



Action Plan



Translation, Innovation and Technology Transfer in Ageing Network

**Partner:
City of Almere**

Gemeente Almere



September, 2018

Part I – General information

Project: TITTAN

Partner organisation: City of Almere

Other partner organisations involved : N/A

Country: Netherlands

NUTS2 region: NL23 Flevoland

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Part II – Policy context

The Action Plan aims to impact: X Investment for Growth and Jobs programme
European Territorial Cooperation programme
Other regional development policy instrument

Name of the policy instrument addressed:

2014-2020 ERDF Operational Programme (OP) of the West Nederland (Kansen voor West II)

The City of Almere stepped in the TITTAN project when the City of Amsterdam decided to no longer participate. Both cities are part of the Amsterdam Metropolitan Area (AMA) and Amsterdam suggested to Almere to take its place. Almere gladly joined TITTAN because it recognized the opportunity to gain valuable input for its local policy development on eHealth. Lessons learned by Almere are being shared with the other municipalities (32) within the AMA and with the body that governs the 2014-2020 ERDF Operational Programme (OP) of the West Nederland (Kansen voor West II), which is the City of Amsterdam.

In a sense the City of Almere is the “odd one out” compared to the other regions participating in the TITTAN project because it is no region in itself, but rather a member city of a regional collaboration of cities (AMA). That limits the influence of Almere on regional policy and funding. (This same situation holds for the City of Amsterdam or any of the 32 cities within AMA)

With regards to the 2014-2020 ERDF Operational Programme (OP) of the West Nederland (Kansen voor West II) it should be stated that Almere's local policy development will be terminated in concept by the end of 2019 and will be decided upon by the City Board and Council in 2020. It is questionable to what extent this will still influence the 2014-2020 OP. By submitting this policy to the governing body (City of Amsterdam) and the fellow municipalities of the AMA in 2020 it would seem more likely that the Almere contribution will influence the OP for the next phase of ERDF through the City of Amsterdam.

To make this point very clear: there are two levels of policy instruments involved. First there is the local policy of the City of Almere and second there is the 2014-2020 ERDF Operational Programme (OP) of the West Nederland (Kansen voor West II). The first is to influence the second. In our progress reports this sequence has been indicated, but maybe not extensively enough explained as to its workings.

Part III – Details of the actions envisaged

1. The background

The TITTAN project has taught us about eHealth from three perspectives (3 Thematic Areas): The uptake of innovative eHealth products/ services (Financing and procurement practices), Establishing and enhancing an eHealth innovation eco-system and Involving the end user and raising citizen awareness on eHealth to improve quality of life. We have seen many good practices from around Europe. We have recognized that the healthcare systems differ strongly throughout Europe. In many regions health is strongly centralized by regional governments whereas in the NL it is the National Government, the health insurers and the local governments that govern Health and (Social) Care.

Despite those differences we feel that the TITTAN approach and focus provides us with a worthwhile framework for our policy development: Finances, Eco-system, End user. Our policy document will be modelled along those lines (see action 1) and measures from our European partner regions will be used as reference and sometimes implemented (partly, see action 2).

In the area of procurement we have seen how our partner regions differ very much in their approaches. Some of the partner organisations have total control of policy instruments and of budgets for innovations or implementing innovative practices. Especially in Galicia, Lower Silesia, Lombardi and Scotland there is a strong central direction for policy and funding. In Saxony and the Basque Country, this central grip seems less firm and the project partners representing those regions are much less in control of funding and policy instruments. In Almere this centralized power is even less. The city has hardly any control on the national health policy (for it is organized nationally in the NL rather than regionally). The city of Almere can make its own health policy at the level of the city only, including eHealth, aimed at care and prevention rather than at curative aspects. Having learned about the existence and opportunities of PCP and PPI we are now far better aware of mechanisms to promote the uptake of eHealth applications and inspired to look at local opportunities in innovative ways. In the meantime The Netherlands is busy with a nationwide plan (through MedMij guidelines) to support a personal health environment for every citizen to be in charge of its own health (data).

In the area of establishment of an innovation ecosystem for health, Almere on the other hand has proven by example of the GezondheidFabriek (good practice 'HealthFactory' and Amsterdam Economic Board/ AmsterdamHealth) that a close connection between local government and an eHealth promoting innovation organisation is very useful. This innovation ecosystem has a clear function on local and regional (AMA) level in supporting, initiating and facilitating innovations and projects aimed at a better quality of life, an improved healthcare system and economic growth. TITTAN made it clear that for larger organisations and regional bodies it can be very hard to develop and maintain such an ecosystem, by cause of the relatively greater distance between the government and the organisations involved in innovation. Larger numbers of stakeholders with a very diverse range of interests make this a more complicated endeavour. Also we believe that an ecosystem like ours thrives on personal relationships between actors. If the distance between actors is too large, ecosystems don't thrive.

This argument also applies to the theme of involving end users: regions don't "know" their end users (other than through statistics) as well as municipalities do. On a local level there is direct contact between end users and policymakers. These short lines secure a realistic input and stronger influence by end users on the eHealth policy and on the development of "customized" innovations that are needed in this specific city or even neighbourhood. Our good practice of Senior-Live (primary end user organisation) and the connection between Senior-Live, the GezondheidFabriek and the city officials proves this point.

We are very interested in a follow up project aimed at modelling and comparing various Living Lab environments within our partner regions. We feel we have a strong model for that here in Almere (with Senior-Live and the GezondheidFabriek) and some of our (TITTAN) partners and local stakeholders have shown a keen interest in that.

The new eHealth policy will be supportive to and facilitating for the wider healthcare policy and policy program for senior Citizens in Almere named Goud in Almere (Gold in Almere).

ACTION 1: Local eHealth Policy development

Boosted by our activities in TITTAN, in Almere we are in the process of developing a local eHealth Policy aimed at enabling our (elder) citizens to live more active and healthier. This policy document will be shared within our AMA region and will be presented to the governing body of the regional policy instrument (Kansen voor West II). It is quite unique for a municipality in the Netherlands to be developing a comprehensive eHealth policy. The examples of other municipalities in the Netherlands are quite limited in scope and projected impact.

The Almere eHealth policy will be developed in 2019 and put to decision making by the City Board and Council in 2020. It is worthwhile to mention that Almere is unique in this respect as there are very few cities in the Netherlands that have so far created some kind of eHealth policy instrument. In practice this policy will be closely interlinked to the policy documents that are currently being co-created with and for the elderly to support active and healthy ageing and living in Almere.

Local policy making is a process that involves all local stakeholders. Input is needed from actors in the industry, NGO's, knowledge institutes and citizens (end users). All stakeholders will be consulted within a framework provided by the city officials. The framework that is being applied in the case of eHealth policy will be the one provided to us by TITTAN. It consists of the three areas: 1) Procurement of innovative services, 2) Developing and maintaining an innovative eco-system and 3) Involving end users and creating awareness. The policy will be aimed at creating the best circumstances for reaching these three "objectives" in our city's eHealth practice.

The policy making process has started in 2018. Then it was halted due through municipal elections. After the new city board and city council had been instated, later in 2018 the policy making process has been picked up again. In 2018, the framework for the eHealth policy was devised and now stakeholders are being consulted on what they think the policy should entail. Later in 2019 a concept policy paper will be devised and shared with the stakeholders for reviewing before it is being finalized and put up for formal decision making by board and council.

The link between this action and the 2014-2020 ERDF Operational Programme (OP) of the West Nederland (Kansen voor West II) has been described in the paragraph before this one, concerning the Background.

Players involved

- City of Almere – Local government, municipal board and counsel are responsible for policy decision making
- GezondheidFabriek – Knowledge, networking and project development and support partner
- HierTV Foundation (Senior-Live) – End user organisation, Living lab development
- Social Domain Council – Advisory council of end users
- Zorg Groep Almere – Principal provider of healthcare and social care in Almere
- City of Amsterdam (Age Friendly City Amsterdam) – Main local government in the region
- Zilveren Kruis – Main healthcare insurance company in the region

Timeframe

Work on the policy development started early in 2018 and will continue into 2019.

We expect a draft version to be ready by Q4 of 2019.

The decision making process will then take place early in 2020. Implementation of the policy will then happen in Q2 and Q3 of 2020

Deliverable

City of Almere eHealth Policy implemented

Costs

Not relevant, policy making is going concern for a Municipal organisation.

Funding sources

The policy making process is funded from the Municipal budget.

Implementations of measures learned from TITTAN partners derived from policy development Almere

Many learnings from TITTAN partners' best practices have been and will be incorporated in current and new projects carried out in Almere. The object for describing this action is to show how measures and lessons from the TITTAN project are being applied in the Almere context.

Several project applications aimed at supporting active and healthy ageing of our elderly population have been submitted and granted that build on knowledge gained through the TITTAN project. The projects will be carried out by our stakeholders:

1) GezondheidFabriek is the lead partner of a substantial EFRO (ERDF)-project 'The eHealth Users Guild' aimed at boosting the Silver Economy by actively facilitating the adoption, integration and scale up of eHealth solutions by both elderly and their formal and informal carers (related to product-, service- and systems innovations as discussed in the TITTAN project). For this project lessons from several participating regions have been applied, most of them with regards to the introduction an adoption of new services and products by elderly. These learnings were very diverse: Lower Silesia, Scotland and Basque Country with regards to involving elderly, Lombardy with regards to organizing innovative power through their innovation platform, Scotland with regards to improving adoption of innovation by end users. Parts of all these examples will be involved in this project.

This concerns a three year project over 2019 and 2021. Elderly people, (in)formal caregivers and entrepreneurs will co-create and implement innovative eHealth solutions in short stay/ recovery facilities. The aim of that is to make them aware and acquainted to the new services and products, and to lower the threshold to adopt these services in their private homes after they return home.

An extensive project plan exists for this project and it can be provided if necessary. Results from this project concerning TITTAN, will be shared with the partners.

- <https://www.gezondheidfabriek.nl/ehealth>

2)The GezondheidFabriek as well as Senior-Live are partners in two Active and Assisted Living (AAL) projects engaging elderly citizens through co-creation activities (based e.g. on the Scottish Living-it-up co-creation project approach). Project 'Ú-TOPIA' concerns the co-creation of supporting technology with and for elderly HIV patients (and their carers), Project Gift2Gift concerns the co-creation of a senior-to-senior model for boosting both the participatory economy as well as active and healthy ageing. For both projects project plans are available and can be provided.

- <https://www.gezondheidfabriek.nl/u-topia>
- <https://www.gezondheidfabriek.nl/gift2gift>

3) From the examples in Lower Silesia (ICE wrist band), elements were introduced in a project called Life-ID that will be piloted in Almere in 2019 and implemented in 2020

4) Also from Lower Silesia elements of their "smart apartment" were introduced in the Who Cares Project that

is planned for 2019-2020.

Players involved (please indicate the organisations in the region who are involved in the development and implementation of the action and explain their role)

- GezondheidFabriek
- HierTV Foundation (Senior-Live)
- Their regional partners:
- *Businesses* : Dezzel, Cinnovate, Brevidius, MedicineMen, Vahlkamp, ZorgBel
- *Knowledge institutes* : Waag, Amsterdam University of Applied Sciences, Ben Sajet Centrum
- *Care providers* : Woonzorg Flevoland, Zorgresidentie Reedewaard, LZorg
- *End user organizations* : HIV Vereniging Nederland

Timeframe

- ERDF project 2018-2021
- AAL projects 2018-2019.
- Life-ID 2019-2020

Costs

Each of these projects already have their budgets and co-financing secured.

The budget of the ERDF project is €2,2M (overall 15 regional partners investing 60% of the project costs).

The budget of the two AAL projects is ca. €250k each. Not all AAL partners are from the NL/ Almere area.

The budget for Life-ID cannot be disclosed since it is an SME that owns the service.

Funding sources

EFRO Kansen voor West II (ERDF) programme, European AAL programme, private funds (businesses)

Exact funding plans for these projects are available upon request. Given that our goal for adding this action is to show how TITTAN learnings have been implemented in Almere, we do not provide these here.

The first version of the Almere AP was endorsed by the City of Amsterdam, including a signature and a stamp. The signed version, unfortunately was not the one provided to the JST due to a mix up in Almere. Endorsement will be provided for this version again, however, that will take two weeks approximately.

Date 15-10-2018

Signature:

Stamp of the organisation (if available):