



# **ITHACA CASE STUDY NO.:9**

## **FRIULI VENEZIA GIULIA REGION**

**Friuli Venezia Giulia Region**

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## 1. INTRODUCTION

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### 1.1 Background to the Case Study

1.1.1 The Friuli Venezia Giulia Region was the setting for the last of nine ITHACA project *Exchange of Experience and Peer Evaluation (EEPE)* events on 9, 10 and 11 April 2019. It comprised a series of talks, demonstrations and site visits to key initiatives designed to inform the visiting delegation of experts<sup>1</sup> about how Friuli Venezia Giulia Region is working to ameliorate the quality of life of Elderly, accelerate the scaling up of smart health and care solutions for active and healthy living whilst achieving the triple win of economic growth, more sustainable health and care systems and improved well-being for its citizens. It concluded with an interactive and structured peer evaluation session.

1.1.2 The Friuli Venezia Giulia EEPE was structured around three pillars that are the hallmark of the ITHACA project. These were the Friuli Venezia Giulia Region's:

- Strategy and policies on AHA;
- Eco-systems for developing a co-created policy and scaling up smart health and care solutions;
- experience across the innovation cycle (invention, co-creation, market testing, validation and scaling up) and Innovations.

### 1.2 Methodology

1.2.1 This case study is informed by and derives from:

- documentation provided by Friuli Venezia Giulia Region stakeholders before and during the EEPE event – including strategy documents, evaluation reports and promotional materials;
- the information and evidence presented and demonstrated during the event – including PowerPoint presentations;

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<sup>1</sup> 31 delegates attended the Friuli Venezia Giulia Region EEPE. They were from 8 ITHACA regions: LCT (England); Zealand (Denmark), Baden-Wurttemberg (Germany), Nouvelle Aquitaine (France), Nord Brabant (Netherlands), Ljubljana (Slovenia), Basque Country (Spain) and Malopolska Region (Poland).

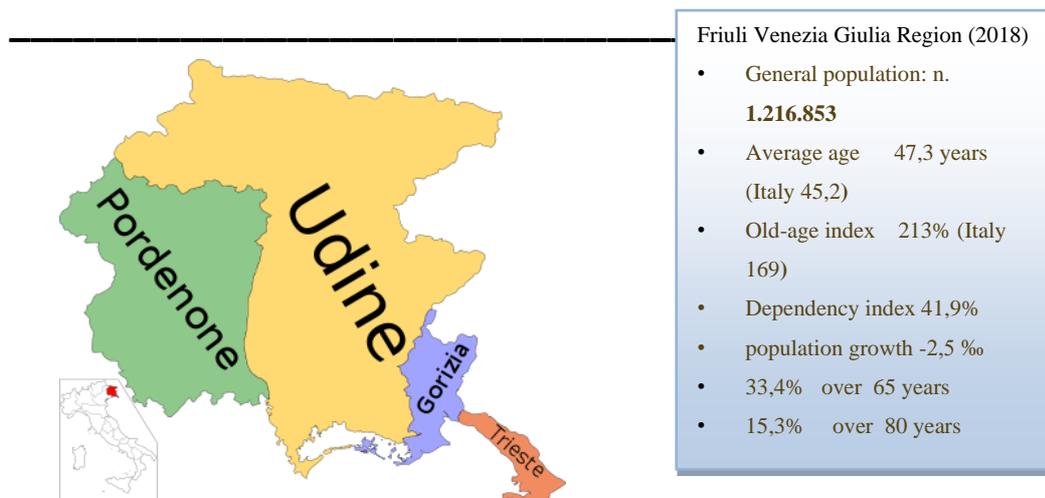
- peer evaluation feedback from visiting delegates presented during the EEPE's concluding peer evaluation session and in follow-up, written reports.

1.2.2 **Friuli Venezia Giulia** Region stakeholders were briefed to provide information that would help the visiting delegates to understand the Region's policy, activity and infrastructure and make informed assessments of their strengths and weaknesses. Equally, the visiting delegates were briefed about the peer evaluation process (see section 5.1). This enabled them to act as an 'evaluation and feedback team' and to provide structured feedback to the hosts about what they saw and learnt. In this context, visiting ITHACA delegates brought their own knowledge and experience and, with the benefit of a fresh eye, they provided **Friuli Venezia Giulia** Region stakeholders with an expert critique and recommendations about the region's approach. It provided a forum to engage in a mutual discussion about visiting delegate perceptions and flagged up implications for policy and practice going forward. The verbal and written insights of visiting delegates emerged through the peer evaluation process and have influenced and added considerable value to the content of this case study.

### 1.3 Structure of this Case Study

1.3.1 The rest of this report sets out the approach adopted in **Friuli Venezia Giulia** Region in promoting Active and Healthy Ageing and scaling up smart solutions for health, care and well-being along with highlighting the expert feedback from the ITHACA delegation. Section 2 outlines the strategies and policies in **Friuli Venezia Giulia** Region that shape and drive the active and healthy ageing agenda. Section 3 highlights the **Friuli Venezia Giulia** Region's ecosystem. Section 4 focuses on the innovation cycle and the range of initiatives and innovations in **Friuli Venezia Giulia** Region that stakeholders presented at the EEPE event. Section 5 flags up key assessments from the visiting delegates that were fed back during and after the EEPE event, discusses the key findings that have resonance and presents the case study's recommendations.

## 2. STRATEGIC AND POLICY CONTEXT



### 2.1 Overview Friuli Venezia Giulia Region

The Friuli Venezia Giulia Region (FVG) ranks as the second Italian Region in terms of senior population. The Region has been working since 2002 to translate this challenge into an opportunity through practical actions, both in terms of support for research and innovation of enterprises and in terms of boosting new participatory welfare models promoting public and private partnerships (participatory foundation) to move towards deinstitutionalization of older people (and disabled people) and promote their autonomy and independent living while fostering their right to participation in community life. In 2014 the regional government adopted the Regional Law no. 22 of November 14, 2014 'Promotion of active ageing'. The Region pursues the aims of this law through the planning (3 years plan) of coordinated and integrated interventions in favour of the elderly in the areas of health and safety, participation, lifelong learning, work, culture and social tourism, sport and leisure time, civil commitment and volunteering and to achieve these goals a multiannual budget under the name "Program of interventions concerning the promotion of active ageing" was established in 2014. The Friuli Venezia Giulia Autonomous Region (FVG) is a leading player in the research and innovation field and it has been awarded with 3 star in the context of European Reference Site(call 2019) within the European Innovation Partnership for Active and Healthy Ageing (EIP AHA) It is a member of CORAL (Community of Regions for Assisted Living) network (a strategically prominent network of 38 European

regions) and is a member of the Reference Site Collaborative Network. It has established collaborative links with numerous European regions. Importantly, Smart health is one of the **fine** key areas of the FVG 's smart specialisation strategy (Agribusiness, Metalworking and Home sector, Maritime technologies, Smart Health, Culture).

Several key documents provide the strategic and policy framework for the Friuli Venezia Giulia Autonomous Region 's agenda for innovation in health, care and well-being. Mirroring the EIP AHA's "triple win" ambitions, they are:

### 2.2 Regional Strategy on Active and Healthy Ageing

Since 2002 the regional Government has been working to translate the challenge of ageing into practical actions aiming at boosting new participatory welfare models promoting public and private partnerships (participatory foundation) to move towards deinstitutionalization of older people (and disabled people) and promote their autonomy and independent living while fostering their right to participation in community life. Considering the Elderly as an important resource for the entire regional ecosystem the Region developed an integrated policy addressing all the aspects of elderly's life.

#### 1. Health and Well Being:

Regional Law no. 6, 2006 "Integrated system of initiatives and services to promote and protect social citizenship rights"; - Through article no.41 the Friuli Venezia Giulia Region established a Long-term Care Fund (Fondo per l'autonomia possibile e per l'assistenza a lungo termine) with the aim of helping elderly adults who, due to a substantial loss of autonomy, are not able to independently care about themselves and to live an independent and decent life. The main program for domiciliary-assistance to the elderly is the CAF cash-benefit (Contributo per l'aiuto familiare, Family help contribution) which aims at (partially) financing the home-care services received by the elderly from private nurses or social assistants, with an employment contract of at least 20 hours of assistance per month. An additional, yet alternative, cash-benefit is the APA (Assegno per l'Autonomia Possibile, Autonomy Allowance): a monetary contribution, lower than the CAF, for those vulnerable elderly who receive

help from informal-caregivers (mainly family members). Both programmes are means-tested and have age-requirements for eligibility. The Fund also finances the *Sostegno alla vita indipendente* (Allowance for an Independent Life), and the *Sostegno per persone con problemi di salute mentale* (Allowance for cognitive impaired individuals), who provide benefits to non-elderly individuals suffering from specific mental illnesses or (temporary) severe disabilities. The Fund's resources are allocated to the Municipalities Social Services Departments. The Article no.18 of the Regional Law no. 6, 2006 establishes that the Social Service of the Municipalities - encompassed in one of the 19 regional associations of municipalities - is governed by a convention promoted by the Assembly of the Mayors. For the implementation of the Social Service Municipalities can choose among 4 different models: 1.the delegation to a Leading Municipality; 2. the delegation to the competent Local Health **Authority that assures the territorial social and health assistance**, the delegation to a Personal Service Public Society (ASP) 4. the delegation to Inter-municipal territorial unions. The Municipality can organise the delivery of social services **by means of social cooperatives an Italian pattern for social enterprises established** in 1980, with Regional Law n. 72 of the Friuli-Venezia Giulia Region, "Regulation for the Safeguarding of Mental Health", which designated social cooperatives as social integration structures. In 1991, following the development of social cooperatives in the area of social integration, the government passed Italian Law 381, "Regulation of Social Cooperatives", which states that these enterprises "work in the public interest through the human promotion and social integration of citizens, through:

- the management of social, healthcare and welfare services (Type A coop)
- diverse activities (agricultural, industrial, commercial and services) for the occupational training/placement of disadvantaged persons (Type B coop)."

The Law states that disadvantaged persons must make up at least 30% of the workforce of Type B coops and, to the extent possible, should be members of the coops for which they work.

Regional Law no. 22 of November 14, 2014 'Promotion of active ageing'. The [Friuli Venezia Giulia](#) Region is one of the first Italian Region to adopt a regional law on AHA. The law clearly states that the regional care system is centred on three main pillars to

promote independent living and active ageing supporting home care and social living; supporting healthy lifestyles; supporting socializing projects. The Region pursues the aims of the law through the planning(3 years plan) of coordinated and integrated interventions in favour of the elderly in the areas of health and safety, participation, lifelong learning, work, culture and social tourism, sport and leisure time, civil commitment and volunteering and to achieve these goals a multiannual budget under the name "Program of interventions concerning the promotion of active ageing" was established in 2014. To ensure the integrated implementation of the law, the Region set up board working on active and healthy issues encompassing the following regional Departments: Central Directorate for Health, Social Policies and Disability, Central Directorate for Work, Training, Education and Family, Central Directorate for Infrastructures and local areas, Central Directorate for Culture and Sports, Central Directorate for Production Activities; General Directorate, Central Directorate for Local Authorities, Security and Immigration policies.

## **2. Housing and Accessibility**

The Region promotes interventions to adapt living spaces to meet older people's requirements through technological improvements and innovative housing methods experimentation. Regional Law no.10 of March 19, 2018 "General principles and implementing provisions on Accessibility"; Resolution of the Regional Council No.1383/2019: REFERRED TO IN ARTICLE 24 OF THE REGIONAL LAW 16 OCTOBER 2014, N. 17 paragraph 2a: introduction and definition of the integrated personal budget, as a health budget for the financing of experiments in the field of inclusive living for the elderly; Resolution of the Regional Council No.1385/2019: "GUIDELINES FOR THE PROMOTION AND IMPLEMENTATION OF EXPERIMENTAL FORMS OF INCLUSIVE LIVING REFERRED TO IN ARTICLE 24 OF THE REGIONAL LAW 16 OCTOBER 2014, N. 17: Innovative Domiciliary Care.

## **3. New technologies**

The health sector represents one Area of the Smart Specialization Strategy (S3) of Friuli Venezia Giulia (FVG), defined by the Regional Administration after an Entrepreneurial Discovery Process (EDP). The SMART HEALTH AREA focuses on biomedical, biotechnological, bioinformatics and AAL sectors.

In 2015, the Regional Administration officially acknowledged the **Smart Health Cluster FVG** and entrusted CBM - identified as Innovation District by Regional Law **3** of 02/20/2015 - with the task to **foster the development of MedTech, Biotechnology, IT-HealthCare, and Ambient Assisted Living (AAL)** industries. The cluster encompasses more than **150 companies** operating in the field of Healthcare, **4 science and technological parks**: AREA Science Parc of Trieste, Science and Technology Park “Friuli Innovazione” of Udine, Technology Park of Pordenone, and InnovaFVG of Amaro, Trieste, Udine, and the International School for Advanced Studies (SISSA) of Trieste; **2 National Research Council institutions (CNR)**: “Istituto Officina dei Materiali” (IOM) and “Institute of Crystallography” (IC) **6 international research institutions**, **2 academic medical center hospitals**: Trieste and Udine, both certified by the Joint Commission International **2 Scientific Research and Healthcare Institutes (IRCCS)**: Ospedale Infantile Burlo Garofolo of Trieste – Child Hospital – and Centro di Riferimento Oncologico (CRO) of Aviano (Pordenone) – Oncological Hospital. In 2017 the Region Friuli Venezia Giulia Region (FVGR) joined the AAL Association and consequently, is eligible to participate as a **full member** in the AAL Programme. Since 2018 FVGR took part in the management of **the AAL Call** too, as a funding authority, making available a dedicated budget.

#### 4. Lifelong learning

The Region values and supports training, knowledge and cultural professional, ICT skills exchange between young and old people, through special projects funding. It, also, supports caregivers’ training and adults’ life-long learning. As regards lifelong learning the Region promotes adults’ education supporting the creation of a non - formal system aiming at achieving the following objectives: active citizenship, self-realization, social inclusion, adaptability to innovation in the age of globalization and employability of older workers.

#### 5. Culture and Tourism

The Region supports specific training targeted tourism operators in order to raise awareness of elderly tourism (focused on seniors and / or carriers).

#### 6. Civic Engagement

The Region promotes the participation of the elderly in community life and civic engagement through social projects or supporting volunteering, associations or family associations network.

### 7. Transport

The Region fosters local mobility of older people through specific interventions on the public transport system and develops adjusted, alternative and assisted collective transport services.(i.e.: subsidies for the purchase and the adaptation of motor vehicles for the private transport, organization of transport from elderly's house to day- centres).

### 8. Friuli Venezia Giulia Family support

The Region supports families to strengthen family networks helping elderly to remain at home and developing information and training initiatives for their relatives. The **regional Programme Si.Con.Te.** (Reconciling Integrated System) aims to help family members reconciling working life and caring life, i.e. the time spent to care for their older relatives. It consists of local offices spread in the Region in cooperation with regional employment services.

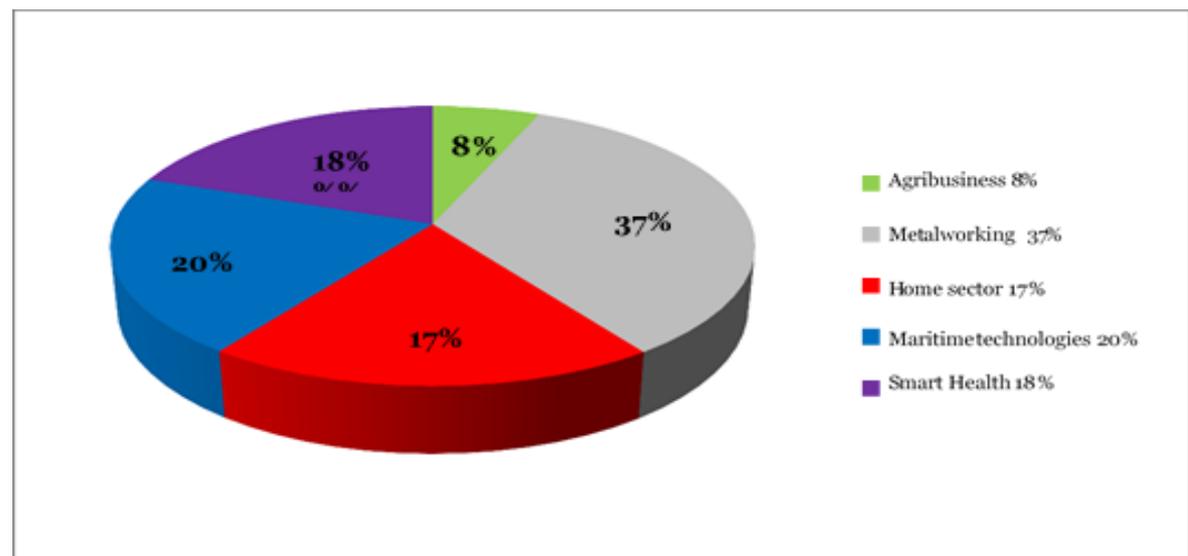
The Region to ensure the a large sensitization on the topic of Active and healthy Ageing created in 2017 the Active Ageing Portal <https://invecchiamentoattivo.regione.fvg.it/>. The portal was designed to make more visible initiatives, activities and interventions which are implemented in the Region and to create/strengthen networks among citizens, public bodies, enterprises and associations operating in the sector at any level.

## 2.3 The Regional Operational Programme ERDF 2014-2020

The Regional Operational Programme ERDF 2014-2020 has a total value of € 230 M and through the *AXIS n.1 - Strengthening research, technological development, and innovation - Action: 1.3.b - Collaborative R&D activities for the development of new sustainable technologies, new products and services* it supports the development of new products and services in the smart health sector.

Figure 1 Breakdown of financial contributions by specialization area

ROP ERDF 2014-2020 –31.12.2018



By the end of 2018 no. 625 projects were funded by the ROP ERDF 2014 – 2020 and among them 119 projects focused on Smart health Area.

### **The Governance of the regional Smart Specialization Strategy**

On May 30th, 2019, with Regional Council Decree no. 883/2015 the Regional Council approved the revision of the governance model, in order to satisfy the European prevision for the new Programming period 2021-2027. Taking into account also the suggestions of the external evaluator, the governance model of the regional smart specialization strategy was revised to ensure organisational simplification, the strengthening of stakeholders involvement and the improvement of internal administrative capacity as well.

The regional government provides political direction and it is responsible for the approval of the regional Smart Specialization Strategy and its changes and implementation.

The new governance model envisages:

- Regional coordinating structures
- Steering Committee
- Strategic Committee
- Technical Secretariat

### **2.3 The Scientific and Innovation System of Friuli Venezia Giulia (SiS FVG)**

Over time the [Friuli Venezia Giulia](#) Region has been characterized by its international hospitality and for being a pole of attraction for highly qualified human capital. As a

result of geographical, cultural and political factors, it holds a leading position, particularly in terms of the internationalization of human resources active in research. Leveraging this uniqueness, the Regional Authority, the Ministry of Foreign Affairs and International Cooperation and the Ministry of Education, University and Research signed, in August 2016, the new Programme Agreement for the enhancement of the Scientific and Innovation System of Friuli Venezia Giulia (SiS FVG). The Programme Agreement is considered as a strategic tool for the development the of the scientific-technological system and regional innovation and aims to ensure appropriate effects of research activities on the Regions from the socioeconomic perspective.

The Agreement also aims to achieve an effective Regional Scientific and Innovation System. To this end, it seeks to strengthen the coordination of scientific activities and the sharing of services, fostering the link between the scientific system and economic and local realities, to increase the national and international visibility of the System, promoting technical and scientific education and the dissemination of knowledge surrounding innovation.

At the regional level, the establishment of the SiS FVG is consistent with sectoral policies that favour scientific-technological system and regional innovation and aims to ensure appropriate effects of research activities on the Region systemic approach and a strong involvement of local stakeholders and, in particular, through the implementation of the Region's Smart Specialization Strategy, the lines of financing to the university system and the accentuation of regional policy on clusters, integrated into a single managing body.

As regard science it is important to highlight that in 2020 Trieste will host the important ESOF initiative, becoming the European Capital of Science.

### **3. ECO-SYSTEM**

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3.1 The Friuli Venezia Giulia Region Eco-System Context

3.1.1 “Trust is the base to scale up innovation in health and care sectors” this was the statement of ITHACA’s partners during the last public meeting hosted in Friuli

Venezia Giulia Region in October 2019 in the context of the event “Meet in Italy for life science”. The objective of involving regional eco-

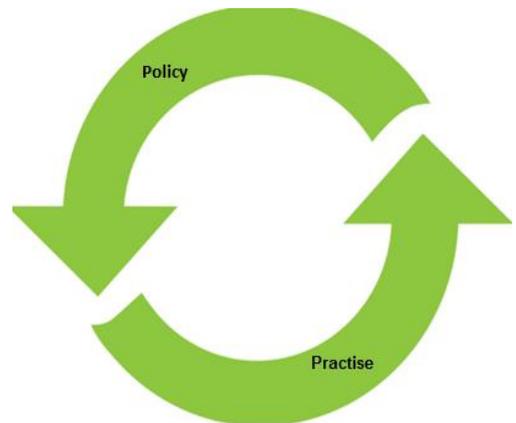


systems in the ITHACA context is to enable “learning cultures and knowledge” which is of benefit particularly to “stakeholders”, engaged and forming part of “the smart health/care ecosystem and value chain”<sup>2</sup>.

The project aims at achieving “real change”, in terms of improvements of “policy, practice and impact”.

It is important to understand how eco-systems can be of benefit:

A first intention could be that the **eco-system can improve the difficult translation of policy into practice**. “Smart Specialisation strategies”, for example, often contain a vision on how we ideally wish smart health and care, to function. The practise might be far from the vision. In terms of change, the



ITHACA 2 pillar: Ecosystem by sub ETF group Xenia, Eric, Elena, Paul and Valentina.

ITHACA eco-systems could help practice move closer to the desired vision.

**A second intention could be to use the eco-system to improve policy.**

Stakeholders in the eco-system identify the barriers in their practice to reach the desired state (vision/strategy). This way around practice wish to impact policy. The impact/improvement level can be achieved though first and second intention.

This position aligns to stated ITHACA aim of supporting scale up smart health and care innovation that results in a triple win of:

- ✓ adding years to life of citizens and life to those added years
- ✓ economic grows as a result of increased demand for smart-health/care (business growth/healthier workforce)
- ✓ public sector/municipal and insurance funded services a) are proactive (rather than reactive) and b) sustainable

As one of the Friuli Venezia Giulia Region goals was to scale-up smart health innovative solutions for creating economic development, in order to take the process a step further the Region decided to adopt a quadruple helix ecosystem (open innovation model). The 4 Helix Innovation model helps to break the traditional silos between government, industry, academia, and citizens while bringing multidisciplinary viewpoints together in an environment that promotes team working, collaboration and the sharing of ideas with the aim of creating new shared value that benefits all participants. Value is characterised by a long-term view, focusing on improved social conditions as well as company performance. And success is measured for the ecosystem as a whole, rather than individual units.

In [Friuli Venezia Giulia](#) Region we are working to switch from the existing triple-helix innovation model adopting the open innovation approach.

The regional smart health and AHA ecosystem includes:

- Regional permanent working group for the implementation to the regional law on AHA adopted in 2014;
- the Smart Health Cluster;

- boardCitizens and End users of services: elderly people, families, caregivers;
- Beneficiaries of the Regional Law on Active Ageing: Municipalities, Associations, Social Cooperatives, Local Health Authorities.

### The Inter-directorate board on AHA

The Region to implement its integrated policy on active and healthy ageing created the Inter-directorate board on AHA. This body encompasses 7 of its Central Directorates and the Liaison Office of Friuli Venezia Giulia region in Bruxelles.

The AHA board is coordinated by the Central Directorate of Health, Social Policies and Disability, it meets once a month and is charged of the definition and implementation of the three years plan and the annual plan on the implementation. The annual plan is approved by the Regional Council by the 28th of February of each year.

### The Cluster Smart Health

In 2015, the Regional Administration officially acknowledged the Smart Health Cluster FVG and entrusted CBM - identified as Innovation District by Regional Law 3 of 02/20/2015-with the task to foster the development of MedTech, Biotechnology, IT-HealthCare, and Ambient Assisted Living (AAL) industries. Its goals are: facilitate business development, create opportunities for start-up through technology transfer, internationalization, seed money.

### Citizens and End users of services: elderly people, families, caregivers and Beneficiaries of the Regional Law on Active Ageing.

The action plan of the Friuli Venezia Giulia Region envisages the definition of the Governance of the Law 22/2014 through the creation of a LIVING LAB on active and healthy Ageing encompassing all these actors.

## 3.2 European Union Supported Projects on Ageing

### ASTAHG - Alpine Space Transnational Governance of Active and Healthy Ageing

The project aims at supporting the innovation of the Public Administration policies focused on active aging, through better coordination of actions undertaken by different sectors and different levels of governance, in order to respond to the needs of the territory. The idea is to deal with the challenge of the aging of population in a

transnational way by establishing cross-sectoral and multilevel cooperation, with the involvement of the public and private sectors to push on innovative models.

To achieve this goal, ASTAHG will: establish a transnational governance board engaging policy makers and influencers in the AS to define a network of common policies, develop a portfolio of good practices in AHA governance, based upon the analysis of current models, with possible pathways to mainstream them, establish an AHA innovation observatory, classifying initiatives and solutions with context and efficacy indicators, develop a framework for AHA innovation, based on the Quadruple Helix model, to help the collaboration of public actors, R&I, social business actors and citizens in the collaborative design and fundraising of innovation, align results and efforts with EUSALP to enhance the level of transnational governance through the AS. The project started on 17/04/2018 and will end in 16/04/2021.

The project involves :Friuli Venezia Giulia Autonomous Region- Central Directorate for Health, Social Policies and Disability (leadpartner), Area Science Park, Autonomous Province of Trento (IT), Local Health Authority n.1 Dolomiti (IT), National Institute of Public Health (SLO), European Centre for Social Welfare Policy and Research (AT), University of Salzburg, Centre for Ethics and Poverty Research at University of Salzburg (AT), Geneva International Network on Ageing (CH), A professional network of home care service providers of Provence-Alpes-Côte-d'Azur (FR).

Project web site: <http://www.alpine-space.eu/projects/astahg/en/home>

*iCONNECT "Intergenerational CONTACT between students and people with dementia through Creative education"*

The project started in 2017 and will end in 2020, it aims to support the social engagement of university students (health professions) in parallel to the social inclusion of older people with dementia by bringing them together in an intergenerational creative approach. The iCONNECT project will be able to contribute to the goal of creating dementia friendly environments.

Intergenerational contact between students and older people with dementia is established through an innovative creative learning program that combines theatre, poetry and music, tapping into the long-term memory of older people with dementia. Students will gain new competences and knowledge and bring new skills into practice related to communication, empathy and creativity, while they get in contact with

people with dementia. People with dementia will be able to use their long-term memory.

### IC-HEALTH Improving Digital Health Literacy in Europe

The project was funded by the Programme Horizon 2020, it started in 2016 and ended in 2018.

The project IC-Health assessed the impact of an improved digital health literacy on groups with very diverse features in terms of social, cultural background, level of digital literacy and health literacy. Insights gained from working with these groups will also allow formulating recommendations for actions at a bigger scale.

IC-Health aimed at developing a series of Massive Open Online Courses (MOOCs) to support European citizens providing them a means to better navigate health information on the web and so improve their overall digital health literacy.

IC-Health has brought together representatives from five specific population groups to co-create tailored MOOCs: Children, Adolescents, Pregnant and lactating women, Older people (60+) and Diabetes patients.

A lot of interesting and public tools were developed in this project such as: MOOCs developed in eight languages: English, French, Italian, Danish, German, Swedish, Dutch and Spanish and available through the subscription to the web site: <https://ichealth.eu/>.

MOOCs Focusing on Elderly:

1. Digital Health Literacy – Back pain management in the over 60 age group
2. Digital Health Literacy – Mental health and wellbeing in the over 60 age group

### ALPSIB - Capacity development of public and private organisations for Social Impact Bonds

The AlpSib project was funded by the Alpine Space Programme it started in 2016 and ended in 2019. The project is set to accelerate social impact investments (SII) and focuses especially on social impact bonds (SIB). It plans to accelerate SII by developing a Social Impact Investing Hub for knowledge sharing, policies coordination and development and for assisting the supply chains in setting up new SII initiatives. The specific objectives were: 1. to align knowledge and further develop understanding on SII and SIBs in the Alpine Space; 2. to support trans-national networking and joint

development of innovative solutions and public-private partnerships to meet NEET's and Senior's needs;3. to harmonise and accelerate SII policies for commissioning better and measurable outcomes for NEETs and Seniors.

A lot of interesting and public tools were developed in this project such as: an e-Learning platform (<http://alpsib-project.eu/en/e-learning/modules/module-1/introduction/>), a SIB toolkit (<http://alpsib-project.eu/media/1885/alpsib-toolkit.pdf>) and a common methodology on Social Impact Investing (SII) (<http://alpsib-project.eu/en/news/common-methodology-on-social-impact-investing-sii-now-available/>).

### HEALTHNET - Paths of care and integrated home health care assistance through the support of ICT solutions

The project aims at defining innovative integrated care model and at developing policies shared at cross-border level on home-care for the wellbeing of citizens, through comparative analysis, training and pilot activities implementing ICT- and social innovation. The three involved Regions have already implemented cooperation projects that will feed this new proposal. Starting from the results and lessons learned from the previous experiences, the partners foresee to set-up an institutional cooperation in order to develop transferable and sustainable integrated care models with the following objectives: to improve the integration and continuity between hospital and primary care, to strengthen the capacity of independent living for people with chronic diseases mainly in the post-discharge phases through ICT-solutions (eHealth and eCare) and training activities for formal and informal carers. The project addresses crucial issues of the Italy-Austria Programme area, such as an ageing population with ageing rates higher than the EU average, the reform of health regional systems, the increasing cost of health care.

Project web  
site:[https://asugi.sanita.fvg.it/it/azienda\\_informa/Progetti\\_aziendali/healthnet.html](https://asugi.sanita.fvg.it/it/azienda_informa/Progetti_aziendali/healthnet.html)

## 4.INTERVENTIONS AND IMPLEMENTATION ACROSS THE INNOVATION CYCLE

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### 4.1 The Innovation Cycle in Friuli Venezia Giulia Region

4.1.1 The Friuli Venezia Giulia Region EEPE was organised in April 2019, it was the last one and this fact gave to the Region the opportunity of raising the local stakeholder awareness on the project goals and activities. The EEPE was hosted in Trieste and Udine and it involved also regional stakeholders working with ITHACA partners. During the EEPE the Region introduced visiting delegates to a range of initiatives and interventions carried out by local actors to improve health, care and well-being in the region, support the sustainability of the health and care sector and boost economic growth and the profitability of local SMEs. The Friuli Venezia Giulia Region chose good practices that relate to:

- Policies and strategies to tackle demographic change
- New professional profiles for domiciliary care
- Lifelong learning regional system
- Social Housing and Community health and care
- ICT based integrated care
- Solution for supporting domiciliary care
- Social impact bonds and ethical funds targeted to the elderly
- Experiences of association and social cooperatives in organizing community “services” able to tackle the problem of loneliness of oldest old (+85)

### 4.2 Capacity Building and Implementation

All the presentations shared during the EEPE 9 hosted by Friuli Venezia Giulia Region are available at the following link: <https://bit.ly/2X1E35i>.

Policies and strategies to tackle demographic change

See paragraph no. 2.2 Regional Strategy on Active and Healthy Ageing

New professional profiles in the domain of smart health

The Technical Institute A. VOLTA on "New Life Technologies"

The higher technical institutes are specific post-secondary education and training paths and represent one of the flagship initiatives of the Italian Ministry of Education, University and Research (MIUR) to (Istituti Tecnici Superiori – ITS). In 2014 a post-

secondary level of education was set up in Trieste: **The Technical Institute A. VOLTA on "New Life Technologies"**. It provides two courses, one for the "Management and maintenance of biomedical equipment, diagnostic imaging, and biotechnology" and the other one for the "Development and management of systems and solutions applied to medical informatics and bioinformatics". Both courses are integrated with Internet of Things (IoT) technologies. This training path is a success in terms of cooperation among triple helix organizations, it stems from the cooperation between the high school Istituto Tecnico Statale Volta, TBS Group, AREA Science Park, the University of Trieste, Elettra-Sincrotrone Trieste and the Province and Municipality of Trieste. It is considered as good because the **Higher Technical Institute for New Technologies of Life** is the only experience of post secondary education in Italy focusing on smart health issues. The 50% of the lessons are given by experts from companies of the area. ITS implies an alternation of theoretical and practical lessons in class and in laboratory/companies which represents an example of good practice at the end of the second year there is a final exam and, once the students pass it, they receive a certificate (which equals to the V level in EQF). As regard QUALIFICATIONS at the end of the ITS two-year programme students will obtain an Advanced Technician Diploma, a certificate that corresponds to the fifth level of the European Qualifications Framework (EQF) and entitles graduates to participate in public competitions (in accordance with the Decree of the President of the Council of Ministers 25/01/2008). Completion of the course also results in the recognition of university credits for some of the courses available in the university programme.

[www.itsvolta.it](http://www.itsvolta.it)

#### Lifelong learning regional system

The "UNIVERSITA' DELLE LIBERETA' " is a cultural association, which deals with lifelong learning and in particular with Adult Education and it is open to all generational exchanges. Its main objectives are: experiment new methods of education and training, involving groups normally excluded, provide an empowerment approach, give trust to produce self-confidence, develop new skills, give new opportunity. Some figures; N° learners: 3470, main subjects: foreign languages, ICT, physical activity.

### Social Housing Community health and care

#### MICRO AREE MODEL

Starting in 2005 as an experimental experience to day is an innovative community-based health and wellbeing reality in ASUITs. A local action in social and demographic contest, quantity delimited, territorially finite(16 small urban areas between 500 and 2300 inhabitants -5% population of Trieste) in order to organize proactive intervention an action than involved all the population(not only people with healthcare and social problems), the Municipality of Trieste–ATER (Territorial Institution for public housing ), Social services (i.e. social workers) and Volunteers associations. A framework that enables communities and local organisations to work together to improve health and wellbeing, building stronger communities and reduce inequality.

### ICT based integrated care

#### SMART CARE PROJECT

Despite the good level of health and social care integration achieved in the FVG Region, there are rising needs in terms of ageing population, burden of non-communicable and chronic diseases, need of better involvement of informal care givers. SmartCare in FVG has deployed telemedicine and telecare services for people in chronic conditions, improving home-care services, providing ICT-supported integration of health and social care, and promoting active involvement of care recipients, family members and third sector. The whole regional health system has been involved (17 health districts) and an integrated ICT solution has been developed to collect and share clinical and social data. The ICT system included the following items: HEALTH PLATFORM as an online interface between medical devices and central storage unit database which collects data through home-based HUB data collector; technology devices at patients' home for clinical and environmental monitoring that communicate data to the HUB (each device has its own memory and stores data until

they are transmitted to and recorded by the HUB that works in the same way towards the central storage); a call centre and help desk.

The main stakeholders and beneficiaries of the practice: around 100 health and social care professionals, 170 informal care givers and 200 patients were recruited in two pathways (ICP-Discharge and ICP-LT Care) in Primary Health Care environment, mainly for chronic diseases.

### Solution for supporting domiciliary care and wellbeing of elderly

#### INTEGRATED TEAM FOR DOMICILIARY CARE

Wellbeing is a generative process encompassing the delivery of adequate public services to fit population needs and to favor the end users' commitment in promoting healthy lifestyles. The Integrated Team for Domiciliary care was set up in 2016 in the territory of the Association of municipalities of the Friuli Valleys and Dolomites encompassing 22 Municipalities situated in the mountain area characterized by inhomogeneity in the distribution of essential services. The three organizations managing the practise are: the social cooperative ACLI, the Department for social services of Inter-Municipal Territorial Union of the Friuli Valleys and Dolomites, the local health authority no.5 «Friuli Occidentale». The team for domiciliary care is a multi-disciplinary public-private **team** designed to achieve these goals: maintaining the health and wellbeing of people in their community, integrating social and health operators coming from the private and the public sector, promoting skills enhancement, understanding the social (and health) care needs of elderly persons and their families.

### Social impact bonds and ethical funds targeted to the elderly

#### ALP SIB PROJECT - SOCIAL IMPACT BONDS target to elderly

The current economic and social crisis makes social innovation more important than ever in Europe. Shrinking resources, linked to growing societal challenges (aging, unemployment, ecc.) are disrupting the usual ways in which services are provided. Social innovation is needed to stimulate a new social economy in which the public-private-third sectors boundaries become blurred, the economic concepts of capital

and investment become social policy instruments and a greater value for money is achieved in public services. In the Alpine Space social innovation is pressing in fields like health care and employment services, due to increasing number and costs of NEET's and older people in the Area. To address these common challenges, common models are also needed, including new social impact investment policies which foster the provision of private capital to deliver, assess and scale innovative solutions. An alpine common methodology on SII policies with the contract templates are the main result of the project. Main stakeholders involved are: regional authorities, public authorities, social providers and investors, elderly.

### ETHICAL FUND

In 2015 the Local Health Authority decided to use part of the budget set aside for Persons with disabilities to the creation of an Ethical fund for supporting projects designed and managed by family associations. The main goal is ensuring the inclusion of people with disabilities of all ages in the life of the local community. Social housing has been recognized as a suiboard domain to develop these projects. Six projects have been approved, they were drawn up through a co-design process involving both the Local Health Authority and Family Organizations. Three of the funded projects support actions addressed to ageing people with disabilities and focus on co-housing and independent living. Projects started in 2018 and: 5 projects will last until the end of 2020, 1 project will ended in 2019.

Experiences of association and social cooperatives in organizing community

“services” able to tackle the problem of loneliness of oldest old (+85)

### THE VALUE OF NEIGHBOURHOOD

The project “Saluta il tuo vicino” is an initiative promoted by the volunteers of the Elderly Commission, sustained by the Municipal Administration of Casarsa della Delizia with the support of the social service of the Municipalities of the UTI “Tagliamento” aimed at engaging the neighbourhood in the support of oldest old over 85 affected by loneliness. Its aims are: to prevent and counter the risk of isolation and break the loneliness of the lonely elderly, through a social network of sentinels in the area; to

encourage social relations; to understand the needs of the elderly people; to report the situation to the public operators of the Municipal Social Service.

#### PROJECT "ACTIVES IN OUR COMMUNITY"

In 2017 the Communities of Carnia, Alto Friuli – Gemona and «Collinare» - territories which delegate to the local health authority the management of social services - decided to implement a pilot common action focusing on the exchange of best practices, co-design and financial sustainability of Senior Centers. Senior centers are places of intra - generational exchange and contexts of social and health prevention, in which are promoted socio-cultural initiatives aimed at encouraging the inclusion and positive image of senior citizens, as well as their civil commitment. The participation of Elderly persons in Senior Centers can benefit in terms of better psychological wellbeing and reduced stress levels. In the project the elderly themselves play an active role in the design, organization and management of the center and its activities. Beneficiaries of the project are both the elderly persons and their families adopting but the project impacts on the whole community in terms of increased awareness on elderly issues and it is an instrument to boost solidarity

#### LOCAL STRATEGY FOR ACTIVE AND HEALTHY AGEING - DEPARTMENT OF SOCIAL SERVICES FRIULI COLLINARE

The Local Ethics Committee for Clinical Trials: is a Multidisciplinary team created to ensure a respectful utilization of medicine and innovative solutions in order to protect the dignity of patients. The three key tasks of the Local Ethics Committee for Clinical Trials are: 1) an ethical analysis of particularly problematic clinical cases; 2) the drawing up of recommendations and guidelines to address recurrent ethical problems; 3) the promotion or direct management of training and information initiatives to increase ethical awareness among healthcare workers and community. The initiative started in 2011.

Pilot action for psychological support in the Primary Care Support Centers, the initiative tackled the problem of dementia through an innovative approach aiming at creating interdisciplinary teams, encompassing GP's, nurses, social assistants and psychologists to enhance the family awareness and to improve interaction with the other social and care actors

### SOCIAL FARMING POLE – IL GUADO (CORDENONS)

The aim of the action is to create supportive environments able to boost the inclusion of frail people and favour the active and healthy ageing of people in their own community. It is an action aimed at responding to the request of Elderly (frail people) to participate in social life and to be recognized as a resource for the sustainable development of the community they belong to.

## 5. PEER EVALUATION PROCESS, FEEDBACK AND RECOMMENDATIONS

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### 5.1 Peer Evaluation Process

5.1.1 The Friuli Venezia Region EEPE event involved diverse stakeholders from across the Region's eco-system. It showcased the strategic and policy context, the shape of the eco-system and the range of interventions and innovations across, and to strengthen, the regional innovation cycle for health, care and well-being. This final section of the case study discusses the findings from the exchange of experience and peer evaluation process and sets out recommendations, for Friuli Venezia Giulia Region (and particularly the regional ITHACA Stakeholder Group) and for the wider ITHACA partnership, that derive from them.

5.1.2 Visiting delegates to the Friuli Venezia Giulia Region EEPE acted as an 'evaluation and feedback team" who observed and provided structured feedback to the hosts about what they saw and learnt at the EEPE. This was delivered at two stages. Firstly, during a verbal peer evaluation feedback session in the final afternoon of the EEPE and, subsequently, in written reports.

5.1.2 Visiting delegates were asked to provide feedback on one of five themes. All themes were covered by the overall delegation. The key themes were:

- Policies, priorities, objectives and aims
- Eco-systems and clusters
- Implementation across the innovation cycle
- Innovation in policy and practice, dissemination and transferability
- Evaluation and impact

5.1.3 For each theme, delegates peer evaluation reviews focused on:

- What the host region has done;
- Strengths, areas for improvement and gaps;
- Good practices - and potential for transferability;
- Lessons learnt and their implications;
- Recommendations for the host region;
- Recommendations for other ITHACA regions.

5.1.4 The final sections of this case study summarise the key comments provided by the delegation. It is structured according to evaluation theme. Recommendations flowing from the peer evaluation - and the EEPE event overall - are flagged up.

## 5.2 Peer Evaluation Feedback and Recommendations

### *Policies, priorities, objectives and aims*

5.2.1 Delegates highlighted that Friuli Venezia Giulia Region has a very good legal framework on AHA with a broad strategic thinking, on the issue of healthy and active ageing, which includes health and social protection policies and actions related to innovation and the set up of new professional profiles consistent with the smart specialisation strategy smart health area (e.g. ITS A.Volta »New technologies of life). With respect to regional policies, the partners were able to see that policy change was at the forefront as it was implemented as soon as the system detected demographic change with a significant increase in the number of elderly people (over 65 and especially older and over 80).

5.2.2 The peer evaluation highlighted that Friuli Venezia Giulia Region's strategic approach was enhanced by its emphasis on:

- integration of policies on AHA also by means of the regional inter – directorates board;
- shifting from an “health centred” to a “care centred” approach;
- integration of health and care services;
- importance given to the improvement of the assessment of the policy.

5.2.3 Delegates also pointed out the importance of ensuring that, to maximise potential, smart health and care policies, services and solutions should be known by all regional stakeholders and involve end users in the process of their

definition and design. To secure political leadership and ownership of the agenda by key stakeholders and drive private demand more efforts are needed to spread policy implementation across the whole of the regional ecosystem.

### ***Eco-systems and clusters***

- 5.2.4 Delegates recognised the impressive role played by volunteering and appreciated the presence of a heterogeneous typology of actors: associations, social cooperatives, district, municipalities, health care companies with a high level of expertise and capacity to promote supportive initiatives for older people.
- 5.2.5 The peer evaluation also revealed several areas of potential improvement that, delegates argued, could enhance the strength of the Friuli Venezia Giulia Region's eco-system and its impact on the innovation cycle. They suggested to the Region to enhance the link between strategies and actions developed at local level through an annual process of evaluation of the outcomes of the L.R. 22/2014 »Promotion of active ageing" shared with the regional community so that the law responds to the real needs and expectations of the citizens;
- 5.2.6 Despite the important role played by the Smart Health cluster, it was argued that "a more systematic approach and visible overview of ecosystem actors" and the improved integration among the regional community and the research and economic-entrepreneurial systems will be very important to put together: need, competence and application in the real context of innovation to ensure a most effective impact.
- 5.2.7 Equally, delegates highlighted that, whilst there were examples of interesting project developed by the different regional actors, a greater exchange of experiences and a structured integration could further enhance impact and outcomes. Generally, it was argued that a more structured and systematic integration of quadruple helix stakeholders could increase innovation, service and economic potential.

### ***Implementation across the innovation cycle***

- 5.2.7 Based on the evidence from the EEPE event, delegates identified their understanding of the resources available and the approach taken in Friuli

Venezia Giulia Region to support SMEs across the innovation cycle. They pointed out the high value of the research and education system and appreciated the interdisciplinary approach demonstrated by the Cluster Smart Health directed by CBM and the “new born” Active Ageing Group promoted by the University of Udine. Research and innovation systems seemed to be well structured and have a strong link with policymakers committed to supporting them with dedicated funding lines. With regard to product and service innovation, partners have been able to appreciate many initiatives that they have assessed as very good in terms of content while they suggested mapping existing initiatives to focus funding on those that demonstrate to be really effective and useful for citizens. Turning to the projects funded by the ERDF ROP 2014 - 2020, the Delegates appreciated the high level of investment of the Region and recommend to strengthen regional supervision on the existing infrastructure to ensure their capability of supporting effective networks among all 4 helix stakeholders, to enable innovative companies to create products and services for which the market is willing to pay.

5.2.8 Delegates also flagged up potential areas for improvement. They indicated that:

- an emphasis on the development of corporate social responsibility, to make the resources of the research and innovation system more available to the territory and to integrate all the actors of innovation by valuing the role of SMEs;
- the local Smart Health cluster could support companies to develop products and services that real fit citizens’ needs, Delegates suggested to improve the living lab approach;
- move some early stage innovations from the research stage and to the implementation and market ready stage;
- capacity to support bottom up, citizen and patient led innovations could be strengthened.

### ***Evaluation and impact***

5.2.13 Given the extensive range of initiatives being carried out in the Friuli Venezia Giulia Region, peer evaluators appreciated the fact that evaluation is always an important part of the process carried out, thus they argued that more extensive evaluation (at programme and intervention levels) along with more robust methods of feeding evaluation findings into future policy and activity would be beneficial.

As regards the projects developed in the context of the technological Parks and incubators the Delegates argued that an emphasis on the connection of these actors with Civil Society will be important.