, access etc.) in advance of new service introduction. HTA approach can't produce assessments useful to support policy maker without a common attitude to "generate evidences". A cultural change involving all stakeholders must be lead and carry on, but there is a need of qualified personnel and economic resources. • **Action 9.1: Develop current lab for "value" evaluation already committing AReSS and Politechnique University, extending to citizens and testing new tools** • **Action 9.2: fund research grants from current CURSuS (regional university coordination for high education) to scout and test novel tools of evaluation**		

10. Breadth of Ambition	Collaboration and Integration at meso (organisational, professional) and micro (service delivery) levels need to be bolstered for social needs. Enterprises and citizens need to be fully engaged from the beginning in the services' thinking and design (housing, transport, education..). Moreover, proper information must be delivered across stakeholders, especially citizens. • **Action 10.1: evolve newly settled Observatory of Social Policy also to widen listening capacity and to scout novel possibilities to step from community health to community well-being**	Medium - Long term	• **Welfare and Social Innovation Dept**	A modality of cooperation could be activated through the involvement of municipal administrations which, at the local level, with the involvement of neighborhood communities, can certainly collect the social and service needs of the citizen. This solution could also be adopted and shared within the Regional Observatory of Social Policies.
11. Innovation Management	Reinforce collaboration and coordination with Accademia and Enterprises; Find proper incentives and tools to	Short - Medium term	• **AReSS Puglia**	In various areas the regional system already guarantees dialogue with citizens also thanks to the Regional Law on Participation. A governance and management model will certainly have

| | motivate and support citizens to participate.

• **Action 11.1: replicate annually current Open Innovation Call to scout and engage on care service innovation pilots by industry/academy after co-design with users**
• **Action 11.2: extend current Living Labs for Innovation increasing weight for initiative on AHA**
• **Action 11.3: contaminate planning of existing Innovation Hubs (H-Bio. DHITEC, INNOVAAL, NANOTEC) to obtain – under formal agreements – efforts towards AHA** | | • **Economic Development Dept** | to be strengthened and it is hoped that it can be entrusted to a regional aggregator: Agency or other. |
| **12. Stakeholder Capacity Building and Development** | New roles and new skills need to be created; capacity building initiatives must be fostered (EU funding, HTA, patient engagement, etc); qualified | Medium - Long term | • **AReSS Puglia** | |

	personnel must be retained and well paid in PA.			
	• **Action 12.1: codify, train and foster novel role of informal carer (already started)**			
	• **Action 12.2: codify, train and foster role of "expert patient" to feed education and support interventions for citizens**			
	• **Action 12.3: develop under CURSuS (see Action 9.2) education curricula to upskill and reskill care professionals already on work about long and healthy living communities**			

3. **Proposals for advising and informing the other AHA Reference Site Quadruple Helix coalition of Stakeholders in the region on the outcome from the maturity self-assessment and how they will contribute to delivering the Action Plan.**

The outcomes from the maturity self-assessment and consensus meeting have been shared among the Puglia Reference site's Community by the Scirocco Exchange platform.

The joint maturity assessment achieved during the consensus meeting and used in the drafting process of the action plan will be e-mailed to Key representatives of Regional Departments and Agencies, and by them, to the entire stakeholder's network to guarantee a broad dissemination and to attest a shared commitment.

Tailored road shows will be organized in the Region to deeply involve QH stakeholders and to refine the action plan in order to ensure a wider consensus and large contribution to its delivery.

Finally, the action plan could be adopted by a regional ACT to become mandatory.

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