

Recommendations on public-private collaboration

IN-4-AHA Project - Innovation Networks for Scaling Active and Healthy Ageing

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More information about the project can be found on the IN-4-AHA webpage and social media pages:

<https://innovation4ageing.eu/>

<https://www.facebook.com/IN4AHA>

https://twitter.com/EIP_AHA

<https://www.linkedin.com/groups/8912125/>

More information about the EIP on AHA community and FUTURIUM platform:

<https://futurium.ec.europa.eu/en/active-and-healthy-living-digital-world>

<https://digital-strategy.ec.europa.eu/en/policies/eip-aha>

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Aim of the report / Introduction

The European Commission has been promoting scale-up of digital innovation for active and healthy ageing since 2011, both with research and innovation funding during previous Framework Programmes and under Horizon 2020 with its support for stakeholder inclusion and creation of partnerships like the European Innovation Partnership on Active and Healthy Ageing (EIP on AHA) with its Regional Reference Sites. According to EIP on AHA reports, one of the essential barriers to up-take of innovation was public private collaboration and poor involvement of end-users. In this part of WP3 we have been exploring how to improve public private collaboration, and we have looked into the promoters and the barriers for successful implementation of the innovation with the end-users.

The project IN4AHA builds on previous strategies and implementation of the actions that enable systemic change, integration of health and social care, technology, etc. Those were delivered in projects funded in previous calls, like “Support for large scale uptake of Digital Innovation for Active and Healthy Ageing” (SC1-HCO-17-2017), "Supporting investment in smart living environments for ageing well through certification" (SC1-HCC-01-2018), and “Support to a Digital Health and Care Innovation initiative in the context of Digital Single Market strategy” (SC1-HCC-05-2018).

Thus, we have explored improving private/public cooperation in the uptake of innovation in AHA, in various cultural environments in EU countries like in Spain, Greece, Romania, Sweden, Italy, Netherlands, Croatia and Slovenia, etc.

The findings will serve as an input for the recommendations to policy makers and as inputs to roadmap and implementation tools in other work packages, (WP2, other tasks of WP3, WP5, WP7) of the IN-4-AHA project.

Workshops on private/public collaboration

In course of task D3.2. Slovenian Innovation Hub (SIH) has organized two workshops on benefits and key success factors in innovation uptake with public-private collaboration. 1st workshop: Public-private collaboration: Improving private/public collaboration in the uptake of innovation in AHA September 9th 2021 - <https://innovation4ageing.tehnopol.ee/events/?26635> and 2nd workshop: Public-private collaboration: Successful practices in up-scaling of innovation in AHA, May 19th 2022 - <https://innovation4ageing.tehnopol.ee/events/?37071>

1st workshop

The 1st workshop took place on September 9, 2021, with online workshop “**Improving private/public collaboration in uptake of innovation in AHA**”, where we explored the collaboration between public and private sector in the segment of active and healthy ageing. During the workshop we were having a closer look at the public/private collaboration by sharing experience from five (5) EU countries: Greece, Sweden, Romania, Slovenia, and Spain. The main focus was on what helped and what were the main obstacles to even better implementation of innovation. The 21st century is characterized by rapidly expanding digitalization (affecting public domain as well as private life) and also population ageing. The COVID-19 pandemic has also highlighted the unequal access to digital technologies – older persons are more likely to be digitally excluded.

The participants have presented their successful cases in helping the elderly by active engagement of personnel that took care of them in the nursery home; they have shown how public procurement can push innovation forwards; preventive home visits for seniors are contributing that older persons can stay longer in their homes and live independently; with the progress of digitalization seniors become more independent, such community based multidisciplinary approach to the prevention and management of non-contagious chronic diseases has been presented; people love living in a community, where they can meet in person.

CONCLUSIONS

Throughout the discussion it was concluded that the corner pillars of introducing the innovation in the public health and care system are:

- Institutional leadership and long- term vision
- Human capital capabilities for development of innovative public procurement
- Existence of mechanisms to identify the needs, opportunities, and knowledge (for example community planning)
- Cultural change and generating value from the public sector
- Financial incentives
- Dissemination of information
- Fostering innovation in companies along with participation and concurrency with public sector
- Promoting internationalization
- Creating value chains to bring innovation into practice

2nd workshop

The following workshop »**Public – private collaboration: Successful practices in up-scaling of innovation in AHA**« was conducted on May 19th, 2022 with the contributions from Romania, Netherlands, Croatia, Spain, Italy, and Slovenia. The innovators have been presenting their successful practices, and their key success factors. In all of the cases we saw that **close collaboration between the stakeholders is a key** for success for all, especially among public/institutional services, companies, and end-users.

From Spain, Extremadura, the smart system for prevention or dehydration with the older people was presented, and a continuous improvement of the system integrating the results of the pilot studies. Their success is based on **close collaboration of innovators and end-users**, responding to feedback from the users.

The centre of innovation and technology of elderly management and healthy ageing, named MAVI from Romania presented their approach in engaging quadruple helix and thus supporting up the process of bringing innovation to economy. As their success factors they presented **empathy, openness, just- do-it principle and including regulatory aspects in the development phase**. In the process of problem space – concept development – prototype – test - validation they are using interdisciplinary approach, having economic and regulatory aspects present at early stages.

From The Netherlands we heard a success story of University of Twente and a company HybriScan that succeeded in applying single cell (Hybrid) Raman spectroscopy for medical

applications, i.e. they improved the accuracy of diagnosis results, which enabled more precise therapy choices. They improved patient care (better treatment, faster recovery to mobility, reduced sick time).

The SUCCESS FACTORS of this particular working team are:

- Appropriate technology for solving the medical problem
- A strong interest from medical doctors, commitment for many years of all parties involved
- Fruitful communication between medical doctors and scientists / technical teams
- Mutual trust
- Capable technical team with an ability to deliver through a company (SME)
- Interest and support of patient society, development **must** address the need of patients
- Involvement of knowledge center(s)
- Hospital supports ambitions of the MD's
- Money/funding

The Croatian partners, company Sustainable solutions, presented an application for blood pressure monitoring, a chat bot called Megi. It was created in collaboration of a company and a hospital and is very successful, also due to the **trust** that was built during **collaboration of the primary care doctors with the patients**.

The Department of Health and social policies in Trentino, Italy are successful with the application for promotion of healthy lifestyle, called Salute+. Their success is based on **holistic approach**, since the promotion of health and healthy lifestyles triggered horizontal synergies among different stakeholders and reinforced vertical relations between the territory and the and health care institutions. It was developed in collaboration with users, associations, local communities, schools.

Salute+ is an innovative and digital project which promotes a person-centered holistic approach to healthy lifestyle and well-being where citizens, in particular **older people, are engaged through a co-creation process to improve themselves and the community in which they live**. This is the key to bring public service closer to people.

Slovenian successful innovation is an application which helps medical teams by retrieving all patient data from different hospital systems in a single application. The application has been developed by company Parsek, and it improves decision making capabilities of medical team by integrating machine learning, AI, video, efficient communication, regardless of the location of medical team members. This application is compatible with the existent ecosystems, and it enables improved outcomes for the patients, minimized efforts of health care providers, and optimized costs for health care management are reported.

The participants will be asked to present their cases in the Futurium platform.

Merging of insights (workshops and questionnaire)

After the workshops the questionnaires were sent out to the heads of innovation clusters within and outside IN-4-AHA consortium partners and the responses are summarized below:

RECOMMENDATIONS

1. What are the factors/drivers that help innovation being successful

- **Demand-driven:** it is the customer (health & social organization) who states the problem/challenge/unmet solution. There has to be a strong need identified by the user, the innovation has to be **a solution to a problem.**
- **Co-creation:** the solution has to be developed/piloted together between the demand and the supply side, and there has to be a commitment from the end-user to acquire the solution if the piloting is successful.
- **Innovation** fits easily into existing daily routines, **simple to use.** Better value-for-money than existing solutions.
- **Trust between inventor and customer,** finding new approaches via repurposing of existing technique. It helps having first customer as a **reference,** especially in health and care system. The innovation **has to be acknowledged as good by the health sector.** Privacy and security by design approach is needed in the development of the solution. The implementation of an innovative **incentive system for the user** should be based on two levels: personal and social.

CONCLUSIONS

2. Name the reasons why senior citizens would not accept new service/new solution?
 - Digital solutions are often **not very user friendly,** maybe too expensive, difficult to use. There might not be »stickiness« of the solution: they use it a few times and then forget about it.
 - Senior citizens have to be **informed and taught** in order to accept a new solution, sometimes they are stubborn, and are afraid of losing human contact due to digitalization. The value is not clear to them or, the application is not easy to use.
 - Senior citizens might be against new services by default, people **do not trust new solutions,** they might be scared of new techniques, they might not have anyone to help them. They could be reluctant to change: knowing what they have but not what they could get.

3. What makes the collaboration between public and private sectors successful?
 - The key to bring public services closer to people is co-creation, for which a good understanding of decision processes on both sides is important. Both sides need to overcome the challenge by working together, although their perspectives are different – need to find synergy, come to win-win solutions.
 - **Mutual understanding about goals and how to reach them,** joint agreement on success indicators at project/pilot end **and clear expectations about what will happen next** if there is success. Exchange of value if there is success, that motivates both sides to collaborate during and after project end. **Societal impact and company profit go hand in hand.**
 - Collaboration between public and private sector in one case created a digitally enabled and person-centered holistic approach to healthy lifestyle and well-being where citizens and components of civil society were engaged through a **co-creation process** to improve themselves and the community in which they live.

- The promotion of health and healthy lifestyles by following the paradigm “the healthier your behavior, the greater your help to others” can trigger horizontal synergies among different stakeholders of the territory and reinforce vertical relations between the territory and the institutions.
- **Strong endorsement by the institutional side** helps the dialog between public and private sectors to collaborate well.

Mapping gaps and factors related to insufficient success in scaling-up innovation, from the perspective of the public sector.

The results of the workshops and questionnaires

CONCLUSIONS

The main obstacles to improving uptake of innovation in AHA are:

- Stiffness of the public medical systems and inertia towards adopting new digital tools and processes, in some cases coupled with poor digital infrastructure;
- Weak digital skills of the health and care workers;
- Lack of legislation and protocols to integrate the digital technologies in providing health and care services;
- Digital solutions are often not user friendly;
- Need to be informed and taught in order to accept a new solution;
- The value of implementing innovation is not clear to the users in public sector;

The cases presented at the workshops and the above responses strongly support the need for involvement of end-users in the development of innovative solutions. These innovative solutions need to be easy to use and also socially acceptable. The findings of our two workshops are confirming the facts, found in other previous work of complimentary work packages, and will be used as input for the AHA implementation roadmap and policy recommendations of the IN-4-AHA project.

The good practices will be published on Futurium platform.

Conclusions:

We are listing the enablers that will enhance the successful and smooth integration of innovative solutions into practice. Looking at the practical examples, successful innovations were supported by at least one of the following factors:

- Institutional leadership and long- term vision
- Human capital capabilities for development of innovative public procurement
- Appropriate technological knowledge for solving the problems
- Capable technical team with an ability to deliver through a company (SME)
- Existence of mechanisms to identify the needs, opportunities, and knowledge (for example community planning)
- Cultural change and generating value from the public sector

- Dissemination of information
- Fostering innovation in companies along with participation and concurrency with public sector
- Promoting internationalization
- Creating value chains to bring innovation into practice
- Fruitful communication between medical doctors and scientists / technical teams
- Mutual trust
- Interest and support of patient society, development **must** address the need of patients
- Involvement of knowledge center(s)
- Hospital supports ambitions of the medical doctors
- Financial incentives
- Money/funding

Recommendations:

The key and the common denominator for successful implementation is co-creation. The social component, collaboration, building trust and involvement of key stakeholders was present in most successful cases.

- **Demand-driven:** it is the customer (health & social organization) who states the problem/challenge/unmet solution. There has to be a strong need identified by the user, the innovation has to be **a solution to a problem**.
- **Co-creation:** the solution has to be developed/piloted together between the demand and the supply side, and there has to be a commitment from the end-user to acquire the solution if the piloting is successful.
- **Innovation** fits easily into existing daily routines, **simple to use**. Better value-for-money than existing solutions.
- **Trust between inventor and customer**, finding new approaches via repurposing of existing technique. It helps having first customer as a **reference**, especially in health and care system.
- The innovation **has to be acknowledged as good by the health sector**. Privacy and security by design approach is needed in the development of the solution. The implementation of an innovative **incentive system for the user** should be based on two levels: personal and social.
- **The key** to bring public services closer to people is **co-creation**, for which a good understanding of decision processes on both sides is important. Both sides need to overcome the challenge by working together, although their perspectives are different – need to find synergy, come to win-win solutions.
- **Mutual understanding about goals and how to reach them**, joint agreement on success indicators at project/pilot end **and clear expectations about what will happen next** if there is success. Exchange of value if there is success, that motivates

both sides to collaborate during and after project end. **Societal impact and company profit go hand in hand.**

- Collaboration between public and private sector in one case created a digitally enabled and person-centered holistic approach to healthy lifestyle and well-being where citizens and components of civil society were engaged through a **co-creation process** to improve themselves and the community in which they live.
- The key to bring public service closer to people is a person-centered holistic approach to healthy lifestyle and well-being where citizens, in particular **older people, are engaged through a co-creation process to improve themselves and the community in which they live.**