



## **Governance of Research for Regional Health Strategies**

### **EUREGHA High Level Conference**

*On 3 December 2013, EUREGHA organised the conference "Governance of Research for Regional Health Strategies" in the European Parliament. The aim of the conference was to highlight the connection between research and health strategies, by focusing on how research results can be incorporated and translated into health policy strategies, in order to optimise health outcomes.*

*Below you can find the conference report.*

#### **Key Note Speech on Governance of Health Research, Mario Moroso, LGS Research Programme Management Group (UK)**

Mario Moroso started by presenting the LGC Research Programme Management Group, a global provider of science solutions in a wide range of markets, with twenty years of experience of providing outsourced management of public sector research programmes for the UK Government. Since 2006 LGC manages the Central Commissioning Facility, a major research coordinating centre providing specialist secretariat support to the Department of Health R&D investments.

Moroso also spoke about his own experience in research management and the importance of setting a research governance framework for healthcare, which requires amongst others ethical criteria, multidisciplinary, accessibility to information and transparent management.

Moroso presented the methodology used by LGC Research Programme Management Group. He discussed peer review processes, the organisation of funding committees and how they complement the peer review process. The methodology can be used for many types of research and should result in a better quality for research questions which could be divided under researcher led, thematic research and/or commissioned research. As a practical example, Moroso discussed the UK where research on accidents and injuries has used clinical pathways of traumatised persons and looked into the gaps for research.

Moroso concluded that the key element is to increase the access to trustworthy, well organised, intelligible and accessible information as it leads to a number of benefits such as; more intelligent commissioning process, improved information sharing and opportunities for new collaborations, and reduced waste of public and private sector resources.

#### **Evaluation of Health Research Impacts and Priority Setting Methodologies, Stephen Hanney, Brunel University (UK)**

Stephen Hanney started by presenting the importance of assessing the impact of health research, mentioning that it provides accountability for past funds as well as justification for future funds. Discussing accountability and justification will enhance the impact of health research as it indicates how to organise research.

Hanney also presented the payback framework developed by the Health Economics Research Group (HERG) of Brunel University. The framework was originally developed to assess research funded by

the Department of Health and the National Health Service (NHS). A very important feature in the framework is the assessment of healthcare performance of the practitioners (users). The agenda can be set by users and researchers but will have to include pay-back to policy development. The increase of healthcare performance by the users who were involved in the setting of the agenda gives the critical mass needed for policy development.

The payback framework has two elements;

- multidimensional categorisation of benefits or paybacks;
- logic model of how to assess benefits.

The multidimensional categorisation of benefits or paybacks is done by categorising a number of aspects such as; knowledge production, targeting future research and capacity building, health and health sector benefits and broader economic benefits. The logic model of how to assess the benefits on the other hand reflects a collaborative approach but is flexible and adapted to facilitate its application to a wide range of types of research. The limitations of the framework are foremost that the full impacts might not have occurred by time of assessment and that the framework tends to be resource intensive to apply. The strengths on the other hand are that the framework includes a range of benefit categories relevant to funders, that it provides a framework for maximising opportunities to identify impacts and that it facilitates the analysis of factors associated with impacts.

Lastly, Hanney discussed how to translate research into policy development. As an example he mentioned the concept “Evaluation of Collaborations for Leadership in Applied Health Research and Care” (CLAHRCs), developed as collaborations between universities and NHS organisations. Its aim is to improve patient outcomes through the conduct and application of applied research. It increases research translation in distinct geographical areas and it pursues the strategy of “flexible comprehensiveness” in promoting integration of research functions within the healthcare system by using a range of knowledge transfer and exchange strategies.

### **Health in All Policies – the Benefit of Salutogenic Research for Health Policies, Monica Eriksson, University West (SE)**

Monica Eriksson started by presenting the concept of salutogenesis by highlighting the importance of the Ottawa Charter for Health Promotion. The charter is the international agreement signed at the First International Conference on Health Promotion, organized by the World Health Organization in 1986.

Salutogenesis is defined as the origin of health. Instead of focusing on risk research and risk factors, salutogenic research focuses on resources for health, i.e. what keeps us healthy and how we maintain a good quality of life. It also focuses on generalised resistance resources.

Ericsson also discussed the sense of coherence (SOC) and its importance for health and wellbeing. The SOC predicts good health and quality of life from childhood to adulthood and is strongly and positively related to health resources such as optimism, control and coping. It has also been shown that the

stronger the SOC, the fewer the symptoms of mental illness. Ericsson also argued for the importance of integrating salutogenic theory in public health research and practice, for instance in Horizon 2020 or by applying the SOC as a health indicator amongst populations. As a concrete example she mentioned the Scottish Health Policy and their focus on resource adjusted life years.

Lastly, she highlighted several essential questions for an applied public policy where health is essential:

- What is meant by well-being? Is health and quality of life of individuals integrated?
- What are the sources and resources for wellbeing? What are the relationships with adults, positive peer influence, families, neighborhoods, schools and community?
- Is policy based on research focusing on salutary factors? What kind of intervention is effective in a short and a long term perspective? What are the benefits from recent research?

## Regional Best Practice Presentations

### 1. Stuart Eglin, North of England EU Health Partnership (UK)

Stuart Eglin, Regional Director of NHS Research and Development North West, presented the region's efforts to build health research connections and collaborations through the development of partnerships between North West of England and EU regions. The region is also enabling innovative research bids by expanding and improving a current Catalyst programme.

The Catalyst programme is organizing events across the North West of England where a number of prominent people from specialist fields meet with colleagues and health workers from diverse backgrounds to look at different ways of approaching collaborative working across organizations. In 4 years, 8 catalyst events have been organised on topics such as; obesity, infectious disease, eHealth and cancer. The programme has resulted in closer working relationships between academic institutions in Manchester and Liverpool, proposals for studies looking at early warning systems for heavy users of hospital care and developing, evaluating and implementing new paradigms in activity programmes for obese adults.

Alongside the programme, NHS Research and Development North West has been forming closer relationships with other European regions. A formal agreement has been signed with the Government of Catalonia, through the Ministry of Health, and further agreements are currently being discussed with the regions of Flanders and Veneto.

### 2. Antonio Addis, Emilia Romagna (IT)

Antonio Addis, from the Regional Agency for Health and Social Care in Emilia Romagna, presented the region's University Research Programme. The programme makes research and development a core duty of health services in Emilia Romagna and the overall aim of the programme is to promote better research for better healthcare.

The programme was first implemented in 2007 and it mainly targets University Hospital Trusts, Universities and Research Hospitals. The aim is to develop scientific innovation, new management, organisational and training models through the collaboration and integration between Universities, University Hospital Trusts and Health Trusts.

The programme is focused on three research areas; innovative research, clinical governance and training projects. In 2007-2012 the programme funded 122 projects for an overall amount of 60 million Euros.

### **3. Sinikka Salo, City of Oulu (FI)**

Sinikka Salo, Deputy Major of the City of Oulu, presented the Oulu Health Strategy and the Oulu Health Ecosystem. The Oulu Health Ecosystem combines health, wellbeing, bio and ICT professionals, research communities and companies. It is an established collaboration model and provides physical facilities which offer a unique living lab for its partners.

The Oulu Health Strategy has three priority areas:

- Individualized Connected Health led by the Centre for Health and Technology in Oulu
- Future Wellness Services led by the City of Oulu
- Future Hospital led by the Oulu University Hospital

The Oulu Health Strategy also aims at utilizing funding from national sources, EU Regional Development Funds and the Horizon 2020 programme.

### **4. Rita Jedlert, Region Skåne (SE)**

Rita Jedlert, Medical Director at Region Skåne, presented the Öresund Award, a collaboration between the Region Skåne and the Capital Region of Denmark. The aim of with the award is to promote ground breaking collaborations in health research and clinical work in the Öresund Region. The award will also profile the Capital Region of Denmark and Region Skåne as attractive regions of research and clinical work in the field of healthcare.

The winner is awarded a grant of DKK 1.6 million. Each project that applies for the award must involve at least two parties from the Capital Region of Denmark and Region Skåne. 2013 was the first year the award was handed out and a total of 9 applications were received spanning over such diverse areas as dementia, cancer, diabetes and cardiovascular diseases. The panel of judges consisted of both international, Danish and Swedish experts.

The winner 2013 was the application regarding reproductive medicine. The decision was based on organized cooperation that exists in the area between the two regions and which attracts patients from both countries.

## **Panel Discussion: Governance of Research for Regional Health Strategies**

The panel discussion was moderated by Annika Ahtonen from the European Policy Centre (EPC) and started by all panellists introducing themselves;

- **Josep Figueras**, Director of the European Observatory on Health Systems and Policies
- **Gabriel Capellà**, Director for Research and Innovation, Ministry of Health of Catalonia
- **Alberto Zanobini**, Member of the Board of the Mattone Internazionale Project and Head of Research, Innovation and Human Resources, Region of Tuscany

- **Marianne van den Berg**, Policy Analyst, Innovation for Health and Consumers, DG SANCO, European Commission
- **Ilias Iakovidis**, Acting Head of Unit, Digital Social Platforms, DG CONNECT, European Commission.

The first topic discussed was how the European Observatory is working to incorporate research results into health policy strategies at the national level, and if European regions can learn from this. Figueras started by claiming that policy makers' interest is in the research results but not in the research questions. This is a problem as it is one of the most exhausting and important aspects of research - to decide what to research. Therefore, it is very important for researchers to display impact in order to attract the interest of policy makers. Figueras said that we need more courage from researchers and that the research community needs to improve its assessments of the research it pursues. Figueras also said that the mechanisms for incorporating research in health policy are the same at both national and regional level, but that regions are better positioned at translating knowledge into policy. He also emphasised the importance of cooperating and working across regions in networks in order to reach the added value of the research that is being conducted in different regions.

Marianne van den Berg and Ilias Iakovidis were asked which tools the European Commission has developed that are available for regions and how regions can use them. Van den Berg started by emphasising the role of the Structural Funds (SF). In the new programming period the SF will have a stronger focus on healthcare and it will also be possible to use them for cross border collaboration. She also mentioned the importance of pursuing evidence based policy in order to get funding, as well as cooperation across regions. Regarding pilot projects, she said that too small pilots will not create enough evidence for policy makers to support them in the long run. Here, she emphasised the role of the European Innovation Partnership on Active and Health Ageing (EIP-AHA) as one of its aims is to support innovative pilots so that they survive.

Iakovidis emphasised the importance of impact, arguing that a project may be very successful but if it is only implemented in one region it will be on too small a scale to have big impact. By cooperating, several regions can implement projects and initiatives that will have real effects. The strength of European regions is therefore to implement policy locally but also to cooperate and take the results across borders.

A member of the audience asked van den Berg and Iakovidis how she, as representative of a public health institution, can participate in programmes such as Horizon 2020 or get funding from the SF. Iakovidis started by saying that it is crucial to look at how regional funds on health are spent. He also argued that it is very important to have a partnership between the regional Ministry of Health and the Ministry of Finance. It is important to turn the "image" of the Ministry of Health into a Ministry of Development as it has a key role in developing regions. Overall, Ministries of Health need to become more involved and better at influencing how public funding and SF are spent.

Ahtonen then asked Alberto Zanobini and Gabriel Capellà of their experiences in mapping health research, the indicators they use in prioritizing the type of research to fund, and to give advice on how regions can better incorporate research and health policy. Zanobini mentioned the importance of regional governance structures and platforms which promote continuous action and collaboration



between research and health institutions. As Ilias Iakovidis had mentioned previously, he also emphasized the importance of strengthening the position of the Ministry of Health.

Capellà started by saying that in Catalonia, the Ministry of Health and the Ministry of Finance has a good relationship, and that the Ministry of Health is strong enough to influence the decisions of the Ministry of Finance. Instead, Capellà highlighted the importance of enhancing and developing the capabilities in applying for and obtaining European funding. Capellà also said that an attitude change is needed; by funding research policy makers are expecting immediate pay backs but when they realise that this is impossible they often get disappointed. According to Capellà, one of the most important issues is to try to change this mentality within the policy makers.