



Brussels
17 November 2011

**STRATEGIC IMPLEMENTATION PLAN
FOR
THE EUROPEAN INNOVATION PARTNERSHIP
ON
ACTIVE AND HEALTHY AGEING**

STEERING GROUP WORKING DOCUMENT

FINAL TEXT ADOPTED BY THE STEERING GROUP ON 7/11/11

STRATEGIC PLAN

Foreword

Demographic change and ageing are a common challenge for Europe. The rising number of elderly people will need different support at home, and they will need different forms of healthcare.

At the same time, there is a unique opportunity to bring better health to our elderly, to bring to market innovative products and services, and to establish more sustainable health and care systems.

The key lies in promoting people-oriented, demand driven innovation in smart investments, which brings tangible and proven benefits to end-users, helps health and care systems to contain costs and unlocks business opportunities.

Collaborative, integrated and people-centred care provision, whether it is in hospitals, homes or in the community, is a way forward to sustainable and efficient care systems. Innovative treatments to address chronic diseases and the functional decline of older people enable them to live longer in better health and with a better quality of life. Innovation and ICT for health, independent living and active ageing provide ways to best tailor care services to the needs of older users. This also translates into new business opportunities for industry which is well placed to benefit not only from a promising EU market but also globally.

In order to fully unleash the potential of ageing in the EU, the European Commission – within its Innovation Union policy and at the request of the European Council and relying on the willingness of stakeholders to join forces to work together – launched the first European Innovation Partnership (EIP) on Active and Healthy Ageing.

Its first milestone is the Strategic Implementation Plan. It is based on constructive cooperation of a wide group of stakeholders that came together to tackle the challenge of demographic ageing through innovation. It is the intellectual ownership of the stakeholders that participated in the preparation and expresses their views and commitments.

Being a pilot, this approach is an expression of unique innovation in its own right, as well as an enabler for innovation in the area of health and ageing. Many ideas have been submitted as inputs to the development of the Strategic Implementation Plan. Amongst them, over 500 contributions in a public consultation and over 130 specific action items resulting from workshops are listed on the EIP website <http://ec.europa.eu/active-healthy-ageing>.

We have enjoyed working with the stakeholders over these last few months in a strong collaborative spirit, sharing a common vision and establishing common goals. As such, the Strategic Implementation Plan is to be read as a strategic framework for action agreed by a wide community. At this stage it does not present details of resources and action-holders. Rather, it presents a strategy based on a positive vision on ageing around prevention & early diagnosis, care & cure, active ageing & independent living; with a focus on a first group of concrete actions to start in 2012 and an outline of their implementation. These actions should demonstrate how to tackle innovation barriers. Other future actions will later follow their path.

In these challenging times for Europe, we are delighted that so many parties are committed to joining forces. We hope that the partnership will implement the shared vision and advocacy across health and care sectors and constituencies. We should not forget however that this document is just the beginning of a long process and we all need to be active ambassadors of the EIP and champion innovation to produce real change.

This Strategic Implementation Plan would not have been possible without a genuine collaboration among all Members of the Steering Group. We are particularly grateful to the Steering Group and their Sherpas for their hard, committed, and enthusiastic work in delivering the Strategic Implementation Plan. We are also particularly grateful to the many experts and motivated stakeholders that have provided the partnership with invaluable input through the public consultation, expert workshops and conferences.

We will also do our part in continuing to provide strong support to those who will join the partnership's endeavour to make this plan a reality.

John Dalli
Commissioner
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Commission's Vice-President
Digital Agenda

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Acronyms

AAL	Ambient Assisted Living
AALOA	Ambient Assisted Living Open Association
CIP	Competitiveness and Innovation Programme
COPD	Chronic Obstructive Pulmonary Disease
CVD (CVS)	Cardiovascular Disease (Cardiovascular)
EC	European Commission
EEC	European Economic Community
EIP on AHA	European Innovation Partnership on Active and Healthy Ageing
EP	European Parliament
EU	European Union
FP7	Seventh Framework Programme
GDP	Gross Domestic Product
HLY (HLYs)	Healthy Life Years
HTA	Health Technology Assessment
ICT	Information and Communications Technology
LIMM	Lund Integrated Medicines Management Model
MS/MSs	Member State(s)
MSD	Musculoskeletal Disease
PSP	Policy Support Programme
R&D	Research and Development
SG	Steering Group
SIP	Strategic Implementation Plan
SME	Small and Medium Enterprise
UN	United Nations
WHO	World Health Organisation
YLD	Years Lived with Disability

STRATEGIC PLAN

INTRODUCTION

With this Strategic Implementation Plan, the Steering Group (the SG) of the European Innovation Partnership on Active and Healthy Ageing (the EIP on AHA; the Partnership) delivers its rationale, its vision and its suggestions for addressing the challenge of innovation for active and healthy ageing.

The Steering Group is convinced that this form of Partnership has already delivered **added value**. It has brought a very wide range of stakeholders into close cooperation. Valuable lessons have been learnt about the challenge of European collaboration in and across the fields of research/innovation, health and ICT. Most importantly, it has delivered a shared, comprehensive framework for action to promote active and healthy ageing in Europe with the help of innovation, with input from more than 100 stakeholders.

The Partnership aims to identify and remove persisting barriers to innovation across the health and care delivery chain, through interdisciplinary and cross-sectoral approaches. The Partnership identifies a limited number of actions that can start as early as 2012 and deliver measurable outcomes within the 2012-2015 timeframe. The Strategic Implementation Plan (the SIP; the Plan) sets out more detailed explanations on the work of the Steering Group and its suggestions for the way ahead. The Plan consists of two documents, notably a political Strategic Plan complemented by an Operational Plan.

The challenge of ageing and innovation

Demographic ageing is a global trend. In Europe, the number of people aged 65+ will almost double over the next 50 years, from 85 million in 2008 to 151 million in 2060. While increased longevity is a great achievement, it is also a formidable challenge for both public and private budgets, for public services and for older people and their families. New approaches are needed urgently. Innovation – in all its forms – should play a key role in rethinking and changing the way we design and organise our society and environment and organise, finance, and deliver health and social care services, as well as the whole environment older people are living in. Finally, in the context of the current challenging economic situation, the potential of innovation should be fully exploited.

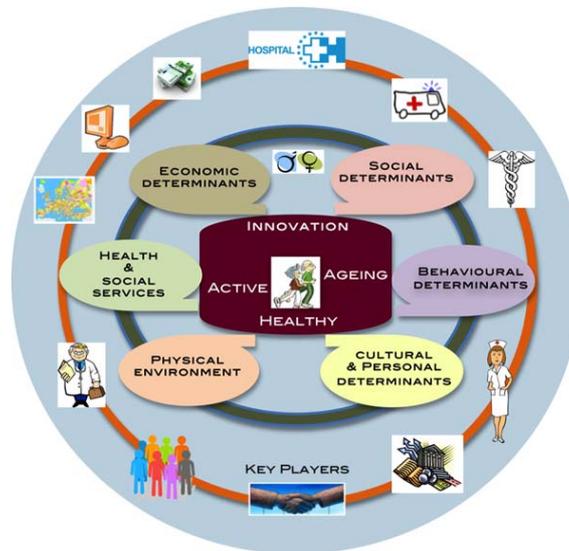
However, many barriers and bottlenecks stand in the way of successful innovation. Among the most important are a lack of user involvement in research, innovation and in their own care, lack of cooperation and poor communication between different parts of the health sector and between health, social care and other services, lack of a health promotion and preventive approach, fragmented health systems, financial barriers to access the appropriate health and social services, lack of interoperability and standards, and inflexible or inadequate legislation.

The pilot European Innovation Partnership on active and healthy ageing (the Partnership) is the first of its type. Partnerships were proposed in the Europe 2020 strategy and its Innovation Union flagship initiative, the aim of European Innovation Partnerships is to tackle innovation barriers for major societal challenges.

A positive vision on active and healthy ageing

'Active and healthy ageing' is the process of optimizing opportunities for health, participation and security in order to enhance quality of life as people age. It applies to both individuals and population groups. 'Health' refers to physical, mental and social well being. 'Active' refers to

continuing participation in social, economic, cultural, spiritual and civic affairs, not just the simple ability to be physically active or to participate in the labour force¹.



Source: European Commission, on the basis of "Active ageing - a Policy Framework", WHO 2002

The Partnership considers ageing an **opportunity rather than a burden**, valuing older people and their contribution to society; and seeking to empower them and their community through user-centred innovation and service delivery. The Steering Group stresses the importance of ageing being recognised as Europe's opportunity for the future. The Steering Group pursues a holistic, multi-disciplinary, multi-stakeholder approach with strong user involvement.

Innovation in services and products for active and healthy ageing may require large investments and certainly carries risks. It also requires developing more fundamental knowledge and better integrating the supply and demand side along the whole research and innovation cycle. However, if based on solutions which are effective, cost-efficient and evidence based, it can bring multiple returns. In this way, healthy ageing should be perceived as an economic multiplier. Added value can be created through better outcomes for older people, increased work satisfaction for health professionals and care personnel, better quality of life and financial security of informal/family carers, as well as improved efficiency and increased productivity of health and social care systems.

These returns are not mutually exclusive; innovation can bring value to older people and at the same time deliver long-run budgetary savings. For example, by introducing an innovative integrated/tele-care model one EU region significantly reduced hospitalisation days with a four-fold return on investment².

Supporting dynamic and sustainable health and care systems of tomorrow

Europe's health and social care systems play a key role in supporting optimal health, quality of life and independent living and constitute a vital part of European citizens' lives, economies and societies. Due to growing demand (ageing, chronic diseases expansion), outflow of health professionals, care personnel and informal/family carers, and ongoing budgetary consolidation, innovative approaches are needed in order to foster better efficiency of health and social care systems while guaranteeing their accessibility and long-term financial

¹ WHO definition

² An assessment of the development of telecare in Scotland, 2006-2010.

sustainability³. The current economic crisis adds to the gravity of the situation putting an enormous pressure on public finances and on citizens' means to afford health and care services/products.

There is a need for urgent action to shift the focus from acute, reactive, and hospital-based care to proactive, home-based services, integrated social and health care. This should be underpinned by health promotion, disease prevention, independent living and integrated health, social, community and self care. Alongside this, living and working environments need to be adapted to empower older people to remain functional and active for much longer.

It is also essential that future care systems - while continuing to be based on the common values of universality, access to good quality care, equity and solidarity⁴ - must accommodate new realities and acknowledge the need for cost-efficient investments. The Steering Group urges all partners to engage in a debate about the patient-centred care systems of tomorrow.

OBJECTIVES AND CURRENT GOVERNANCE OF THE PARTNERSHIP

The Partnership aims to **increase by 2 the average number of healthy life years⁵ in the EU** by 2020, by **securing a triple win** for Europe:

- improving the health status and quality of life of European citizens, with a particular focus on older people;
- supporting the long-term sustainability and efficiency of health and social care systems; and
- enhancing the competitiveness of EU industry through an improved business environment providing the foundations for growth and expansion of new markets.

The Partnership has been led by a Steering Group consisting of some 30 high-level stakeholders spanning both the demand and supply sides. The Steering Group has worked from May until November 2011 to develop a Strategic Implementation Plan (the Plan) and in its current form will be dissolved upon the delivery of this Plan.

In its work, the Steering Group has built on 524 contributions from a public consultation, a series of thematic workshops, and 130 submissions of activities and commitments by stakeholders.⁶

DEFINING PRIORITY AREAS OF WORK AND ACTIONS AS A FIRST STEP

Responding to the complex issue of active and healthy ageing requires comprehensive work on a broad scale. In order to determine the best way forward and focus on those innovative actions which deliver the highest impact, the Steering Group has structured the work needed in three pillars reflecting the 'life stages' of the older individual in relation to care processes:

- Prevention, screening and early diagnosis.
- Care and cure.
- Active ageing and independent living.

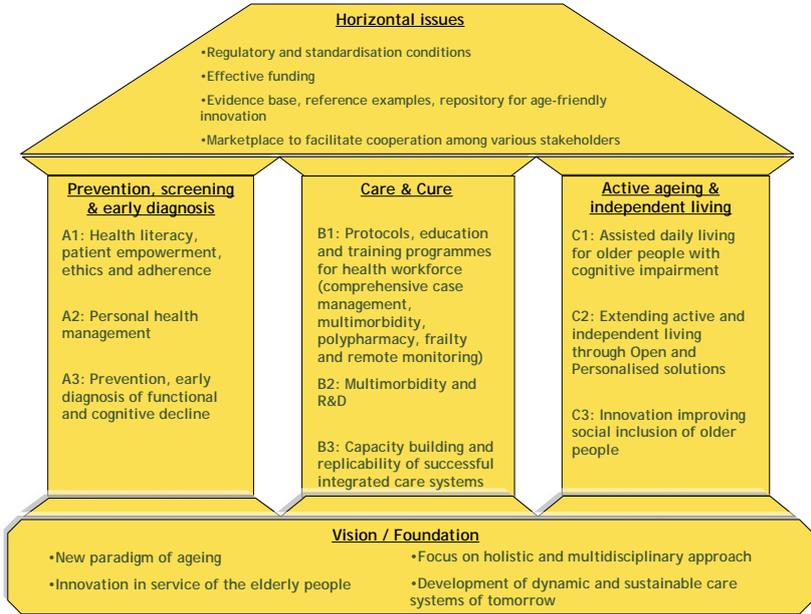
3 The current total expenditure for health care alone in the EU 27 is already high (from 6% of GDP in Lithuania to 11.2% in France, with most of it publicly financed) and as a result of the ageing of the population, it is likely to rise further: by roughly 1.5 and 2% GDP by 2060 (for details see 2009 Ageing Report: Economic and budgetary projections for the EU-27 Member States (2008-2060), European Economy 2/2009)

4 Council Conclusions on Common Values and Principles in European Union Health Systems (2006/C 146/01).

5 For indicators of healthy life years, triple win and other indicators see the monitoring and evaluation framework below.

6 See <http://ec.europa.eu/active-healthy-ageing>.

In addition, horizontal actions have been identified that address framework conditions, promote connections between the different priority areas of work, and are enablers for all other actions, including regulatory and funding schemes.



Within each pillar, the Steering Group has singled out **key areas** in which work appears to be most important. This selection has been made on the basis of the four Partnership criteria⁷: (1) likely to make the greatest contribution to the objectives of the partnership; (2) likely to benefit particularly from the partnership approach; (3) likely to significantly contribute to overcoming the key bottlenecks/barriers; (4) facilitate innovation where European industry has or may develop a competitive advantage.

The list of key areas is not exhaustive, but rather provides a framework for wider engagement of all relevant actors in active and healthy ageing. The key areas balance short term wins with longer term objectives. They provide an opportunity to capitalise on already ongoing innovations, while also offering perspectives for longer-term research and development, and opportunities to exploit synergies within and across the different pillars.

Within the different key areas, **five actions** have been identified where stakeholders have demonstrated significant readiness and commitment to engage. These are **ready to be launched at the start of 2012 with first results in 2013-2015**.

Pillar	Priority Action Area	Specific Action
Prevention, screening and early diagnosis	Health literacy, patient empowerment, ethics and adherence programmes, using innovative tools and services	Prescription and adherence action at regional level
	Personalised health management	Personalised health management, starting with a Falls Prevention Initiative

⁷ SEC(2011) 589 final: Commission Staff Working Paper: Guidance paper for the steering group of the pilot European innovation partnership on active and healthy ageing; p. 6

	Prevention and early diagnosis of functional decline, both physical and cognitive, in older people	Action for prevention of functional decline and frailty
Care and Cure	Protocols, education and training programmes for health workforce and carers (e.g. comprehensive case management, multimorbidity, polypharmacy, frailty and remote monitoring)	Expected to be defined further
	Multimorbidity and R&D	Expected to be defined further
	Capacity building and replicability of successful integrated care systems based on innovative tools and services	Replicating and tutoring integrated care for chronic diseases, including remote monitoring at regional level
Active Ageing and Independent Living	Assisted daily living for older people with cognitive impairment	Expected to be defined further
	Extending active and independent living through Open and Personalised solutions	Development of interoperable independent living solutions, including guidelines for business models
	Innovation improving Social Inclusion of older people	Expected to be defined further

PILLAR 1: PREVENTION, SCREENING AND EARLY DIAGNOSIS

A preventive approach is highly beneficial for older people and promises significant cost-containment and efficiency. However, the shift from curative to preventive investment has proved difficult, with only 3% of the current health expenditure in the EU invested in prevention and public health programmes⁸. New organisational, process and technical innovation is needed to maximise the impact of prevention, including older people vaccination, screening and early diagnosis.

Within this pillar, the Partnership has identified key bottlenecks to be addressed. These include low health and digital literacy, limited knowledge of available self-care solutions, inadequate user involvement in the development of innovation, as well as insufficient attention and funding given to prevention, screening and early diagnosis.

The Partnership has identified three priority areas with the following objectives:

- Improving effectiveness of clinical outcomes through improved health literacy, patient empowerment, ethics and adherence programmes.
- Realising innovation in personal health management through validated programmes and good practices for early diagnosis and preventive measures (including health promotion).
- Implementing integrated programmes for prevention, early diagnosis and management of functional decline, both physical and cognitive, in older people.

Under this pillar, three concrete actions are proposed to start in 2012:

1. "**Prescription and adherence** action at regional level" – delivering tangible adherence approaches for patients in various disease areas, at regional level and in different member states.

Adherence to long-term therapy for certain chronic illnesses in developed countries averages only 50%. Poor adherence severely compromises the effectiveness of treatment.

⁸ OECD Health at Glance Europe 2010

Innovative organisational, technical and medical practices for better adherence can achieve more efficient use of resources and efficacy of health interventions, and ultimately improve the health of patients, their quality of life, reduce the worsening of the disease and avoid unnecessary hospitalisations.

Example: Initiative of pharmacists with other health professionals and carers to run a programme using advanced, technology-enabled, clinical analytical tools to identify patients who are non-adherent and enhance the application of clinical protocols to counsel patients on the use of medication.

2. "Personal health management, starting with a **falls prevention** initiative" – launching validated and operational schemes for early diagnosis and prevention of falls.

Falls are the dominant cause of injuries among elderly people. They account for 29% of fatal injuries amongst older people (60+) and this percentage increases sharply after the age of 70. At the same time, they are the most preventable, and their prevention would reduce the need for carer assistance. It therefore becomes crucial to overcome limited awareness and usage of innovative solutions to prevent and monitor falls and make these available throughout the EU. Cooperation is needed across traditional system and professional boundaries to foster innovative organisation, delivery and business models, supported by high performance and effective ICT tools.

Example: A private-public action on the implementation of a fall prevention initiative combining innovative tools for screening (e.g. sarcopenia), monitoring, exercising, and maintaining balance functionality.

3. "Action for prevention of **functional decline and frailty**" – launching an initiative for preventing functional decline (with first action focused on **physiological frailty and malnutrition**) among elderly people supported by tools, networks and information.

Given the high prevalence of costly frailty among older people, support of preventive actions offers an opportunity for significant improvement in functional status and quality of life of older people, even with very low cost interventions. A consensus on a clinically validated frailty model as well as operational definitions will advance the development of targeted interventions (including clinical trials), products and services aligned with clinical goals. This can be facilitated by using innovative tools to support new types of services.

Example: Use of an already developed early diagnostic tool-set (e.g. Functional Capacity Evaluation tool) including innovative medical devices to identify pre-frailty conditions.

PILLAR 2: CARE AND CURE

Integrated care – based on a collaboration within health care services and among social, health, community carers/care providers – is the way forward to benefit all Europeans (and in particular older people) whilst helping to address resource efficiency and sustainability. This means building health systems on integrated care models, including remote patient monitoring and management of chronic conditions.

Care and cure restructuring requires addressing some of the major bottlenecks. The Partnership focused primarily on: overcoming silo management and encouraging teamwork and synergies across social, primary and secondary healthcare; insufficient capacity from the care providers with sometimes lacking expertise, knowledge and skills; and finally inadequate incentive mechanisms in support of innovation.

Three priority areas have been identified with the following objectives:

- Disseminating and implementing, as appropriate, protocols, education and training programmes for health professionals, care personnel and informal/family carers with special attention to emerging roles and comprehensive case management, for example on frailty, multi morbidity and remote monitoring.
- Piloting and establishing multi-morbidity case management, with new models of care for a range of chronic conditions, including protocols and individualised care plans.
- Reducing avoidable/unnecessary hospitalisation of older people with chronic conditions, through the effective implementation of integrated care programmes and chronic disease management models that should ultimately contribute to the improved efficiency of health systems.

Under this pillar one action to start in 2012 is proposed:

4. "Replicating and tutoring **integrated care for chronic diseases, including remote monitoring** at regional level" – it is possible to reduce avoidable/unnecessary hospitalisation of older people with chronic conditions by promoting innovative chronic conditions/case management (including remote management/monitoring). This is based on validated, evidence based cases, and the intention is to scale up and replicate integrated care models at regional and national levels. Such a holistic approach can help create effective communication and coordination across the entire care process. Implementation of new innovative organisational models and incentive schemes, supported by adequate ICT infrastructure, requires a convergence of visions and commitments from multiple stakeholders, in line with the partnership approach.

Example: Integrated care solutions to address hypertension and heart failure patients in first and second line of care supported by technology (tele-health) and service restructuring.

PILLAR 3: ACTIVE AGEING AND INDEPENDENT LIVING

Innovative approaches, methods and solutions including those enabled by social innovations and by ICT are essential for enabling new ways of organising society around active ageing and independent living for older people. Older people should be empowered to stay independent and autonomous for longer in their preferred home and community environment and to remain socially active.

Deployment of innovative active ageing and independent living solutions is hampered by some key bottlenecks. The Partnership sees overcoming barriers such as lacking end-user involvement in the design and attention to older people's needs; missing agreement on open standards to ensure better interoperability, as well as limited availability of affordable and commercially viable solutions, as key to the successful implementation of actions in this area. Indeed, such an approach will benefit not only the European market for older people but will also impact the market on a more global scale.

Three priority areas have been identified with the following objectives:

- Supporting people with cognitive impairments at home through regional co-operation on proving solutions, pooling socio-economic evidence on return of investment and viable business models for innovation, building on users' experience, and diffusing this information for re-use.
- Enhancing deployment and take up of interoperable independent living solutions based on open standards.
- Supporting social inclusion of older people by replicating proven solutions with validated socio-economic evidence on the return of investment and viable funding models for innovation, building on experience from a large user base.

Under this pillar, one action to start in 2012 is proposed:

5. "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.

This is essential for creating a market for cost-effective products and services, and to reinforce research and innovation through public-private partnerships.

Example: guidelines and standards to easily combine a variety of solutions for safety, mobility, and personal communications with family in order to sustain independence in the daily life of older persons. Mobilisation of joined-up procurement of independent living solutions based on open and standards based multi-vendor solutions

HORIZONTAL ISSUES AND FRAMEWORK CONDITIONS

To implement the actions outlined above, **favourable framework conditions** need to be put in place. The Steering Group therefore invites Member States, the European Parliament, national and regional authorities, programme managers, the European Commission and all relevant decision makers and players to establish those conditions, in particular:

- a) **Regulatory and standardisation conditions:** to facilitate and enable deployment of innovative solutions for active and healthy ageing, as well as to ensure clarity, flexibility, and robustness of the legal system.

The Steering Group invites the European Parliament, Member States, the European Commission, and where appropriate regulatory agencies, as well as all other stakeholders to consider the overall objectives of the priorities and actions proposed in this Plan when revising European regulatory frameworks. In particular in relation to the revision of:

- Directives 90/385/EEC, 93/42/EEC and 98/79/EC on medical devices. Medical devices and, above all, *in vitro* diagnostic devices must, as is already the case today, continuously

adapt to the state of the art in order to be interoperable and to contribute healthy ageing and the Partnership objectives.

- Directive 2001/20/EC on the conduct of clinical trials on medicinal products. It is crucial to ensure a proportionate regulatory framework which facilitates the conduct of clinical trials in the EU without compromising patients' safety and rights, and data robustness.
- Directive 95/46/EC on the protection of individuals with regards to the processing of personal data and the free movement of such data. It is important to ensure the respect of the fundamental right to protection of personal information and at the same time to allow individuals to access and use their health data and to enable further the legitimate interests of public health protection, scientific research and the development of health services. In that context, the specificity of health data shall be recognised and the importance of the portability of health data emphasized. This may require specific treatment of the category of health data and could call for a higher level of harmonisation of data protection across the EU than that provided by the current framework.

b) **Effective funding and the relationship with existing instruments and initiatives.** The Partnership is **not a new programme or funding scheme and does not seek to replace or duplicate the work of existing programmes or initiatives.** Instead it aims to be complementary and seek synergies by inviting such programmes to take into account a demand side perspective as developed by the Partnership. As such the Partnership can help to focus current financial tools, stimulate the active use of innovative procurement (incl. pre-commercial), develop innovative incentive mechanisms at the appropriate levels (e.g. public, private, third party payers etc), and explore venture capital support.

The Steering Group invites Member States, the European Parliament and the European Commission to facilitate implementing bodies' (including regions, private operators, including SMEs) access to funding instruments. It also invites them to take account of the Partnership's priorities in allocating funds for research, innovation and deployment within the national, public and private funds, as well as relevant EU funding instruments including Competitiveness and Innovation Programme (CIP), Public Health Programme (Health for Growth), Structural Funds (Cohesion and regional Policy), Seventh Framework Programme (FP7) and the forthcoming Horizon 2020, the proposed Connecting Europe Facility, while avoiding duplication and overlap.

Apart from framework conditions, a number of other horizontal issues need to be addressed.

c) **Evidence base, reference examples, repository for age-friendly innovation:** to establish a shared basis of sound, robust data and reliable methodologies, to enable exchange and dissemination of tested and proven practices, as well as to help in replication and scaling up of successful cases. The Steering Group encourages the European Commission, in cooperation with Member States and other stakeholders, to aggregate and disseminate validated evidence in innovation for health and ageing and develop a platform for knowledge transfer and exchange of practices.

d) **Marketplace to facilitate cooperation among various stakeholders:** to link up interested stakeholders to create partnerships implementing innovative solutions; facilitate innovation and knowledge transfer by networking between individuals and organisations, in the EU and internationally. This also includes collecting reference examples (e.g. where countries, regions, cities provide for integrated implementation of the actions in one single location) and a repository of innovation for age-friendly environments. The Steering Group urges the European Commission to set up an on-line platform for implementing ideas and bottom-up

partnering, to encourage and collect contributions from all over Europe, and to propose an evaluation mechanism to safeguard the Partnership criteria.

A specific action is a "Thematic Marketplace: Innovation for age friendly buildings, cities and environments", based on the WHO age-friendly cities initiative, including a covenant of major cities/regions/municipalities and a "seniors for innovation" initiative. This promotes active ageing more broadly and supports accessible living spaces, mobility, safety and ICT solutions.

NEXT STEPS

Implementing the actions

The Steering Group members have together developed the present Plan and the actions set out in it. They commit - each within their respective remits and responsibilities - to implement the actions of the Plan and engage with relevant stakeholders.

However, the implementation of the actions needs to extend far beyond those who have been active in the Partnership so far. The Steering Group therefore suggests that the European Commission defines and launches early 2012 **calls for commitment**, to involve all interested parties in **Action Groups**, based on the principles of:

- *Engagement*: underwriting the Partnership and its criteria;
- *Inclusiveness*: open to all relevant actors and constituencies;
- *Critical mass*: mobilising sufficient resources;
- *Partnership*: working together with other parties in the action;
- *Delivery*: timely delivery of agreed outcomes;
- *Advocacy*: inspiration and political support for all participants.

Based on support from the European Commission, such action groups should jointly carry out selected actions and address specific barriers, seeking synergies wherever possible between different actions and avoiding creating silos. Mechanisms will be put in place to ensure that this Partnership on Active and Healthy Ageing and its Plan can be further developed following a strategic and sustainable approach. The Steering Group in particular invites the **Member States and regional and local authorities** to be closely involved in the implementation of the Partnership actions.

Action Groups will be time-bound, can propose to extend actions and must periodically report to the wider Partnership community. The Steering Group therefore suggests that the Commission establishes a **Conference of interested partners**, widely representing the Partnership community, meeting once a year, and invites the Commission to establish suitable mechanisms to support the Action Groups and the Conference of interested partners. The Steering Group members intend to guarantee the continuity of the process until the new governance structure is set up. The Actions groups should start their work in early 2012, while the first meeting of the Conference of interested parties should take place in the course of 2012.

Monitoring

To monitor and evaluate the progress made by the Partnership and the contributions of the actions for reaching the headline target of two more healthy life years and the objectives described above, an effective monitoring framework needs to be put in place. This will also contribute to ensuring continuity and consistency of individual actions with the strategic objectives. It will support decision making on the most appropriate actions and programmes. The monitoring framework should be based on a multidimensional approach (in terms of

indicators, targets, and levels - micro, intermediate and macro). It requires defining specific indicators per action.

Some of the indicators that can be used include: self-assessed quality of life, compliance to treatment rate, unnecessary hospitalisation rate and emergency visits, level of re-admissions, incidence of disability, return on investment and innovation intensity ratios.

A Reference Group of users (e.g. older patients, carers, older healthy people) should be considered as an additional support to monitor the success of actions.

Next steps in the EP, the Council and the European Commission

The European Commission is invited to respond to this Plan in early 2012, and to present it for discussion and endorsement to the European Parliament and the Council.

The Conference of interested partners will monitor progress on the identified actions and could suggest changes to the actions or even propose new actions.