This document is a proposal elaborated by the Reference Sites Collaborative Network to inform the next Call for Reference Sites to be launched in 2016.

This document is published as a basis for consultation and does not reflect the views of the European Commission.

Comments on this text are solicited by the European Commission before 8\textsuperscript{th} January 2016 (Close of Business). Any comments should be sent to

\textit{EC-EIP-AHA@ec.europa.eu}

Marked in the Subject with "Call for Reference Sites 2016"

The official text of the Call for Reference Sites, together with the official schedule for launching the call and processing the applications will be published by the European Commission in January 2016.

Brussels, 14 December 2015
European Innovation Partnership on Active and Healthy Ageing

Proposal from the EIP on AHA Reference Site Collaborative Network (RSCN)
to inform the 2\textsuperscript{nd} Call for Reference Sites

1 Introduction

1.1 The Reference Site Collaborative Network (RSCN) of the European Innovation Partnership on Active and Healthy Ageing (EIP on AHA) consists of members with a wealth of diverse experience on the opportunities, benefits and challenges of being a Reference Site. With a new call for reference sites expected in December 2015, the RSCN established a subgroup\(^1\) to develop a proposal to be submitted to the European Commission (EC) to inform the next Call for Reference Sites.

1.2 The sub-group was tasked with updating the definition of a Reference Site and suggesting a framework and selection criteria to be used in assessing new applications. This paper summarises the work of the subgroup.

2 Reference Site Experiences To Date

2.1 In 2012, the European Commission invited applications for Reference Sites, defined as “regions, cities, integrated hospitals/care organisations that implement a comprehensive, innovation-based approach to active and healthy ageing and can give evidence and concrete illustrations of their impact on the ground.” Following a self assessment and peer review process, 32 Reference Sites from 12 Member States were recognised, each with a ranking of 1 to 3 stars reflecting the extent to which predetermined criteria had been met. These criteria included the contribution made by applicant Reference Sites to the different EIP on AHA Action Areas and on their overall strategy to tackling the demographic challenge in Europe. The Reference Sites offered Regions and areas across Europe the opportunity to identify and explore proven examples of innovation for active and healthy ageing.

2.2 Reference Site members have seen many benefits from become Reference sites and operating in a collaborative network, including:

- Enhancing strategic oversight and direction;

\(^1\) Membership of the sub-group was John Farrell (Northern Ireland), Henriette Hansen (South Denmark), Jon Dawson (Liverpool), Lorenzo Bertorello (Liguria), Esteban de Manuel Keenoy (Basque Country) and Nick Batey (Wales).
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- Ensuring areas of good practice are evidence based and innovation responds to agreed need;
- Becoming a catalyst in a Region to bring other stakeholders on board to work collaboratively in developing innovative solutions, thereby ensuring a "whole system approach";
- Contributing to the development of Regional Strategies for Innovation, Economy, Smart Specialisation by ensuring innovation in health and care delivery is a key component;
- Networking with other Reference Sites to identify and share areas of good practice;
- Forming partnerships for European Funding Calls under H2020, ERDF, etc;
- Scaling up service delivery models by ensuring health and care providers are able to adopt innovative practices;
- Collaborating in the development and agreement of cross regional service delivery models e.g. Integrated Care Pathway for Respiratory Disease;
- Consistency in approach to health and care and achieving objectives of EIP on AHA following changes in Regional Government;
- National and international awareness and visibility of the reference site achievements and strategies;
- Accelerating strategy and activities at regional and national level including EIP on AHA;
- Contributing significantly to the EU wide EIP on AHA scaling up strategy;
- Contributing to priorities of the H2020 research and Innovation programme – for example being instrumental in having EC to publish call on PPI in AHA (WP 2016) and pilots on Integrated care ( WP 2014)

2.3 However, some Reference Sites have also encountered the following challenges:

- Lack of clarity on the role of Reference Sites has meant Reference Sites, through the Reference Site Collaborative Network, have had to induce ideas on how they can add value and differentiate between providing for the needs of a Region, at one level, and the assessment of an "innovative practice" at a service delivery level;
- The use of the term “Reference Site” could depict a single entity operating outside a collaborative alliance and therefore not all stakeholders may have been brought together sufficiently to achieve an agreed goal.
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- Reference Sites that are not a public authority or have responsibility for health and care provision in a Region can find it extremely difficult to scale up innovative solutions and realise the benefits to a Region; They can also experience difficulties in influencing health, societal and economic strategies in a Region.
- Where all stakeholders across Regional Government Bodies, Health and Care providers, industry and academia are not co-joined in an alliance or network, difficulties have arisen in aligning "innovative practices" to strategic need. This can potentially impact on the ability to deliver solutions to meet needs in a Region and fully address health, societal and economic challenges and the interdependencies they create;
- If the Reference Site is not, or does not include, a Regional Public Authority, gaining the necessary political buy-in can prove very difficult;

2.4 It should be noted that, while some of the benefits and challenges appear to counter or contradict each other; variations are very much down to the extent to which the Reference Site has engaged all the key stakeholders in the process or acts independently in the pursuit of innovative practice.

2.5 Where Reference Sites have been most successful is when they have brought together all the key stakeholders - Regional Government Bodies and Health and Care providers, industry, academia and civil society – into a coherent partnership or ecosystem. This "Quadruple Helix" arrangement has enabled all stakeholders to be more aware of the health and care priorities, challenges, and needs, enabling researchers and industry to focus on more rapidly developing solutions to be tested, and where a positive evidence base is demonstrated, offering mechanisms to scale up within the Region. Each of the existing 32 Reference Sites are
2.6 In addition, experience has shown that the adoption of a strategic approach complemented by the development and implementation of age friendly and smart health and care solutions can single a Reference Site out for attention and create an environment for other Regions across Europe to learn, transfer and adapt knowledge into their specific situation, with regional, social and economic development as a long term objective. Reference Sites can therefore become “go to” Regions as exemplars of good policy and practice.

2.7 The adoption of a strategic approach has also allowed some Regions to focus on the benefits to be obtained through the adoption of innovative practices and solutions. Wider adoption of this approach would help move EIP on AHA from being supply side driven i.e. development of a solution, to one that can assess impact against required outcomes for patients and service users, for solution development, and on the provider organisation. Having this focus on outcomes therefore provides a “Triple Win” which all stakeholders will have contributed to.

2.8 One of the most significant perceived benefits of becoming a European Reference Site was the potential to improve opportunities to form credible consortia and proposals for EC funding programmes to complement and accelerate transfer and scaling up activities within
and across regions. However, insufficient alignment to date between Call objectives in EC funding programmes and the modus operandi for many Reference sites has significantly limited the ability to make successful applications. This is undermining the perceived value of remaining or become a Reference Site for some regions.

3 Moving forward – New Reference Site Characteristics

3.1 EIP on AHA was never intended to be a process in itself. If used properly, it provides a framework for continuous improvement, enabling any Reference Site to maintain and further improve its status. While very valuable, the peer assessment process is secondary to addressing the health, social and economic needs of the Region which can benefit from ongoing continuous improvement. The next evolution of the Reference Site instrument should therefore build in an Improvement Tool which Reference Sites can use to identify gaps and opportunities for improvement, as well as develop an implementation plan. This will allow Reference Sites to continually challenge and benchmark themselves to ensure they are at the forefront in strategy and policy development, embedding evidence-based service delivery models, forming appropriate partnerships and strategic alliances, enabling knowledge exchange and transfer, scaling up of adoption of innovative solutions and good practices, informing current and future need, and the contribution being made towards economic growth.

3.2 The 2nd Call for Reference Sites also provides the opportunity for greater clarity and understanding of the role of Reference Sites and how they can contribute to the EIP on AHA objectives by ensuring a strategic approach is taken to bring together all key stakeholders to improve the outcomes for patients, carers and service users. This necessitates enhancements to the current policy on Reference Sites with a special focus on scaling up for the next 3 years. We therefore propose the following key characteristics be used to assess the maturity of reference sites, which is then reflected in the allocation of ‘star status:

i. The term Reference Site should refer to an **alliance or partnership of stakeholders** within a Region or Area and should be interpreted as such. This clarification should be included in any Guidance issued. In particular, applicants for Reference Site status should demonstrate they have adopted, or are working towards the adoption of a "Quadruple Helix" model to ensure all stakeholders have a common understanding organisational technical and financial challenges facing the Region or Area within health
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and active and healthy ageing, and are working collaboratively to define and implement innovative solutions and possibilities for economic growth. The appropriate lead authority for health and social care in the region or area\(^2\) is expected to be a fundamental stakeholder in any Reference Site partnership or alliance.

ii. Reference Sites should demonstrate they have comprehensive strategies in place, or under development, which direct and guide policies and practices on health and care in the region, including supporting an active and healthy ageing population. These may include Innovation Strategies, R&D Strategies, Smart Specialisation Strategies, Older People Strategies, Economic Strategies, Regional Development Strategies.

iii. Reference Sites should be able to demonstrate how they are responding to health, societal, and economic challenges through a strategic “whole system approach” to deliver against the EIP on AHA triple win objectives:

• Enabling EU citizens to lead healthy, active and independent lives until old age;
• Improving the sustainability and efficiency of health and social care systems;
• Fostering competitiveness and market growth by developing and deploying innovative solutions.

iv. Reference Sites should be able to demonstrate the degree of their alignment with the EIP on AHA through both contributions to the 3 EIP on AHA Pillars\(^3\) and commitments to adopt the relevant elements of the EIP on AHA Action Plans developed by the various Action Groups.

v. Reference Sites should demonstrate the degree they have developed, or are willing to develop, partnerships with other Regions for the transfer and exchange of good practice, and/or joint working on projects to support health and care, including active and healthy ageing

vi. Reference Sites should be committed to contributing to the European evidence base demonstrating impact on outcomes for patients and service users; effectiveness of developed solutions in meeting need; and how provider organisations have adapted to

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\(^2\) Depending on local structures this may be a Regional Government, City Government, Health Authority/Provider, or a Commissioning Agency

\(^3\) Prevention, Screening and Early Diagnosis; Care and Cure; and Active Ageing and Independent Living
deliver new services and service models. This explicitly includes contributing data and evidence to the Monitoring and Assessment Framework for the European Innovation Partnership on Active and Healthy Ageing (MAFEIP).

vii. Reference Sites should be able to demonstrate examples and impact evidence of good practice and the degree that Reference Sites have scaled up or that they are working to scale up smart health and care solutions for active and healthy ageing. Delivery ‘at scale’ should be assessed as interventions which have benefited, or be in the process of benefiting, a substantial proportion of the target population for services relevant to the EIP on AHA pillar it addresses.

3.3 The benefits of being a Reference Site are clearly set out at paragraph 2.2. These remain valid and will become more pertinent as the EIP on AHA process continues to move forward. Moreover, many Reference Sites will continue to share similar objectives and address common challenges. Collaboration between Reference Sites therefore offers further clear benefits. To help simplify and accelerate such collaboration, Reference Sites would automatically become members of the EIP Reference Site Collaborative Network (RSCN) on award of Reference Site status and would have the ability to determine their own degree of participation in the network.

3.4 The RSCN would therefore assist Reference Sites in areas such as:

- acting as a single coherent voice on behalf of Reference Sites, particularly in relation to discussions with the European Commission and other European representative bodies of industry and organisations;
- addressing horizontal issues across the 3 EIP on AHA Pillars;
- supporting and facilitating specific initiatives such as “Twinning” of Reference Sites to provide for sharing experiences in the development and implementation of health and care strategies and policies, and service delivery models;
- helping to develop and promote the scaling up and adoption of evidence based areas of good practice and innovative solutions; and
- assisting in the formation of partnerships in response to Funding Calls from the European Commission.
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4 Proposed Criteria for Assessment of Reference Sites

4.1 Assessing Reference Sites for a ‘star status’ should demonstrate their maturity in relation to the above characteristics. Given the updated definition for a Reference Site, it is proposed the Assessment Criteria for Reference Sites in the 2nd Call is based on the following themes:

1. Political Organisational, Technological and Financial Readiness
2. Sharing learning, knowledge and resources for innovation
3. Contributing to European co-operation and transferability
4. Delivering Evidence of Impact against the triple win approach
5. Scale of demonstration and deployment of innovation,

4.2 In the following sections of this document, definitions and examples are provided for each dimension to help Regions (including local health or social care jurisdictions, municipalities, etc) in rating their current level of activity from a score of 1 to 3. The Region can also plot its ratings onto a “spider web” diagram to provide a visual representation of its baseline self assessment. This is similar to the “Maturity Model” developed by the B3 Action Group, which can be used to assess individual innovative practices and their capability to be upscaled. For the Reference Sites the assessment tool and “spider web diagram” focus on the actions to support the “quadruple helix” model. This would allow Reference Sites to plot annual re-assessment ratings on the “spider web” and provide a visual overview of the Region’s progress year on year in seeking continuous improvement. Both the B3 Maturity Model and the proposed Reference Site Assessment Tool complement each other and by applying both tools within the EIP on AHA process it will also be possible to differentiate and plot progress between an individual innovative practice and the strategic whole system approach adopted in the Region.

5 Assessment Tool

5.1 The evaluation process for the 1st Call for Reference Sites set out the following objectives:

General objectives

- Increasing the impact - from small to large scale of coverage - of care delivery innovations for older people that have been tested to benefit a wider target population, foster policy developments and prioritisation.
- Facilitating peer learning and sharing.
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- Improving accessibility, quality of care and financial sustainability, and contributing to reducing health inequalities.

Specific objectives

- Identification of innovative 'good practices', innovative elements of a comprehensive approach to active and healthy ageing.
- Exchange and dissemination of the 'good practice' models across Europe.
- Support of scalability, transferability and replication of 'good practice' models: learning from small-scale initiatives/innovations as a means of fostering larger-scale policy and programme development and implementation.

5.2 Whilst for the most part these remain valid it is our view they can be enhanced to reflect the proposals for Reference Sites set out in this paper.

5.3 The assessment and monitoring of the Reference Sites should still be built on a ranking system but there should be a clear pathway for progress to a higher level where there is evidence of improvement against the criteria, or relegation to a lower level where a Reference Site demonstrates a lack of continuous commitment. By using this tool it will be possible to rank the Reference Sites in relation to performance. As the Reference Site approach is built on the concept of continuous improvement, the self assessment tool can also be used by Reference Sites, and candidate Reference Sites, as a strategic dialogue tool to support regional improvement processes within the entire stakeholder partnership.

5.4 The proposed Assessment Tool is set out on the following pages along with a template Improvement Plan.
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1. Political, Organisational, Technological and Financial Readiness

What does it mean?
Has a formal “policy commitment”\(^4\) been formulated so that innovation for active and healthy ageing, that comprises elements of health, social care and wellbeing, is a strategic priority for your Region (health and/or care jurisdiction)?

Is innovation for active and healthy ageing a part of your Innovation Strategy, R&D Strategy, Smart Specialisation Strategy, or other relevant Health and Social Care Strategies?

Are the activities within the EIP on AHA seen as integral to your Region’s priorities?

Have you implemented a ‘quadruple helix’ approach to an inclusive engagement strategy that encourages commitment and creates a close cooperation between:

a) Public authorities (regions and municipalities); Health and Care providers;

b) Educational and research institutions;

c) Businesses; and

d) Citizens / patients and voluntary sector partners.

Do you have a clear implementation plan and sources of funding/resources for successful deployment and implementation of age friendly and smart health and care solutions?

Is the plan in line with the objectives of the EIP on AHA and implement commitments from the EIP on AHA Action Plans relevant to your Region? If not, how will this be achieved?

Are you using other European funds, transnational developments and shared learning?

Rationale
A fundamental principle of the EIP on AHA is a broad co-operation between all relevant stakeholders, which should be a prerequisite on all levels, including reference sites. In order to ensure that reference sites have a true strategic, sustainable and long term focus it is important that the individual commitments are based on a **broad regional cooperation** (“Quadruple Helix”),

\(^4\) By using the expression policy commitment instead of political commitment, we cover the differing governmental and policy-making contexts across Europe
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with all relevant actors who can add value to their implementation and to the objectives of the action plans for the action groups in which the Region participates.

Implementing the objectives of the EIP on AHA is based on the level of political and financial commitment within the participating regions. Hence it is important that Reference Sites are able to show and document this commitment through regional strategic decisions and operational plans to improve outcomes for patients and service users and address social and economic priorities.

<table>
<thead>
<tr>
<th>To what extent can your region show political organisational, technological and financial readiness towards the objectives put forward in your region</th>
<th>Now</th>
<th>Within the next 12 months</th>
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</thead>
<tbody>
<tr>
<td>Level 0: No evidence or not demonstrated</td>
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<tr>
<td>Level 1: To a little extent - yes for up to 2 of the above questions</td>
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<tr>
<td>Level 2: To some extent - yes for 3 or 4 of the above questions</td>
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<tr>
<td>Level 3: To a great extent – yes for all of the above questions</td>
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</table>

Please provide evidence and examples – eg links to relevant documents
2. Sharing learning, knowledge and resources for innovation

What does it mean?

The extent to which the Reference Site has established an infrastructure to enable knowledge transfer and has the capacity and capability to support learning, coaching and improvement so that partners from a range of sectors can be mobilised in order to disseminate knowledge and to scale up and increase coverage of innovative practice within the Reference Site.

Examples could include;
- The establishment of living labs, demonstrators, test sites, show rooms, easily accessible research environments, open source facilities, knowledge networks, improvement collaboratives.

Does the Reference Site supply training and further education programmes to health and care professionals and other stakeholders (in its own region or in other regions), assisting them to learn how to implement and effectively work with age friendly and smart health and care solutions?

Rationale

The aim of the EIP on AHA is that regions in Europe should learn from each other’s good practices, and innovative solutions should be transferred and adopted where relevant and possible, instead of reinventing the wheel. By applying to become a Reference Site within the EIP on AHA, Reference Sites, comprising their strategic partners, have expressed their willingness to share experiences and transfer knowledge and good practices across health and care settings and partners at both a national level and with other Regions in Europe. To be able to do this effectively, Reference Sites must demonstrate their capacity, capability, experience and willingness for knowledge transfer and the spread of improvement and innovation both within their region and with other regions.
To what extent does your region have an innovation and improvement infrastructure that facilitates the learning process, builds improvement capabilities and enables transfer of knowledge?

<table>
<thead>
<tr>
<th>Level 0: No evidence</th>
<th>Now</th>
<th>Within the next 12 months</th>
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</thead>
<tbody>
<tr>
<td>No infrastructures established</td>
<td></td>
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<table>
<thead>
<tr>
<th>Level 1: To a little extent</th>
<th>Now</th>
<th>Within the next 12 months</th>
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</thead>
<tbody>
<tr>
<td>Ad-hoc and opportunistic sharing of learning allied to EIP on AHA aims.</td>
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<table>
<thead>
<tr>
<th>Level 2: To some extent</th>
<th>Now</th>
<th>Within the next 12 months</th>
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<tbody>
<tr>
<td>Organised framework(s) for learning, development and improvement allied to EIP on AHA aims but these operate only in some areas/ sectors.</td>
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<thead>
<tr>
<th>Level 3: To a great extent</th>
<th>Now</th>
<th>Within the next 12 months</th>
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</thead>
<tbody>
<tr>
<td>Systematic approach and a programme of opportunities for cross sector learning, development and improvement allied to EIP on AHA aims.</td>
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</tbody>
</table>

Please provide evidence and examples – eg links to relevant documents
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3. Contributing to European co-operation and transferability

To what extent has or does the Reference Site participate(d) actively in other relevant EU projects, (e.g. within programmes such as FP 1 – 7, CIP, H2020, Interreg, PHP, LLP / ERASMUS) self financed twinning activities, inter regional / cross border activities and other European network activities.

Has emerging learning and experience from the region already been shared with other regions?

Are regional and / or local innovations already being adopted, tailored or informing local and / or regional progress in other regions around Europe or beyond?

To what extend is the region actively involved with the EIP on AHA Action Groups?

Rationale

The aim of the EIP on AHA is that regions in Europe should learn from each other’s good practices and innovative solutions should be transferred and adopted where relevant and possible, instead of reinventing the wheel. Thus, Reference Sites should show a high level of participation in European / International partnerships, alliances, development projects and engagement in concrete activities related to transfer of good practices. Having experience and expertise in international collaboration is important in order to be able to assist knowledge transfer, advance European learning and inform policy development.
To what extent has your region participated in European and/or International collaborations and supported transfer and/or adoption of innovation.

<table>
<thead>
<tr>
<th>Level 0: No evidence</th>
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</thead>
<tbody>
<tr>
<td>No involvement with European partners</td>
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<table>
<thead>
<tr>
<th>Level 1: To a little extent</th>
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<tbody>
<tr>
<td>Still forming alliances and little experience of collaboration beyond the region</td>
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</table>

<table>
<thead>
<tr>
<th>Level 2: To some extent</th>
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</thead>
<tbody>
<tr>
<td>Experienced in collaboration and sharing learning and / innovations but little adoption of good practices established in or adopted from other regions</td>
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</table>

<table>
<thead>
<tr>
<th>Level 3: To a great extent</th>
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</thead>
<tbody>
<tr>
<td>Experienced in collaboration and sharing learning and / innovations. One or more Good Practices have been adopted, tailored or are informing practice in at least 2 other regions.</td>
</tr>
</tbody>
</table>

Now | Within the next 12 months
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Please provide evidence and examples – eg links to relevant documents
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4. Delivering Evidence of Impact against the triple win approach

What does it mean?

Does the reference site have a strategic approach to the coordination of care across providers / settings?

Is the Reference Site able to demonstrate clear strategic intent on establishing stakeholder partnerships to drive innovation and upscaling of good practices, supported by an agreed structure and shared governance?

Are there concrete examples of public – private innovation and upscaling that makes progress towards the EIP on AHA goals?

Is the Reference Site ready to collaborate with comparable innovative solutions within active and healthy ageing in other Regions in order to aggregate comparable datasets and undertake common qualitative surveys of personal outcomes for citizens, patients and their carers to enhance the evidence around the economic, system and societal benefits of the EIP on AHA?

Is there evidence of a contribution to growth of new markets, employment & job creation within the region?

Is there evidence of a contribution to growth of new markets, employment & job creation within Europe?

Have innovative solutions within active and healthy ageing been implemented and have they delivered evidenced benefits for individuals and increased the sustainability and efficiency of the local and / or regional system?

Does the Reference Site use evaluation tools as an integrated part of their deployment and implementation process of age friendly and smart health and care solutions? e.g. TREAT, MAST, MAFEIP, or other locally developed tools?
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**Rationale**

The fundamental principle of the EIP on AHA is the triple win approach. In order to become a reference site it is thus important that the region demonstrates a clear strategic focus and commits to work towards the triple win, which means:

- **Enabling EU citizens** to lead healthy, active and independent lives until old age
- **Improving the sustainability** and efficiency of health and social care systems
- **Developing and deploying** innovative solutions, thus fostering competitiveness and market growth


Public – private partnerships and pre-commercial procurement are seen as some of the most important ways to reach development and deployment of innovative solutions in the health and care sector and create business opportunities and economic growth.

Many barriers exist in relation to deployment and market up-take of health and care related products and services. Public – private partnerships and innovation are seen as an instrument which can help address some of these barriers. For example, efforts by public and private sector players to build a consumer market (that can enhance people’s health and well-being and, as they age, improve their lives and capacity to live independently for longer) are also vital to upscaling, market growth and European competitiveness on the world stage.

To what extent does your region’s commitment to age friendly and smart health and care solutions reflect the triple win approach

<table>
<thead>
<tr>
<th>Level 0: No evidence</th>
<th>Now</th>
<th>Within the next 12 months</th>
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</thead>
<tbody>
<tr>
<td>There is no reflection of triple win approach</td>
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<table>
<thead>
<tr>
<th>Level 1: To a little extent</th>
<th>Now</th>
<th>Within the next 12 months</th>
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<tbody>
<tr>
<td>The helix approach is recognised as important but there is no formal coordination or recognition of active and healthy ageing and no established evidence of triple win impact</td>
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</table>

<table>
<thead>
<tr>
<th>Level 2: To some extent</th>
<th>Now</th>
<th>Within the next 12 months</th>
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</thead>
<tbody>
<tr>
<td>Significant level of a regional coordination and evidence established about improving outcomes for individuals and the system, but linkage to impact on the economy is limited</td>
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</table>

<table>
<thead>
<tr>
<th>Level 3: To a great extent</th>
<th>Now</th>
<th>Within the next 12 months</th>
</tr>
</thead>
<tbody>
<tr>
<td>Solutions within active and healthy ageing and improved outcomes are matched by strong commitment to innovation and prevention to sustain economic growth. Evidence is available to support impact across the entire triple win approach.</td>
<td></td>
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</table>

Please provide evidence and examples – eg links to relevant documents
5. Scale of demonstration and deployment of innovation

Are there Good Practice examples of Innovations?

Is there evidence of large scale deployment within the last 3 years (reaching 10-20% of the target population within the area covered by the Reference Site) of innovative practices with clear evidence of positive impact? The successful deployment of good practices will have included engagement with key stakeholders to improve their understanding of the benefits to be achieved through adoption.

Describe up to three good practice examples (GPs) that have been evaluated and implemented at scale within your Region, or good practice examples you propose to scale up, and which can be replicated and transferred beyond your region.

Each GP example should:

- link to at least one of the EIP on AHA pillars
- evidence the added value and benefits over existing models
- include a strategy for engagement, mobilisation and knowledge transfer
- demonstrate capability to scale at large

<table>
<thead>
<tr>
<th>Scale of demonstration and deployment</th>
<th>Now</th>
<th>Within the next 12 months</th>
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<tbody>
<tr>
<td>Level 0: No such example</td>
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<tr>
<td>Level 1: One to two good practice examples meeting the above criteria</td>
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<tr>
<td>Level 2: Three or more good practice examples that meet the above criteria</td>
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<tr>
<td>Level 3: Three or more good practice examples that meet the above criteria, plus evidence of large scale deployment for at least one of them</td>
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</table>

Please provide details of the good practice examples and how they meet the above criteria

Provide details of the large scale deployment if applicable
## Summary of Scores

<table>
<thead>
<tr>
<th>Essential criteria met</th>
<th>Yes / No</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Dimension</strong></td>
<td>Score 0 - 3</td>
</tr>
<tr>
<td>Political Organisational, Technological and Financial Readiness</td>
<td></td>
</tr>
<tr>
<td>Sharing learning, knowledge and resources for innovation Learning,</td>
<td></td>
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<tr>
<td>Contributing to European co-operation and transferability</td>
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</tr>
<tr>
<td>Delivering Evidence of Impact against the triple win approach</td>
<td></td>
</tr>
<tr>
<td>Scale of demonstration and deployment of innovation</td>
<td></td>
</tr>
<tr>
<td><strong>Total Points</strong></td>
<td>Maximum 15</td>
</tr>
</tbody>
</table>

Reference Sites that do not meet the Essential Criteria or only obtain a minimum of points will remain candidate reference sites.

1 **Star** will be given to Reference Sites obtaining between 4 and 7 points.

2 **Stars** will be given to Reference Sites obtaining between 8 and 10 points on the condition that the reference site has at least...... 1 point in each criterion.

3 **Stars** will be given to Reference Sites obtaining between 11 and 13 points on the condition that the reference site has at least...... 1 point in each criterion.

4 **Stars** will be given to Reference Sites obtaining between 14 and 15 points

### Improvement Action Plan – to be completed following peer review

Following review, support and challenge from other Reference Sites provide a brief description of agreed actions for each domain that will lead to an improvement in your Reference Site’s self assessment score in the next 12 months.
The Reference Site Spider Web Diagram

- Political Organisational, Technological and Financial Readiness
- Scale of demonstration and deployment of innovation
- Delivering Evidence of Impact against the triple win approach
- Contributing to European co-operation and transferability
- Sharing learning, knowledge and resources for innovation Learning,

Now
Future
European Innovation Partnership on Active and Healthy Ageing

Improvement Plan Template

Our Reference Site has decided to prioritize the following initiatives in the near future:
(e.g. Describe briefly your temporary ideas for each subject and how to progress from Candidate Reference Site to Reference Site, from 1 star to 2 stars, from 2 stars to 3 stars, from 3 stars to 4 stars or to maintain the 3 star or 4 star Reference Site status)

Essential criteria for Reference Sites as set out in the EIP on AHA
(e.g. Our Reference Site wants to participate actively in all three pillars, or a roadmap will be developed to cover x % of.....)

1. Political Organisational, Technological and Financial Readiness
   e.g. Our Reference Site will create better financial commitment by.....

2. Sharing learning, knowledge and resources for innovation
   e.g. Our Reference Site plans to install a show room,

3. Contributing to European co-operation and transferability
   e.g. Our Reference Site plans to establish partnerships / projects in the following areas..... or we have planned a close collaboration with x, y, z region in Europe for the purpose of... with the aim of transferring the following areas of GP

4. Delivering Evidence of Impact against the triple win approach
   e.g. A strategy will be developed to.....

5. Scale of demonstration and deployment of innovation,
   e.g. our reference site plans to implement .... at scale in the next 18 months