

European Innovation Partnership on Active and Healthy Ageing



ACTION PLAN

on '*Development of interoperable
independent living solutions, including
guidelines for business models*'

Date and place: 6 November 2012, Conference of Interested Partners, Brussels

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1. INTRODUCTION

Innovative approaches, methods and solutions, including social innovations and ICT developments, are essential if society is to support and enable people to live independently and to remain physically and mentally active as they age. Ageing people should be empowered to stay independent, autonomous and socially engaged for longer within their homes and communities.

However, a series of bottlenecks hamper the successful implementation of policies in this area, and the deployment of innovative active ageing and independent living solutions that can support this goal. The European Innovation Partnership on Active and Healthy Ageing (EIP on AHA) sees overcoming barriers, (such as the lack of user-centred design and involvement in meeting people's needs and in the design of services and products, missing agreement on open standards to ensure better interoperability, lack of specialised resource centres to support local care providers and limited availability of affordable and commercially viable solutions) as key to the successful implementation of actions in this area. Moreover, it recognises that addressing these shortfalls has the potential to unlock supply and demand-side barriers for solutions to independent living and active ageing that can improve ageing people's quality of life whilst generating substantial economic benefits, in Europe and globally, and supporting the sustainability of health and social care systems.

The EIP on AHA aims to identify and remove persisting barriers to innovation for active and healthy ageing, through interdisciplinary and inter-sectoral approaches. It aims to increase the healthy lifespan of EU citizens by 2 years. The EIP on AHA Strategic and Operational plans identified a set of actions starting in 2012 and delivering measurable outcomes within its 2012-2015 timeframe. The *C2 Action Group Independent Living* was established under Pillar C of the Strategic Implementation Plan (SIP).

2. OVERVIEW

The Strategic Implementation Plan for EIP on AHA identifies several action areas. One of the main priorities situated under Pillar C (Active Ageing and Independent Living) aims to enhance deployment and take up of interoperable independent living solutions based on open standards (Action Area C2).

In order to support the goals of this priority area, the specific action for the C2 Action Group is defined as the *Development of interoperable independent living solutions, including guidelines for business models – extending active and independent living through open and personalised solutions supported by global standards, validated implementation of interoperable platforms and new evidence on the return of investment.*

Currently, the Action Group consists of a wide range of participants representing the health and social care sectors, industry, public authorities, research and academic sectors (see Appendix I for final commitments).

3. HEADLINE OBJECTIVE

The overall objective of the C2 Action Group is enhancing the deployment and take-up of interoperable independent living solutions based on open standards, as per the SIP. The specific action is the development of interoperable independent living solutions, including guidelines for business models. This C2 action is supported by two deliverables:

- By 2015 availability of key global standards and validated implementations of interoperable platforms, solutions and applications for independent living.

- By 2015 availability of evidence on the return on investment of these solutions and applications, based on experience involving at least 10 major suppliers, 100 SMEs and 10,000 users. *The action group has expanded ROI to include socio-economic outcomes.*

As an action group, our focus is to deliver this in a way that enhances older people's quality of life, supports independent living and active ageing, boosts cost effectiveness for the health and social care sectors and promotes economic benefits.

To achieve this, the Action Group intends to focus on removing barriers in four major areas: empowerment, procurement, interoperable platforms and evidence of return on investment. These have been identified as a hindrance to the deployment of interoperable solutions that can help ageing people to remain independent and active for longer. To address these concerns, the action group intend to:

- Promote awareness, cooperation and confidence amongst and between stakeholders, including end users
- Promote the use of innovative procurement and regulations (of innovative products and services) in different regions
- Promote the use of innovation driven procurement
- Promote standards, guidelines and reference platforms for open interoperable solutions
- Generate evidence about the social and economic return on investment

4. SPECIFIC OBJECTIVES

In the context of this Action Plan, **specific objectives** focusing on removing the four main barriers have been defined by the C2 Action Group partners. These underpin the content and focus of this action plan:

(1) Implementation:

(a) To empower users by supporting people at home and in their local communities to lead healthy, active and independent lives through:

- 5.1. increasing stakeholder co-operation by using the concept of co-creation - based around the model of living labs/innovation centres;
- 5.2. raising awareness and thus create demand for new services and products to aid independent living;
- 5.3. building confidence in using technology.

(b) To enhance deployment of interoperable independent living solutions by:

- 5.4. sharing experiences of innovative procurement with stakeholders across Europe including the exploration of the consumer model and interoperability models;
- 5.5. ensuring that "fit-for-purpose" networks and platforms supportive of procurement and continuous knowledge sharing are in place.

(2) Socio Economic Evidence:

To identify the return on investment of interoperable platforms, solutions and applications for independent living from validated implementations from at least 10 major suppliers, 100 SMEs and 10,000 users.

(3) Interoperability:

(a) To promote standards, guidelines and reference platforms for interoperable solutions in the domain of active and independent living and demonstrate by 2015 an ICT ecosystem that uses them in pilot sites involving at least 5,000 users in at least five countries.

(b) To monitor the availability of key global standards and validated implementations of interoperable platforms, solutions and applications for independent living.

(c) To generate and make available evidence on the return on investment of these solutions and applications, based on experience involving at least 10 major suppliers, 100 SMEs and 10,000 users.

5. ACTIONS

Key actions and methods to deliver our objectives will, broadly, include:

- ❖ Sharing and documenting current expertise, knowledge and practices, including what worked well and what didn't - identifying and selecting evaluation methodologies on implementation activities, and utilising a repository for *independent living* that incorporates user empowerment, innovative procurement, interoperable platforms and solutions (including, for comparative purposes, evidence using proprietary solutions).
- ❖ Adding to the repository of current evidence by establishing mechanisms to report new (user empowerment, innovative procurement, interoperable platforms and solutions) actions by AHA members (and potentially wider) that can inform our knowledge of the "state of the art" - including gathering evidence from pilots and *EIP on AHA Reference Sites*.
- ❖ Identifying existing or on-going evaluation methodology aiming to assess socio-economic impact and return on investment.
- ❖ Calculating the social and economic returns on investment using existing and emerging evidence that can make a case for innovation and open, interoperable platforms.
- ❖ Developing toolkits and guidelines.
- ❖ Disseminating results and deliverables.

The progress of these key tasks will include:

- Workshops and seminars (linked to other Action Group activity where appropriate).
- Review of findings and results through a group of experts.
- Implementation of findings on on-going platforms and pilots.
- Delivering training to the EIP-AHA community.
- Creating a meaningful ecosystem community by liaising with pilot projects and *Reference Sites*.
- Generating policy recommendations for decision-makers and commissioners at local, regional, national, European and industry levels.
- Promoting findings, the use of the repository, toolkits, guidelines and other deliverables.

6. SPECIFIC DELIVERABLES, KEY MILESTONES AND OPERATIONAL TARGETS

6.1. Deliverables

The key deliverables for the C2 Action Plan implementation are as follows and will be based, provisionally, on 17 regions, 259 SMEs, 5 suppliers and 359000 users. Further details can be found in Appendix 1.

Deliverable	Description		Deadline
1	Guidelines on how to implement innovative		2013 - 2015

	procurement based on experiences in at least in Europe	
2	Identification of "fit for purpose" co-operation platform to support objectives of C2 action plan	2013
3	Interoperability process recommendation for EIP-AHA and recommendations for standardisation	2013
4	Set of good practice documents for the implementation of independent living solutions based on experience in at least	2013
5	Toolkit/guidance for user empowerment incorporating co-creation, awareness raising and technology confidence building	2014
6	European AHA cooperation platform to incorporate continuous learning on procurement and user empowerment, and open, useable platforms, a roadmap and information on training and awareness raising	2015
7	A self-sustainable repository of information, practice and evidence to promote the deployment of independent living solutions.	2015
8	A report that identifies the current social and economic return on investment on existing implementations that fall under the scope of the action plan	2015

6.2. Work Packages

Implementing the C2 Action Plan and achieving the deliverables is structured around four Work Packages. The following sections define the focus and content of the Work Packages.

Work Package aims to:

0. Management and Coordination

Objectives:

- ❖ Coordinate the process from top down and bottom up i.e. ensure that internal and low level objectives are fulfilled but also report high level indicators to the EU;
- ❖ Ensure that tasks are updated in light of new evidence and expertise as the commitments are open to new members.
- ❖ Monitor the activities of the work packages to ensure that they are kept on track.
- ❖ Support and shape opportunities for adding value to the independent living agenda.

1. Collating and sharing practice

Objectives:

- ❖ To collate good (and bad) practice from within and outside the AHA group and to ensure that recommendations take account of this information, reducing the possibility of alienating experts, ignoring existing tools and "re-inventing the wheel".

2. Analysis, guidelines and recommendations

Objectives:

- ❖ To design toolkits, guidelines and policy recommendations for the research community, industry, health and social care sectors and government using information gathered from within AHA groups and outside.
- ❖ To ensure that expert opinions are included so as to achieve full cooperation from the user community.

3. Promotion and dissemination

Objectives:

- ❖ To demonstrate results of the working group activities and garner further support for the deployment of the toolkits and guidelines.
- ❖ To ensure that the Action Group's work is sustainable and exploited post-2015.

6.3. Work Packages Details

This section sets out the links between key tasks, phases, milestones and deliverables of the four working packages defined for the C2 Action Plan implementation.

Work package 0	Management and Coordination	Start date: M0
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Objectives:

- ❖ Coordinate the process from top down and bottom up i.e. ensure that internal and low level objectives are fulfilled but also report high level indicators to the EU.
- ❖ Ensure that tasks are updated in light of new evidence and expertise as the commitments are open to new members.
- ❖ Monitor the activities of the work packages to ensure that they are kept on track.
- ❖ Support and shape opportunities for adding value to the independent living agenda.
- ❖ Link with other action groups in AHA and consolidate any synergies

Task 0.1 – Coordination and Project Management: M0 – M24

The Action Group coordinators will be responsible for maintaining all of the procedural and administrative aspects of the group work, and serve as the designated point-of-contact for procedural issues. It will provide a central point for inquiries and activities, and for linking with the wider EIP on AHA, DG CNECT and DG SANCO.

A project management and co-ordination team, hereby known as the C2 Independent Living Action Group Management and Co-ordination Team (ACGMT) (comprising the action group co-ordinators and leads from work packages 1, 2 and 3) will oversee the delivery of the C2 Action Group (Independent Living) Action Plan and, if needed, modify its agenda. It will manage the project and be responsible for its overall co-ordination, monitoring progress against the action plan. It will ensure linkages between the work packages.

Task 0.2 Co-ordination of EIP-AHA partners to shape and respond to future European funding opportunities related to the C2 Action Group goals and to secure Commission support for building on and supporting the delivery of this Action Plan

This task focuses on supporting the development, implementation and sustainability of partners' collaborative work to progress the themes incorporated within this action plan and to add value to its agenda. It will aim to:

- (1) provide a voice for the C2 Action Group in shaping how future funding opportunities are defined for action research, piloting and implementation for independent living;
- (2) provide a catalyst for developing proposals in response to calls for proposals and other funding opportunities;
- (3) seek financial and other "in kind" support from the Commission for the co-ordination administration, and management of the C2 Action Plan group and agenda;
- (4) seek financial and other "in kind" support from the Commission for ensuring the effective development, production and dissemination of the action plan's deliverables.

Work package 1	Collating and sharing practice	Start date: M0
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Objectives:

- ❖ To collate good (and bad) practice from within and outside the AHA group and to ensure that recommendations take account of this information, reducing the possibility of alienating experts, ignoring existing tools and "re-inventing the wheel".

There will be 4 strands underpinning the delivery of this work package. Specifically, knowledge will be acquired, documented and shared on:

1. User empowerment (task 1.1)
2. Innovative procurement (task 1.2)
3. Return on investment (task 1.3)
4. Open interoperable architectures (tasks 1.4 to 1.7)

Finally, tasks 1.8 and 1.9 are cross-cutting topics.

Task 1.1 – User empowerment: M0 – M24

The tasks in this section will nurture the development of the toolkit/guidance on user empowerment in Work Package 2.

Milestones

Mar 2013 Sharing and documenting existing expertise, knowledge and practices, relating to the user empowerment agenda, from existing AHA partners - with wider scoping if feasible.

Methods:

- (1) Identify tools to facilitate the networking and exchanging of practices on innovative procurement and user empowerment (see Task 1.2).
- (2) Good practice sharing event - for AHA partners, linked to event where partners are meeting anyway.
- (3) Utilising the evaluation/validation method for monitoring and ensuring the quality of evidence developed under Task 1.8.

Jun 2013 Drawing on above, developing initial inventory of good practice.

Jun 2013 Establishing mechanisms to report "new user empowerment actions" by AHA members that can inform knowledge of state of the art and continuously update good practice inventory.

Task 1.2 – Innovative procurement: M0 – M6

The tasks in this section will feed into the development of innovative procurement guidance in Work Package 2.

Milestones

Mar 2013 Identify tools to facilitate the networking and exchanging of practices on innovative procurement and user empowerment among policy makers, the private sector and public procurers at regional and European level.

Mar 2013 Set up an inventory of key examples of innovative procurement (pre-commercial, public, etc.) of independent living solutions - (with potential for future translation into all EU languages - to enhance functionality and accessibility for procurement staff).

Task 1.3 – ROI in AHA: M0 – M6

This is a pure collection task that aims to identify the evidence available to partners within the C2 Action Group and whether this enables conclusions to be drawn about social and economic Return on Investment.

Milestones

Mar 2013 Definition of regions (possibly aligned with the KIC defined regions).
Definition of a provisional procedure for raising evidences from all the relevant stakeholders inside the C2 Group, making use of a provisional tool (early template) (quick win).
Considering potential synergy with processes put in place by the Monitoring Framework (e.g. survey to patients/users about their QoL, mental well-being and so on). That could act as a first ground-truth measurement for gathering social evidenced from end-users.

Mar 2013 First trawl and review of readily available evidence from the C2 group.

Jun 2013 Review and enhancement of the early template to gather further evidence, according to input coming from Task 2.3.

Nov 2013 Reviewing the prototype-template and organizing initial evidences according to an early taxonomy making sense of the diversity of the addressed topics (business/economic evidences, user well-being evidences, social system impact evidences, etc.). Categorisation of users, openness, adaptability to different service models and the landscape of service providers are all potential areas for information sharing.
Design a Standard Operating procedure through which circulating the template to all the relevant stakeholders inside the EIP-AHA Partners

Task 1.4 – Provision of technical elements that will be used in the EIP-AHA community: M1 – M24

To add technical specifications and best practice in open interoperable architectures to the repository of information.

Milestones

Mar 2013 Specification of repository.

Sep 2013 Implementation of repository with initial set for pilots.

Sep 2014 Interoperability repository contribution for AHA.

Task 1.5 – User perceived interoperability evaluation framework: M1 – M6

To propose a user multi-dimensional evaluation framework including the technology, the quality of use, the impact on the organization, the societal value and the economic model dimension. The starting point is a framework studied by CENTICH in a French project.

Milestones

Mar 2013 Study of input provided by CENTICH.

Mar 2013 Specification of framework with examples.

Task 1.6 – Validated reference architecture / reference platform (including VoIP social alarm): M1 – M24

To propose a reference architecture and an associated reference platform that has been validated. The starting point is the architecture and platform proposed in the universal project.

Milestones

Mar 2013 Reference architecture and initial set of enablers' identification.

Sep 2013 Platform for pilots.

Sep 2014 Platform contribution for AHA Platform validation.

Task 1.7 – Investigation of innovative approaches (agile interoperability, interoperability by design): M1 – M24

Study requirements for agile interoperability, i.e. integrating interoperability features in a development life cycle frame that is compatible with agile programming approaches, whereby multiple evolutions of interoperability can take place in a faster cycle, e.g. at the week level, rather than at the standardization cycle (years).

Study resulting requirements for interoperability by design, and propose a roadmap.

Milestones

Sep 2014 Requirements for innovative approaches.

Task 1.8 – Evidence refinement and criteria: Mx – Mxx

This task will design a standard operating procedure to collect the evidence: it will filter evidence using the taxonomy developed in previous tasks and expert advice.

Milestones

Jun 2013 Outline an evaluation/validation method for monitoring and ensuring the quality of the evidence coming from the contributors.

Creating criteria for accepting evidence and control flow of information to the repository.

Fostering and supporting collaboration amongst those who produce independent living solutions, those who procure the solutions and, above all, those who use the solutions.

Promoting awareness of the value of standards and guidelines in facilitating the transfer of solutions to those who need it, when and if they want to use it.

Disseminating, improving access to and reducing duplication of results by promoting awareness of existing solutions and identifying gaps.

Task 1.9 – Existing repositories outside of the AHA community: Mx – Mxx

This task involves desktop research on existing repositories of evidence for Independent Living.

Milestones

Jun 2013	Desktop research on existing repositories of evidence in other themes outside health and social care sector.
Nov 2013	Operations: Collection of example evidence from C2 members.
Mar 2014	Operations: Collection of evidence from EIP-AHA regions.
Nov 2014	Collection of evidence from regions external to EIP-AHA (including the rest of the world).

Summary of Work Package 1 Deliverables

DELIVERABLE 8: A report that identifies the current social and economic return on investment on existing implementations that fall under the scope of the action plan (2015).

Work package 2	Analysis, guidelines and recommendations	Start date: M0
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Objectives:

- ❖ To design toolkits, guidelines and policy recommendations for the research community, industry, health and social care sectors and government using information gathered from within AHA groups and outside.
- ❖ To ensure that expert opinions are included so as to achieve full cooperation from the user community.

Again, there will be four strands underpinning the delivery of this work package. Specifically, knowledge will be acquired, documented and shared on:

1. User empowerment (task 2.1)
2. Innovative procurement (task 2.2)
3. Return on investment (task 2.3)
4. Open interoperable architectures (tasks 2.4 and 2.5 and 2.6)

Task 2.1 – Development of toolkit/guidance for user empowerment

This task focuses on developing a cross-cultural **toolkit/guidance for user empowerment** that incorporates co-creation, awareness raising and technology confidence building. It builds on the earlier evidence gathering on user empowerment carried out in Task 1.1 of WP1.

Milestones

Jun 2014	User empowerment seminar for reviewing state of the art (including evidence gathered under Task 1.9) and developing Toolkit/Guidance for user empowerment.
Dec 2014	Production and dissemination of Toolkit/Guidance (DELIVERABLE 5).

Task 2.2 – Development of guidance on innovative procurement

This task focuses on developing guidance for innovative procurement. It builds on the earlier evidence gathering on innovative procurement carried out in Task 1.2 of WP1. It will also incorporate how considerations about user empowerment, return on investment and interoperability should be built into procurement processes and practice.

Milestones

Jun 2013 Innovative procurement seminar for identifying state of the art and developing guidance on how to implement an innovative procurement - ideally linked to event where partners are meeting anyway.

Oct 2013 Development of a strategy to build more evidence on the impact, return on investment and technical aspect of interoperability for justification of procurement policies.

Dec 2013 Development of Guidelines on how to implement innovative procurement (DELIVERABLE 1).

Task 2.3 – Reviewing and assessing existing cooperation platforms which could support the objectives of C2 – repository of evidence, innovative procurement guidelines, toolkits and good practice documents on interoperability

This task focuses on methods to cooperate between the members of the AHA group and platforms to disseminate results to the wider public. An initial feasibility study is necessary to choose the right platform that will support the growth of the group and its increasing number activities. This task will give input to the task 3.3 in WP3 regarding to the development of an evolving European AHA Corporation platform for continuous mutual learning, information sharing, training and road mapping.

Dec 2013 Drafting of a feasibility study on the set up of a cooperation platform which could support the launch of interregional innovative procurement (raise awareness, analysis of joint needs, match-making of EU partners, develop partnerships, etc) - DELIVERABLE 2.

Method: An Assessment working group from C2 Action Group will explore and assess the existing platforms and the development stages of these platforms. They will start small with action group members to develop an evolving platform linked to '*the marketplace of AHA*' by learning by doing and will make adjustments based on learning experiences.

Task 2.4 – Taxonomy for social and economic return on investment

In order to collate existing evidence and design a useful repository to show return on investment there is a need for taxonomy of the evidence. As evidence comes in several shapes and forms, this task is extremely important in that it will ensure that evidence is compared on a like for like basis.

Milestones

Mar 2013 Desktop research on existing taxonomies and how well they are aligned with our goal.
 Agreeing if we need taxonomy and if so, at what level: high level taxonomy or low-level details?
 Agreeing taxonomy on evidence being gathered within the following subsets: Why, What, How.
 Agreeing taxonomy on return of investments within the following subsets: People, Economic and Technical.

Task 2.5 – Provision of the Operational Guidelines for interoperability that will be used in the EIP-AHA community: M1 – M24

There is a need for a process for interoperability in R&D activities, so that results can be more readily integrated in ICT interoperable solutions. This activity needs to take into account synergy with other domains (Internet of object, Future Internet...) and synergy with standardization bodies and industry alliances.

Milestones

Apr 2013 Propose practical process for interoperability (consensus building, governance, from research to industry) by April 2013.

Methods:

- (1) *Definition of interoperability process principles.*
- (2) *Definition of consensus building approach within EIP-AHA.*
- (3) *Definition of interoperability readiness metric.*
- (4) *Definition of interoperability process.*

Oct 2013 Recommendation on standards and on the selection of standards. Interoperability process recommendation for EIP-AHA and recommendations for standardisation (DELIVERABLE 3).

Methods:

- (1) *Study maturity and relevance of existing standards.*
- (2) *Recommend standards (i.e. among existing standards, what can we use).*
- (3) *Recommend approach to agree on standards.*

Task 2.6 – Best practice for interoperability specification, open source oriented developments, introduction of research results to the market: M1 – M24

Provision of best practice documents in the area of interoperability specification, open source oriented developments, and on the introduction of research results to the market.

Milestones

Sept 2013 Set of good practice documents for pilots (DELIVERABLE 4).

Methods:

- (1) *Best practice for interoperability specification.*
- (2) *Best practice for open source oriented developments.*
- (3) *Best practice for readiness management.*
- (4) *Set of best practice documents for pilots*
- (5) *Best practices for AHA taking into account the demand side process.*

Sept 2014 Set of good practice documents for pilots (DELIVERABLE 4).

Methods:

- (1) *Evaluation of practice documents in pilots.*

Task 2.7 – Recommendations: M1 – M24

There is a need to provide recommendations on how to use the operational guidelines, best practice documents, reference architecture. This also has an impact on the policies to be applied such as innovative procurement policies for open and interoperable solutions.

Milestones

Sep 2013 Recommendation for pilots (DELIVERABLE 4).

Methods:

- (1) *Governance approach in pilots.*
- (2) *Identification of policies in pilots.*

Sep 2014 Recommendation for AHA (DELIVERABLE 4).

Methods:

- (1) *Governance approach in AHA.*
- (2) *Identification of policies in AHA.*

Summary of Work Package 2 Deliverables

DELIVERABLE 1: Development of guidelines on how to implement innovative procurement based on experiences in at least 17 regions in Europe.

DELIVERABLE 2: Identification of “fit for purpose” co-operation platform to support objectives of C2 action plan.

DELIVERABLE 3: Interoperability process recommendation for EIP-AHA and recommendations for standardisation.

DELIVERABLE 4: Set of good practice documents for the implementation of independent living solutions and recommendations based on experiences in at least 17 regions.

DELIVERABLE 5: Production and dissemination of toolkit/guidance for user empowerment incorporating co-creation, awareness raising and technical confidence building.

Work package 3	Promotion, Dissemination and Implementation	Start date: M0
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Objectives:

- ❖ To demonstrate results of the working group activities and garner further support for the deployment of the toolkits and guidelines.
- ❖ To ensure that the Action Group’s work is exploited and sustained in a bigger evolving learning community of AHA of stakeholders not yet involved across Europe post-2015.

This work package focuses on disseminating of the action group results to the research community, industry, the health and social care sectors, general public and end-users and on the activation of other stakeholders not yet involved across Europe.

Task 3.1 – Development of framework promotion and dissemination plan for C2 Action Group

This task focuses on the development of a *Framework Promotion and Dissemination Plan* that can guide dissemination of the C2 Action Group’s findings and deliverables. It could also shape actions to promote the independent living agenda and the work of the action group and its partners.

Milestones

May 2013 Draft of Framework Promotion and Dissemination Plan.

Jun 2013 Finalised Framework Promotion and Dissemination Plan.

Task 3.2 – Dissemination of toolkit guidance for user empowerment

This task builds on the completion of Deliverable 5 (toolkit/guidance on user empowerment) in December 2014 (see task 2.1) and its methods are shaped by the *Promotion and Dissemination Plan*.

Milestones

Feb 2015 Launch of toolkit/guidance on user empowerment.

Task 3.3 – A European AHA cooperation platform

This task will be developed from the feasibility study on the set up a cooperation platform (Deliverable 3) drafted within task 2.2. Its promotion will be guided by the *Promotion and Dissemination Plan*.

The platform will incorporate:

- (a)** Continuous learning and community building on procurement and user empowerment approaches, aimed at sharing and disseminating evidence on procurement and user empowerment practices among different categories of stakeholders such as public authorities, providers, insurance companies. The platform should allow a multilevel governance.
- (b)** A road map for the implementation of interregional procurement based on collaboration across public procurers in order to attain a critical mass of procurers requiring a particular outcome. The issues of interoperability and the replacement of individual small scale purchases by grouped orders are crucial issues to be taken into account.
- (c)** Information on training and awareness-raising in public procurement and user empowerment efforts targeted at public procurement officers, technology providers, other relevant stakeholders.

Milestones

Oct 2015 Establish an AHA co-operation platform for public procurement and user empowerment (DELIVERABLE 6), which incorporates:

- a) continuous learning and community building
- b) a road map for interregional procurement
- c) training and awareness raising

Task 3.4 – Repository promotion and use

This task focuses on the technical development of the repository and its promotion. The latter task will be shaped by the *Promotion and Dissemination Plan*. Content will flow from action plan activities related to the gathering of good practices highlighted in WP1 and the outcomes of WP2.

Milestones

Mar 2013 The first version of the repository with example evidence created.

Mar 2015 Final version ready for launch (DELIVERABLE 7).

Methods:

- (1) *Technical requirements of the repository (how this will be integrated with the other sub-groups, other evidence groups in the EIP-AHA and also its front end for the public).*
- (2) *Setting up an online open environment where to upload and collect more evidences. This may be the Marketplace already available in the EIP website. Strong support by the EC will be available all the hosting issues; IF Marketplace: define technical requirements.*
- (3) *Expert knowledge from within EIP-AHA and outside for definitions.*
- (4) *Procurement knowledge related to the evidence.*
- (5) *Expert knowledge: clarify how the EC can contribute to the process of disseminating the template (e.g. making available contacts databases and mailing list, but also HRs for outreach all the potential contributors EU-wide, including countries not represented in the subgroup).*

Task 3.5 – Marketing of the Database

It is important that the dissemination activities and results are seen by public not involved directly with the EIP-AHA and this needs a marketing strategy that will be developed in this task

Milestones

Marketing of the database, possible training activities, dissemination of the contents of the database (evidences). Generate some interest from venture capitalists or non-profit VCs to sit in this group as an observer. Open research repositories and applications, such as Mendeley.

Task 3.6 Creation of a meaningful ecosystem community

The creation of an ecosystem is essential for the EIP-AHA as it will create a sustainable platform to demonstrate the strength of the toolkits and guidelines proposed in this action plan.

Milestones

Pilots for 5000 users within ReAAL CIP project and other pilots.

Methods:

- (1) *Applying group 1 and using group 2 outcomes within ReAAL.*
- (2) *Provision of applications interoperability specifications for repository.*
- (3) *Deployment.*
- (4) *Evaluation.*
- (5) *Application running on C2 platform.*
- (6) *Applications operated in ReAAL homes.*

Summary of Work package 3 Deliverables

DELIVERABLE 6: AHA co-operation platform for public procurement and user empowerment that incorporates:

- a) continuous learning and community building
- b) a road map for interregional procurement
- c) training and awareness raising

DELIVERABLE 7: A self-sustainable repository of information, practice and evidence to promote the deployment of independent living solutions. The repository will include recommendations, guideline documents, reference architecture specifications and application interoperability specifications that aim to break the four major barriers identified in the action plan.

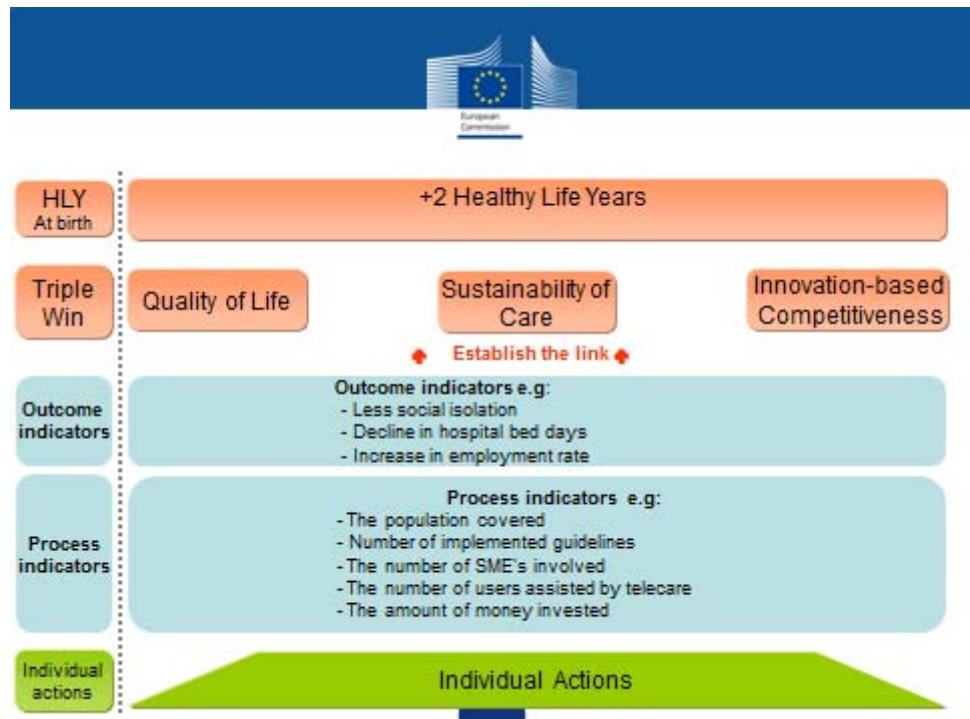
7. MEASURING PROGRESS

The measuring of the progress will be ensured by the general monitoring and evaluation framework of the EIP on AHA currently being developed by the European Commission and Joint Research Centre in collaboration with experts and members of the six action groups. The monitoring process will be guided by a group consisting of experts and two members of each action group.

The monitoring process is divided into two steps. The first step will deal with the monitoring of the EIP on AHA process. The EIP on AHA process will monitor different aspects: the involvement of stakeholders, the creation of synergies, knowledge transfers and the absorption of innovation by the health systems, and the added value for the participating organisations.

The second step is on monitoring the outcome of the EIP on AHA. This step will facilitate the overall monitoring framework of the activities and outcomes of the six action groups, linking them to the overall target of the EIP on AHA, namely, to add two healthy life years¹ (HLY) to the average healthy life span of European citizens by 2020 and equally to ensure the triple win: improved Quality of Life, improved sustainability of care systems and improved innovation based competitiveness. It should be emphasised that this framework is not about the evaluation of the individual actions.

¹ The EU structural indicator Healthy Life Years (HLY) is based on limitations in daily activities and is therefore a disability-free life expectancy, one of the most common health expectancies reported. Healthy Life Years at a particular age are the number of years spent free of activity limitations. They are calculated by Eurostat. The target of the partnership is to increase, by 2020, by two healthy life years at birth.



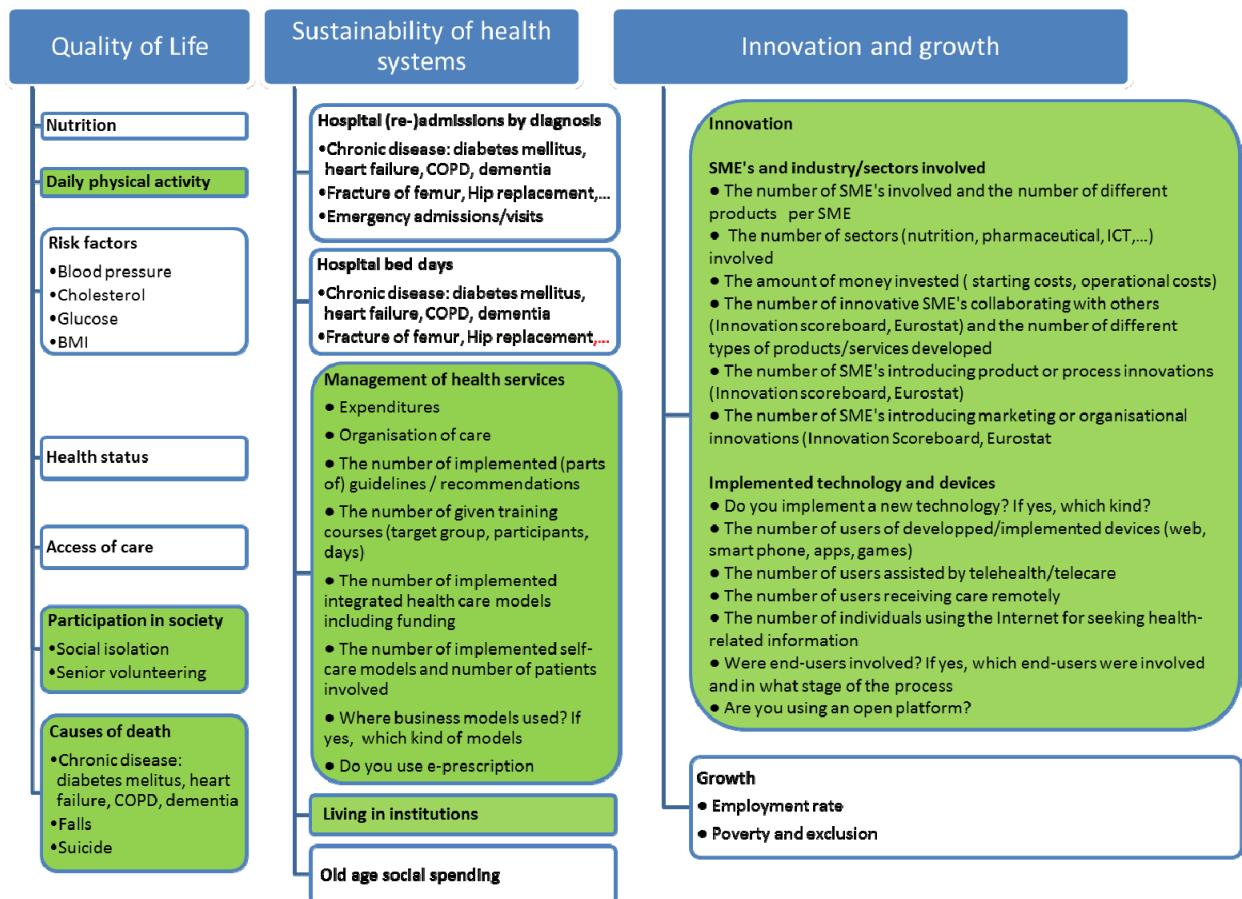
The input of the action group members together with the input from experts has been the basis for the monitoring framework. The action group members were asked to deliver input about the methodology and indicators they are using and which kind of data they gather. In addition, experts were asked to provide input, among others, on the factors influencing the Quality of Life and about WHO, OECD and Eurostat data.

The monitoring framework consists of a set of outcome indicators for each of the six action groups based on the objectives of the action groups and on process indicators. The selection of these indicators for the final draft of the monitoring framework has been an interactive process between the six action groups, the experts, EC and the JRC. More specific outcome indicators will be developed in close cooperation with the action group members.

The objective of the outcome indicators is to monitor the factors influencing the triple win, namely:

- the Quality of Life of patients/users , for instance, nutrition and physical activity
- the sustainability of the health systems, for instance, are there less hospital admissions, is there a shift from cure to care
- the innovation and growth possibilities, for instance, the employment rate

Of course, not all action groups and all individual actions will contribute to all of the above mentioned factors. As such, the outcome monitoring framework consists of building blocks. For action group C2, the relevant building blocks are marked in green. The individual action should contribute to at least one building block of the action group



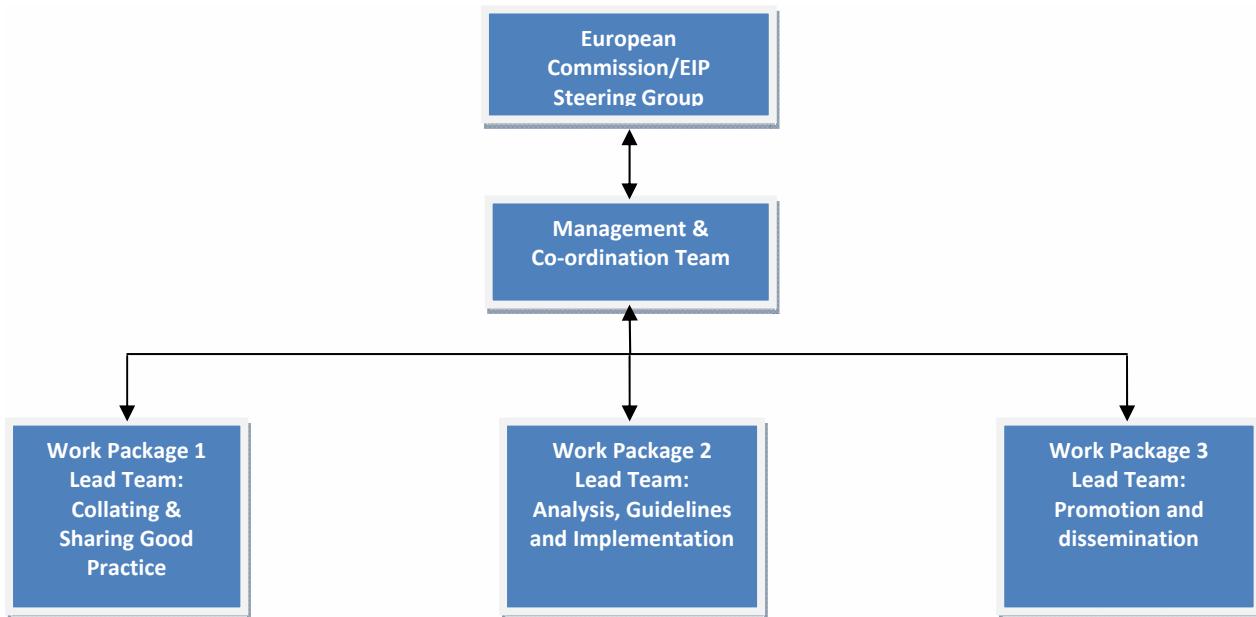
In addition to the outcome monitoring framework, desk research will also be conducted alongside most probably a questionnaire which will be sent to patients/users about, among others, their Quality of Life and mental well-being.

8. GOVERNANCE AND COORDINATION

The organisational diagram below illustrates the broad structure of the C2 Action Plan co-ordination and delivery arrangements. Key components are:

- ❖ The C2 Independent Living Action Group Management and Co-ordination Team (AGMCT)
- ❖ Work Package Lead Teams (WPs 1, 2 & 3)

C2 INDEPENDENT LIVING ACTION GROUP ORGANISATIONAL DIAGRAM



The C2 Action Group Management and Co-ordination Team

The AGMCT will steer the C2 Action Group, implement and modify, if appropriate, the action plan, ensure deliverables are achieved and facilitate extensive co-operation with and engagement of all partners. The AGMCT will monitor the progress of the different work packages, identify opportunities for synergy between them, take action if problems arise and exploit opportunities that may arise over the 3 year period.

The Co-ordination Team (WP0) will be responsible for maintaining all of the procedural and administrative aspects of the group work, and serve as the designated point-of-contact for procedural issues. It will provide a central point for inquiries and activities, and for linking with the wider EIP on AHA, DGCNECT and DG SANCO. It will be responsible for delivering the Co-ordination work package.

In the near term, the AGMCT should also play a role in the development of an overall EIP AHA action plan that ensures consistency between its different strands identifies overlap and opportunities for synergy and avoids unnecessary duplication.

The AGMCT will comprise the core participants of the Management and Co-ordination Work Package (WP0) and a lead representative from each of the leads of WPs 1, 2 and 3.

Specific remits of the AGMCT will include:

- Driving the process.
- Leading the Action Group and coordinating all matters of the commitment contents.
- Implementing the agreed Action Plan to the agreed standards and deadlines.
- Regular liaison with the EC on all Action Group related matters.
- Ensuring the effective preparation and delivery of all Action Group products.
- Taking responsibility for the effective flow of information between Action Groups.
- Evaluation of Action Group performance and reporting on progress.
- Submission of the deliverables and final results of the Action Group.
- Participation at meetings for Action Group coordinators (if needed).

- Coordination with other relevant EIP Action Groups and seek to identify overlaps and avoid unnecessary duplications.
- Ensure delivery of the knowledge repository receives support in creating innovative procurement guidance based on available evidence.
- Ensure the interoperability sub-group receives support in delivering good practice documents and repository of technical evidence.
- Maintaining links with other Action Groups.

Work Package Lead Teams

The WP lead teams will be responsible for implementing the work package agendas and achieving the deliverables associated with them.

9. KEY GAPS IDENTIFIED

The gaps which are identified further to this action are organized into (1) remaining work on the action plan to be completed once the project begins in November 2012, (2) themes and areas to be discussed and developed as actions between November 2012 and 2015, and (3) experts and target action group members required in order to develop those tasks or existing ones further.

Action plan document

- Glossary of terms and definitions
- Re-organisation of user empowerment tasks so that they include user empowerment both within technical and design areas and part of the implementation process.
- Conflict resolution

Possible themes and areas to be included in the future

- Global vs open standards, standards vs no standards. Open standards can be hazardous because different stakeholder rely on different open standards which causes confusion and no interoperability.
- Life cycle vs. Capital outlay can be a powerful case for interoperable solutions
- Development of cost models for procurement business cases and service design
- Definition of a common reference architecture and a set of actor role profiles in order to
- The institutions which committed through their projects will be invited to reconfirm their interest in being involved on the EIP on AHA event after their projects completion and the quantity of evidence submitted in this action plan will be confirmed
- Other platforms of interoperability must be discussed and considered
- Building in dimension about building market demand (including end-users)
- The development of business models with open, interoperable platforms.
- The enforcement of identified policies.
- Information repositories are intended for the professional actors and will not be designed for the elderly citizen (i.e. final end-user of the platform). This is a potential future action if consumer led markets emerge as growing in importance.
- Use of existing evidence and data protection – ongoing projects.
- A FORUM to support the database in the Marketplace.

- Global indicators and a possible initial subset.
- Taking into account Energy Management and other Actions.
- The possibility of creating a KIC on healthy ageing based on the principles of the EIP-AHA and the active members and reference regions
- A KIC on interoperability or the push to make this an important theme in a KIC for healthy ageing
- More development on ecosystems (existing and successful proven models to contribute to this action).
- Distance between research and industry - identify future initiatives or developments which will bridge this gap. For example, future EIT-KIC on Health.
- To standardise or not to standardise: whether the effect of standardisation will drown out the SMEs attempting to break the system from the bottom up

Expert knowledge required for the action group that may be invited to join in the future

- Experts in the action group that will advise on cost model development for return on investment
- Venture capitalists with specific interest in solutions for independent living
- Harnessing more support from the demand side i.e. in terms of interoperable platforms: getting more users involved in the action plan. The process should foresee the involvement of local experiences and a wider representation of organisations in the field. Service providers are key here, especially those that have build up competence in designing and implementing technology based assistive solutions. We are active members of the EASPD (European Association of Service Providers to people with disabilities) and AAATE (the Association for the Advancement of Assistive Technology in Europe). It will be our concern to involve these networks in the future.