



## Call 2016 Reference sites: regole per partecipare

Lorenzo Bertorello – Regione Liguria  
Roma, 16 Marzo 2016



## 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

## Caratteristiche chiave dei Reference Sites 2.0

- Modello a “Quadruplica Elica”
- Esistenza di strategie di ampia portata (innovazione, 3S, Formazione, etc)
- Approccio “sistemico” sanitario, economico e sociale
- Allineamento con EIP-AHA
- Predisposizione allo scambio e trasferimento delle migliori pratiche
- Contributo alla definizione di una base europea di “evidenza” e di impatto



**Scale AHA**  
European Innovation Partnership on Active & Healthy Ageing

Support to scaling up of innovations in Active and Healthy Ageing

Home About News Call for Reference Sites Mutual Mentoring Links

**GENERAL INFORMATION**

Click on the link below to apply to the Call for Reference Sites of the EIP on AHA. The call will be open until 15 April 2016.

**Call for Reference Sites 2016**

**CALL AND GUIDANCE DOCUMENTS**

[2016 Call for Reference Sites of the EIP on AHA PDF](#)

The 2016 Call for Reference Sites of the EIP on AHA as pdf document.

**REFERENCE SITE COLLABORATIVE NETWORK**

See what the RSCN is and how you can get involved with it here.

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[www.scale-aha.eu/call-for-reference-sites](http://www.scale-aha.eu/call-for-reference-sites)



REGIONE LIGURIA

## SECTION 1 - ABOUT YOU

### \* About your organisation/institution

Organisation name	<input type="text"/>
Your Name	<input type="text"/>
Your address	<input type="text"/>
Your e-mail address	<input type="text"/>
Member State	<input type="text"/>
Please describe your organisation and core activities	<input type="text"/>
Geographical coverage	<input type="text"/>
Population coverage (patients or users: disease / number?)	<input type="text"/>
Coalition coverage (Partners)	<input type="text"/>
Region, Municipality, City Name (or other)	<input type="text"/>
Number of inhabitants in the Region, Municipality, City (other)	<input type="text"/>



\* **Indicators of relevance, e.g. on health workforce, expenditures**

Health and Care workforce (FTE equivalent)

Health and Care expenditure (€ per annum)

Cumulative Budget (€) invested in deployment and implementation of innovative solutions for health and active and healthy ageing (period 2011-2016)

Number of patients / citizens benefiting from the deployment of these innovative solutions

Cumulative Budget (€) to be invested in deployment and implementation of innovative solutions for health and active and healthy ageing (period 2016-2019)

Number of patients / citizens that will benefit from the deployment of these innovative solutions

\* **Your participation in the Partnership**

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.



\* **Pillar I: Prevention, Screening and Early Diagnosis**

Please don't use more than 2500 characters.

\* **Pillar II: Care and Cure**

Please don't use more than 2500 characters.

\* **Pillar III: Active Ageing and Independent Living**

Please don't use more than 2500 characters.

\* **Horizontal issues (including Contributions to MAFEIP and to the EIP on AHA Repository of Innovative Practices)**

Please don't use more than 2500 characters.



\* **Pillar I: Prevention, Screening and Early Diagnosis**

Please don't use more than 2500 characters.

Liguria

\* **How do they relate to A1. Prescription and adherence action at regional level?**

Please don't use more than 4200 characters.

\* **How do they relate to A2. Personalised health management, starting with a Falls Prevention Initiative?**

Please don't use more than 4200 characters.

\* **How do they relate to A3. Action for prevention of functional decline and frailty?**

Please don't use more than 4200 characters.





\* **Pillar II: Care and Cure**

Please don't use more than 2500 characters.

Liguria

\* **How do they relate to B3. Replicating and tutoring integrated care for chronic diseases, including remote monitoring at regional level?**

Please don't use more than 4200 characters.

\* **Pillar III: Active Ageing and Independent Living**

Please don't use more than 2500 characters.

Liguria

\* **How do they relate to C2. Development of interoperable independent living solutions, including guidelines for business models?**

Please don't use more than 4200 characters.



## SECTION 3 - YOUR CARE MODEL

### \* 2.1 Care System/Model Organisation

Consider the organisational context of the modernization and transformation of your care system.

Key elements to be described:

- Leadership and governance
- Funding scheme (private, public, private-public)
- Regulatory or strategic framework

Please don't use more than 4200 characters.

\*

### 2.2 Management of Care Processes

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.).

Please don't use more than 4200 characters.

\*

### 2.3 Information and Communication Systems

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.

Please don't use more than 4200 characters.

## Criterio 1 - Adeguatezza politica, organizzativa, tecnologica e finanziaria

- Esiste un commitment formale della regione nel senso di considerare l'invecchiamento attivo come un tema strategico di sviluppo economico e sociale?
- L'innovazione per l'invecchiamento attivo è parte di una strategia di innovazione, di ricerca e sviluppo, 3S, o altre strategie socio-sanitarie di rilievo?
- E' stata attivata una strategia basata sulla "Quadruplica" elica?
- Esiste un chiaro piano di implementazione con risorse allocate per la messa a regime di soluzioni innovative per la prevenzione, la cura, l'invecchiamento attivo e la vita indipendente?
- Se sì, come si raccorda questo piano con gli obiettivi dell'EIP-AHA e i relativi commitments?



## SECTION 4 – RATING CRITERIA

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

To what extent can your region show political, organisational, technological and financial readiness towards the objectives put forward in your region?

	Level 0: No evidence or not demonstrated	Level 1: To a little extent - yes for up to 2 of the questions relating to the criterion (see guidance)	Level 2: To some extent - yes for 3 or 4 of the questions relating to the criterion (see guidance)	Level 3: To a great extent - yes for all of the questions relating to the criterion (see guidance)
Now	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Within the next 12 months	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

Please don't use more than 3500 characters.

Please upload (if applicable) relevant files relating to criterion 1.

Please upload at most 5 files

[Upload files](#)



## Criterio 2 – Apprendimento, conoscenza e risorse per l'innovazione

- E' stata messa in piedi una infrastruttura per il trasferimento di conoscenze e ha questa la capacità di supportare l'apprendimento, in modo che una serie di attori di diversi campi possano disseminare e condividere conoscenza?
- Gli esempi possono essere: living labs, dimostratori, test sites, showrooms, ambienti di ricerca accessibili, piattaforme collaborative, etc.
- Esistono nel Reference Site schemi e programmi di formazione per i professionisti del mondo socio-sanitario e per altri soggetti a vario titolo attivi ed interessati alle innovazioni per l'invecchiamento attivo?

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

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?

	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.
Now	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Within the next 12 months	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

Please don't use more than 3500 characters.

Please upload (if applicable) relevant files relating to criterion 2.

**Please upload at most 5 files**



## Criterion 3: contribution to cooperation and transferability at the European level

- What is the level of participation of the Reference Site in European projects?
- Have the elements of learning and knowledge already been shared with other regions?
- Are there innovations developed at the local level that have already been adopted, even if adapted, by other regions?
- <http://proeipahaeu.funkanu.org/en>

The screenshot shows the website for the European Innovation Partnership (EIP) on Active and Healthy Ageing (AHA). The header includes the European Commission logo and the text "EUROPEAN INNOVATION PARTNERSHIP on Active and Healthy Ageing". Below the header, there is a navigation bar with "Repository" selected. The main content area is titled "Repository of innovative practices" and features a search bar with the placeholder text "Search for a innovative practice". To the right of the search bar is a green button labeled "Share your innovative practice". Below the search bar, there are two columns of "Most popular practices" and "Most shared practices". The "Most popular practices" list includes "iPad café", "Personalised Guidance Service for ICT, Project 'Alter leben'", and "ECAP (electronic medical records) programme with a collaborative". The "Most shared practices" list includes "SPARRA Risk Prediction in the Community", "Caregivers Education Basics (Initial Program)", and "Population stratification". On the right side of the page, there is a "Tweets by @EIP\_AHA" section showing a tweet from Andy Bleaden (@andybleaden) retweeted by ActiveHealthyAgeing, with the text "Proud to see our projects @SILVERPOP @mario\_project in there and excellence from @ProFouNDEU @eWALLproject #Impacttwitter.com/EIP\_AHA/status...".

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

To what extent has your region participated in European and/or International collaborations and supported transfer and/or adoption of innovation?

	<b>Level 0: No evidence - No involvement with European partners and transferability of good practices has not been considered</b>	<b>Level 1: To a little extent - 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.</b>	<b>Level 2: To some extent - Experienced in collaboration and in sharing learning and / innovations but little adoption of good practices established, either to other regions (within the same country) or from other regions.</b>	<b>Level 3: To a great extent - 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.</b>
<b>Now</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Within the next 12 months	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

Please don't use more than 3500 characters.

**Please upload (if applicable) relevant files relating to criterion 3.**





## Criterio 4 – Dimostrare un impatto rispetto al “triple win approach”

- Esiste un approccio strategico al coordinamento della cura e dei servizi alla popolazione che invecchia?
- Si può dimostrare un chiaro intento strategico nella costituzione di partnerships di stakeholders in grado di guidare l'innovazione e sostenere l'upscaling delle pratiche all'interno di un sistema di gestione condiviso?
- Sono presenti esempi concreti di innovazione pubblico-privata che possono dimostrare un autentico progresso verso gli obiettivi dell'EIP-AHA?
- C'è evidenza di un contributo alla crescita di nuovi mercati e alla creazione di nuovi posti di lavoro?
- Ci sono soluzioni già implementate di cui possono essere documentati i benefici per gli individui e l'aumento di sostenibilità ed efficienza dei sistemi regionali e locali?



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

To what extent does your region's commitment to age friendly and smart health and care solutions reflect the triple win approach?

	Level 0: No evidence - There is no reflection of triple win approach	Level 1: To a little extent - 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	Level 2: To some extent - Significant level of a regional coordination and evidence established about improving outcomes for individuals and the system, but linkage to impact on the economy is limited	Level 3: To a great extent - Solutions within active and healthy ageing and improved outcomes are matched by strong commitment to innovation and prevention to sustain economic growth. Evidence is available to support impact across the entire triple win approach.
Now	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Within the next 12 months	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

Please don't use more than 3500 characters.

**Please upload (if applicable) relevant files relating to criterion 4.**

**Please upload at most 5 files**

Upload files



## Criterio 5: Innovazione in pratica

- Esistono implementazioni su larga scala che abbiano raggiunto il 10-20% della popolazione e di cui si possa documentare l'impatto positivo?
- Qui vanno descritte fino a tre buone pratiche che siano:
  - Collegate ad almeno uno dei pilastri della EIP-AHA
  - chiaramente un valore aggiunto rispetto ai modelli esistenti
  - che comprendano una strategia di coinvolgimento e trasferimento di conoscenza
  - che possano essere scalate verso l'alto



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

**Scale of demonstration and deployment**

	<b>Level 0: No such example</b>	<b>Level 1: One to two good practice examples meeting the above criteria</b>	<b>Level 2: Three or more good practice examples that meet the above criteria</b>	<b>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</b>
<b>Now</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Within the next 12 months	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

Please don't use more than 3500 characters.

**Please upload (if applicable) relevant files relating to criterion 5.**

**Please upload at most 5 files**

Upload files



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

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

<b>Essential criteria met</b>	<b>Yes / No</b>
<b>Dimension</b>	<b>Score 0 - 3</b>
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.

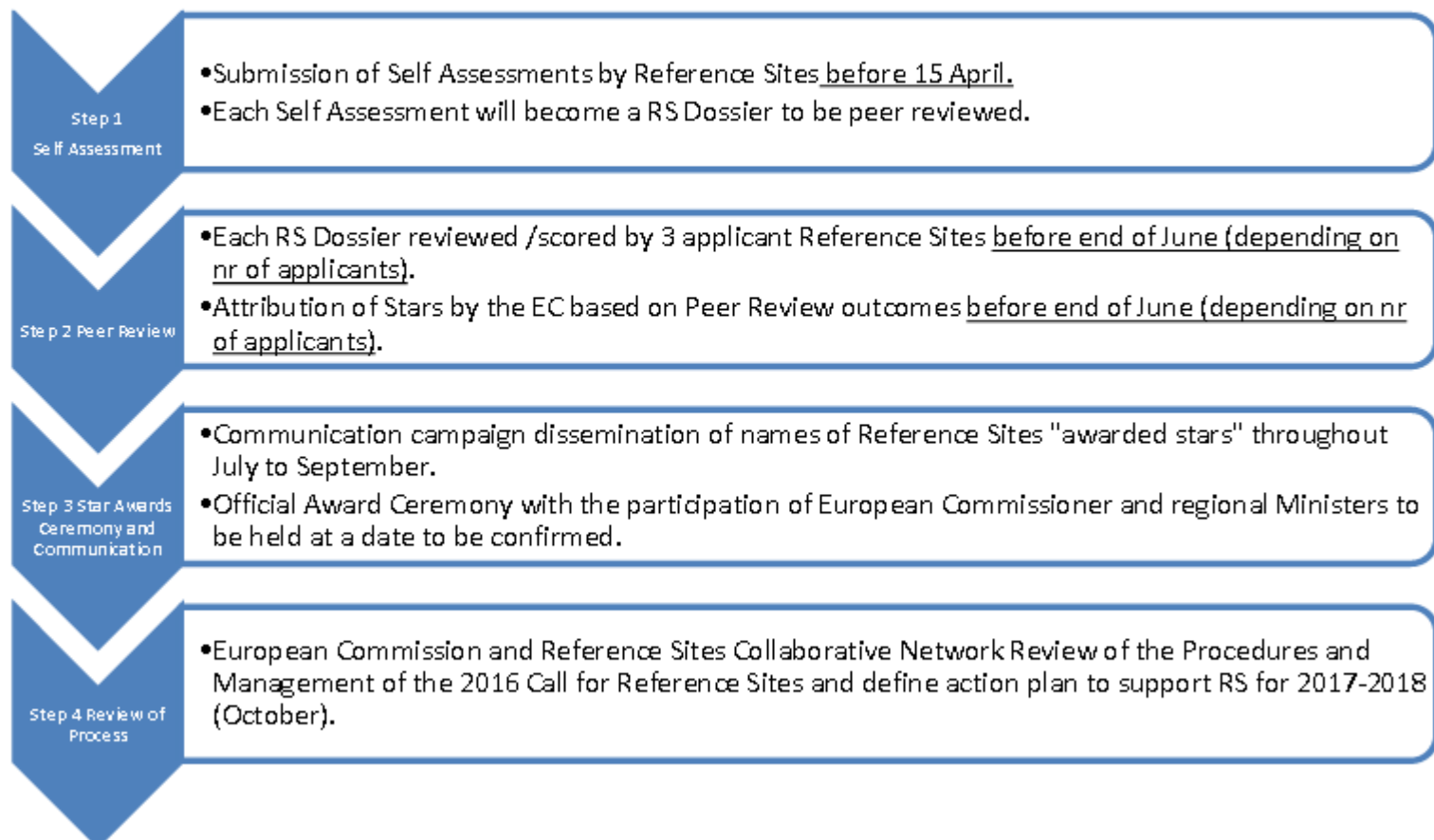
**1 Star** will be given to Reference Sites obtaining between 4 and 7 points.

**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

## Timeframe for the 2016 Call for Reference Sites





REGIONE LIGURIA



## Liguria case and attitude



- in a demographic scenario that in terms of ageing processes anticipates the Italian one by 20 years...a point of strength, not a weakness!
- **Citizens** at the center of the process...positive and courageous attitude towards **learning**...enabling conditions for **creativity**...in a **knowledge** based society and community



...all these elements are present in the EIP AHA, which "*focuses on promoting people oriented, demand driven innovation for ageing well, bringing tangible and proven benefits to end-users, helps health and care systems to contain costs and unlocks business opportunities on European scale*"

➤ With this in mind, we became one the 32 Reference Site of the EIP-AHA, that "implement a comprehensive, innovation-based approach to active and healthy ageing and can give concrete evidence and illustrations of their impact on the ground". Being a reference sites means integrate the existing resources at the regional level and most of all **being open to learn...**



## Learning means getting to know and understand what other do and how

*There are several proven ways of diffusing good practices, facilitating exchange and scaling-up. Many of them rely on personal contact and effective informal communication. They aim at enabling hands on interaction with other stakeholders, helping to analyse and understand heterogeneities for efficient deployment and leading to **creative** problem solutions.*

*These exchanges of experiences are in fact multidimensional and dynamic **learning processes**, geared towards achieving various forms of policy changes within the partner areas and beyond*

*Such a process should ideally start with learning at the project level, which then stimulates learning within the individual project partner organisations, and also learning between them and other organisations of the concerned regional/local policy subsystems in order to achieve policy change in the involved project partner areas as well as learning in an EU-wide perspective*

Source: EC paper on scaling up strategy on active and healthy ageing, 2015



**Other external organisations  
& policy subsystems**

*EU-level learning...*

**The regional/local  
policy subsystems**

*Policy learning...*

**The partner  
organisations**

*Organisational learning...*

**The project**

*Individual learning,  
cross cultural group  
learning, striving for  
EU-wide relevance*

*... to achieve organisational changes  
and policy improvement*

*... to achieve structural changes  
in regional and local policies*

*... to initiate policy changes in other areas  
outside the project partnership*

Typical tools for the exchange of experiences are networking activities such as thematic workshops, seminars, conferences, surveys, informal meetings and study visits. Possible project outcomes include, for example, case study collections, policy recommendations, strategic guidelines or action plans

Source: EC INTERREG programme manual



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## Our best practices

The **Memory Training (MT)** programme aims to maintain, as long as possible, a good quality of cognitive life for the elderly, easing the conservation of functional and psychic autonomy and, consequently, relying less on the local health system. It mainly consists of a course, specifically based on the cognitive functions, to improve mental performances both at medium and long term. The course is open to everybody, but people aged over 65 have preferential access.

The **Adapted Physical Activity (APA)** is a preventive programme, directed to ease the acquisition of healthy lifestyles and to keep the best quality of life possible. Liguria Region supports the diffusion of the AFA project for primary prevention, with the aim to: identify the frail elders at risk, develop monitoring systems for not self-sufficient elderly people, provide useful advice for the planning of interventions oriented to prevent disability of high functional risk elders, contribute to reduce the hospitalization expenditures.

For further information:

<http://www.regione.liguria.it/argomento/sanita-e-politiche-sociali.html>



# talking educational

SEARCH



HOME

ABOUT

INSPIRATION

MY EDUCATIONAL PSYCHOLOGY JOURNEY

SHOULD HAVE LEARNT IN SCHOOL...

RESEARCH

UNI

## SCIENCE OF EDUCATION MODULE

### Intergenerational learning in schools – why isn't this happening everywhere?

Posted on February 11, 2013 by MILLENNIALBOOKWORM

6 Comments

I am a Psychology graduate with a passion for educational research, reform and debate. This blog is about my journey to Educational Psychology and, more importantly, ideas and discussions about how to make Education an empowering, equalizing opportunity for everybody.

BLOG STATS

In his book "The Element", Ken Robinson talks about a revolutionary retirement home in Jenks, Oklahoma.

5 of 10 ideas shared

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Sir Ken Robinson, Keri Facer Mick Waters - Learning Without

Learning Without Frontiers



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12 188

Early years reading scheme in Oklahoma which established a classroom in the foyer of a retirement home;

the classroom is there so the member of the retirement home have to go past it every day to go to the restaurant;

Members of the retirement home stopped to watch what was going on and asked to participate so they sit one on one with the children and listen to them and help them in their reading

**Result:**

1. 70% of the children leave the class with a reading level well ahead the average
2. Mystical connection across the ages is created: children learn more than simply how to read
3. In almost every case the elderly have stopped taking their medication, thanks to their fresh energy, and a new purpose!



Thanks for your attention!

**LORENZO BERTORELLO**

SETTORE AFFARI COMUNITARI E RELAZIONI INTERNAZIONALI

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