



ATTENDANCE

BUSKERUD FYLKESKOMMUNE (observer)	Trond Myrland Elisabeth Brodahl Randi Haldorsen
GERMAN-SPEAKING COMMUNITY	Karin Cormann
CATALONIA	Toni Dedeu
EMILIA-ROMAGNA	Aki Ishiwa Francesca Passeri
LIMBURG	Raymond Stijns
LOWER AUSTRIA	Kerstin Kittenberger Julia Auer
OCCITANIE EUROPE (observer)	Marie Vaugeois
REGION ÖSTERGÖTLAND	Kaisa Karro Isabelle Johansson
SCOTLAND	Andrea Pavlickova
SKÅNE	Ylva Reisnert Per Brishammar Alexander Dozet
VENETO REGION (PROMIS)	Francesca Gastaldon
WALES	Nick Batey
ADS INSIGHT (consultants)	Mikaela Nordenfelt Eva Scholten
EUREGHA SECRETARIAT	Valentina Polylys Mita Talenti

1. CHAIR'S WELCOME AND INTRODUCTION

EUREGHA Chair Nick Batey welcomed everyone to the annual EUREGHA General Assembly meeting.

The meeting started with a tour de table.

The agenda was endorsed by the General Assembly.

2. MEMBERSHIP UPDATE AND OFFICIAL RATIFICATION OF NEW MEMBER

The Chair informed that since the previous General Assembly, Scotland has joined EUREGHA as a Full Member and Västra Götaland has withdrawn from the network. The Chair specified Västra Götaland did not withdraw because of the network, but because of budgetary reasons.

The General Assembly ratified Scotland as EUREGHA Full Member.

3. PRESENTATION FROM SCOTLAND

Andrea Pavlickova, European Service Development Manager at the NHS 24/Scottish Centre for Telehealth and Telecare, gave a presentation about the International Engagement Team of the Technology Enabled Care and Digital Healthcare Innovation Division of the Scottish Government.

The overarching objective of their agenda is transforming healthcare with the support of the ICTs. The main goal is to promote what is being done in Scotland, try to find opportunities for collaboration and secure investment as a result of those opportunities.

Scotland's engagement in the EU is aligned with national ambitions and priorities in the area of healthcare and can be summed up around three key elements:

- Integration of health and social care. Ms Pavlickova highlighted that there is a legislation in place stating that it is mandatory to integrate health and social care in Scotland;
- Support to people living longer at home settings and transferring the care from hospitals to communities. Such a shift requires a lot of transformation in terms of services which can be supported by the use of ICT solutions;
- The Digital Health and Care Strategy, which was published 3 weeks ago and brings all the different elements of the transformation of healthcare systems together (see attached presentation)

Scotland's engagement at European and international level revolves around 3 main areas of activity:

- Reputation and promotion of what is being done in Scotland;
- Building effective relationships and partnerships (through participation in a number of European networks and in the EIP on AHA, where Scotland is chairing the group on integrated care);
- Securing investments (through participation in a number of EU projects which are strategically aligned with the division's agenda and priorities);

For them, engaging in EU networks is key in order to implement and scale up their wider strategic agenda.

Regarding Scotland's participation in EUREGHA, Ms Pavlickova outlined the different ways in which they can contribute to the network's activities:

- By bringing the knowledge and expertise of Scottish stakeholders in the area of technology enabled care and digital healthcare innovation;
- By maximizing the impact of EUREGHA's activities through Scotland's membership and active engagement in a number of European and international networks and organisations;

In terms of expectations, the Scottish government believes being member of EUREGHA will be instrumental for a number of reasons, as:

- EU networks are an important driver to access different good practices in the area of technology enabled care and a way to continue influencing EU policies and programmes;
- EU networks provide valuable opportunities to **maximise collaborations between regional and local authorities and increase the involvement of Scottish stakeholders** in the European agenda;
- Being a part of EUREGHA will also help promote Scotland's reputation in the field of technology enabled care

4. BUDGET UPDATE AND CLOSURE

- EUREGHA Chair announced that EUREGHA Treasurer Raymond Stijns (Limburg) was not able to attend the meeting and would participate via videoconference. Raymond Stijns presented the closing of the 2017 accounts, prepared in cooperation with EUREGHA Secretariat and Cogitax (external accountant).

- Mr Stijns outlined the incomes and charges for 2017 (see page 2 of the Financial Annual Report 2017): incomes amount to EUR 117 893,69 and charges amount to 114 417,77. Therefore, profit for 2017 amounts to EUR 3.400. One of the main differences between the 2017 and the 2018 budget is that there was no expense under the budget line "office rent" in 2017. In 2017, incomes were slightly reduced because the network did not have any active project.

Overall, EUREGHA had a profit of EUR 3.339.

On 31 December 2017, the network's bank accounts had the following results:

- Regular bank account: € 16.062,18
- Saving account: € 47.721,68

The income from the "Sunfrail" project was below expectation, because of a misuse of the hourly rate and an incomplete declared total of spent hours. The mistakes have been corrected, however they could not be included in the 2017 budget. They will be added to the 2018 one.

As of 31 December 2017, the total balance amounts to € 67.122,86, which is a positive result for the network.

Mr Stijns then introduced the 2018 budget forecast. As for the incomes, membership fees amount to EUR 66.000. From the total budget of the BOOST project (EUR 235.000 to be spent over 4 years), we received the first installment of EUR112.389 of which EUR 43.032,65 will be used for the staff and EUR 69.356,25 will be put on the savings account and partially used for travels and subcontracting. Even if they are no longer active, the network will still get money from the CHRODIS and SUNFRAIL projects. As for SUNFRAIL, EUR 2.980,52 will be used and EUR 9.294,48 will be put on the saving account. As from 2018, the income will increase thanks to the BOOST project. As for the expenditures, costs increased up to € 28.000 in 2017 because of the more experienced and therefore more expensive staff. The total budget of the saving account is EUR 126.372,41 (no savings were used in 2017);

To conclude, EUREGHA has a total budget of EUR 134.601,38, which is in balance with the expenditures (office rent, salaries, securex, etc.).

Mr Stijns pointed out that EUREGHA has a current ratio of 0,93, which is formally low. However, the situation shows that, if necessary, the network is able to cover almost a full year, thus at least enabling the Secretariat to cover the external obligations related to the BOOST project.

Raymond concluded by giving an insight into how EUREGHA is going to move forward in 2019 and stated that, in order to operate fully, the network will need to use about EUR 70.000 from the savings account. This means it is important to look for additional projects in 2018.

The General Assembly endorsed the closure of the budget 2017. The Chair, Vice-Chairs, Treasurer and the Executive Board were discharged of the responsibility for the activities of 2017.

The General Assembly approved the proposed budget for 2018, in line with the Treasurer's advice.

EUREGHA Chair Nick Batey stressed the fact that it is important to engage in new projects bringing an income to the network, which also fits into EUREGHA's strategic goal to engage and engage its members in projects which expose the network and the work of individual regions in a wider European and international context. Mr Batey stated that it is essential to continue pushing for increased membership, keeping in mind that many members value that EUREGHA is not a huge organisation, as it is small enough to know the individual regions and people that are involved.

5. PROJECT INVOLVEMENT

The Secretariat gave an update on past and upcoming activities in relation to the European projects:

The **SUNFRAIL** project has ended. The Activity Report and the Financial Report were submitted at the end of April. EUREGHA is now waiting for CHAFEA's decision on the last payment of EUR 1.2475,38. Further information on the project, deliverables and good practices can be found on the project website (www.sunfrail.eu), which is still running.

The **BOOST** project started in January 2018. EUREGHA is in charge of the communication and dissemination package and has already delivered the project website (www.boostproject.eu) as well as the dissemination and communication strategy and the stakeholder mapping. On 28 March, EUREGHA was invited to talk about prevention of mental illness in children at a [Public Policy Exchange](#)

[event](#). On this occasion, the Secretariat presented BOOST as a good practice in the field and the stakeholders attending the event showed a lot of interest in the project. In September, the Secretariat will participate in the next project meeting in Oslo, Norway on 24-26 September. Ms Polylas pointed out the two-fold reason why EUREGHA takes part in EU projects: supporting the Secretariat, but also providing members with new tools and good practices as well as securing relations and ties with new regions. The Secretariat highlighted that EUREGHA's engagement in BOOST is also fully aligned with the network's priorities, as its participation is the result of a fruitful exchange of practices during last year's policy cycle on mental health.

Pending applications

At the end of April, there was a deadline for project proposals under the Horizon 2020 programme. In this call round, EUREGHA participated in two consortia. One of the submitted proposals, "EURIPI" (European Innovative Procurement of Health Innovation) responds to the call: "Innovation in healthcare - a CSA towards using precommercial procurement and public procurement of innovative solutions in healthcare systems" (SC1-HCO-12-2018). The consortium is composed of 26 partners coordinated by MEDTECH Europe.

In EURIPI, EUREGHA is not proposed as partner for the dissemination and communication package, but rather as a partner providing inputs on the topic, thus bringing the regional and local dimension of health authorities in the project consortium. Ms Polylas underlined the key role played by EUREGHA members in order to effectively contribute to the project. Thanks to the project, it will be possible to animate a working group within the network on the topic of precommercial procurement and public procurement of innovative solutions, which is also strictly linked to the cross-border dimension of public procurement.

The other project proposal, SHARP@Work, responds to the call "Adaptive smart working and living environments supporting active and healthy ageing" (C1-DTH-03-2018)

The consortium is made up of 16 partners coordinated by the Politecnico di Milano University. EUREGHA will be in charge of the communication and dissemination package.

The project will focus on developing instruments to empower workers and enterprises to achieve results in three areas:

- Promotion of work ability and productivity;
- Lifelong learning;
- Age-friendly work arrangements

The network has also had the chance to be involved in other EU projects as an Advisory Board member through its members. Ms Polylas highlighted that participating in the Advisory Board of other EU projects is an important way to reinforce the network's position and create synergies with potential new partners.

At the moment, Raymond Stijns is taking part in the [NESTORE project](#) and Toni Dedeu is an Advisory Board member of the [EFFICHRONIC](#) project.

6. 2017 EUREGHA ACTIVITY REPORT AND ADVOCACY

The 2017 Activity Report had been circulated prior to the meeting. The document outlines the core activities undertaken by the network in 2017.

Ms Polylas gave an overview of the advocacy activities which have been carried out over the past few months.

EUREGHA has been negotiating for the next Multiannual Financial Framework (MFF). Before the publication of the future MFF on 2 May, the network decided to sign the [Cohesion Alliance Declaration](#) in order to advocate for a strong Cohesion Policy in next programming period. Ms Polylas pointed out that, among all the partners of the Cohesion Alliance, EUREGHA was the only network representing the health sector providing the health perspective in the discussion about the next Cohesion Policy.

EUREGHA also contributed to the European Commission [public consultation](#) for the next programming period (see attached document). By sending its position on the next generation of EU financial programmes, EUREGHA made sure the Commission took into account the needs and interests of the public health sector when designing comprehensive proposals for the post-2020 EU budget. Following the publication of the Commission proposal for the next MFF, EUREGHA will now need to liaise with Members of the European Parliament in order to understand if the Commission proposal will remain unchanged (with the future Health programme being embedded into the new European Social Fund Plus) or if it will be amended.

EUREGHA has also been following the discussion about the [European Commission proposal for a regulation on Health Technology Assessment](#) in order to centralise HTA procedures. This initiative will affect some EUREGHA member regions, and that is also why the Secretariat invited Ms Soledad Cabezon Ruiz, Member of the European Parliament and rapporteur for the proposal, to the meeting of the Committee of the Regions Interregional Group on Health and Well-being on 17 May to talk about the state of play of the discussion.

7. FORWARD PLANNING

Ms Polylas gave an overview of the activities planned for 2018 (see attached document) and highlighted the main ones.

European Week of Regions and Cities 2018

“Global challenges, territorial answers: the future of Health in Europe “

EUREGHA has been selected to organise a high-level event together with the NAT Commission of the European Committee of the Regions between 8-11 October 2018. Commissioner for Health and Food Safety Vytenis Andriukaitis will be invited. The event is an opportunity to reinforce the regional and local dimension of health in the discussion about the next programming period. In addition to the political added value of having Commissioner Andriukaitis as a speaker, the event will also provide the opportunity to speak in a panel together with other strong European networks. EUREGHA had the chance to coordinate such a big event because the Secretariat is also managing the organisation of the

meetings of the CoR Interregional Group on Health and Well-being, which provides a strategic tool in order to reach the Cabinet of Commissioner Andriukaitis.

Cross-border Healthcare Thematic Network

Together with Lower Austria, EUREGHA submitted a proposal for a Thematic Network on Cross-border within the [EU Health Policy Platform](#). The proposal was not successful, however DG SANTE informed the Secretariat that they were interested in having a thematic network on cross-border cooperation in health in the second half of 2018. It was then decided that EUREGHA would revise the proposal and put forward a new one for the next cycle of the thematic networks. DG SANTE also asked the Secretariat to upload its members' good practices on cross-border cooperation in health on the [Futurium platform](#). The booklet raised a lot of interest among different stakeholders as well as DG REGIO and DG SANTE, as it provides valuable inputs from a regional and local perspective which are usually difficult to collect. On May 17 Lower Austria will meet DG SANTE together with the Secretariat to discuss how to finalise the new proposal for the thematic network. On 23 May the Secretariat will also meet a representative of DG REGIO who works on cross-border cooperation in health.

Healthcare coalition

The Secretariat had been contacted by EFPIA (European Federation of Pharmaceutical Industries and Associations) to create a multi-stakeholder coalition in order to advocate for the next EU budget as well as for the next European Commission in order to keep health high on the future EU agenda.

The first meeting was held on 21 March and was a successful and interesting event. The Deputy Director-General for Health and Food Safety Martin Seychell attended as a speaker and EUREGHA's participation provided an added value to the discussion, as it was the only association representing regional and local health authorities in the EU, thus bringing the regional dimension into play (providing inputs on the important role of the Cohesion Policy resources, for instance)

On 29 November, together with the coalition, EUREGHA will organise a political event with Commissioner Andriukaitis. The idea is also to come up with a common manifesto together with the other stakeholder, even though it might be a challenge because of different interests and viewpoints within the different players. For further information on the ideas and objectives of the coalition, please see the attached presentation.

Annual Conference

The Annual Conference will be held in Brussels on 6 December (date is yet to be confirmed). The event will focus on all the activities carried out throughout the year, inputs on primary care and integrated care, i.e. the two policy cycles for 2018, as well as investment, skills, and the future of health in Europe. This could be achieved by dividing the conference into three main parts: policy; skills set; and investments from the perspective of primary health care and integrated care

Main objectives of the event:

- Promoting the network
- Attracting new members
- Cementing the relationship with EU institutions and other stakeholders

- Profiling existing EUREGHA members
- Contributing to the policy dialogue

The event will be organised with the support of Mikaela Nordenfelt, ADSInsight consultant. As soon as the agenda is finalised, the Secretariat will share it with all EUREGHA members.

The Annual Conference will be an opportunity for members to showcase their good practices and convey a political message on the future of health in Europe.

Policy brief with DG Employment, Social Affairs and Inclusion

The recently-published Commission proposal for the next Multiannual Financial Framework shows that DG Employment is probably going to play an important role in the health sector over the next programming period, as the future Health programme will be embedded within the European Social Fund Plus. For this reason, on 30 May EUREGHA organizes a policy brief with a representative of the Directorate-General for Employment, Social Affairs and Inclusion to explore the role of European social policies and programmes and their potential for the health sector.

8. RESEARCH ON HEALTH IN YOUR REGION – preliminary results

EUREGHA Secretariat is conducting, together with Joceline Kranenburg, a research aiming to gain insight in the health status, health system structure and health policy strategies of each EUREGHA member region and how this relates to EU policies.

The objective is to find a common ground for a shared **EUREGHA vision on EU health policies and programmes post 2020** and, thus, concretely define priorities and activities for 2018 and beyond.

The study is a multiple case study of EUREGHA partners using desk research and semi-structured interviews. The aim is to identify **opportunities and similarities in strategies in order to promote collaboration and a collective focus** of the regions.

Joceline Kranenburg gave an overview of the preliminary results of the research study (see attached presentation).

So far, 10 out of the 15 partners of EUREGHA have been interviewed. In the preliminary results, it was found that EUREGHA partner regions face similar challenges in health such as ageing populations, waiting lists and larger regions struggle with meeting the needs of the regional populations due to geographical differences within the region. Because the health systems of the majority of the regions are decentralised, regions are mostly able to identify their own health strategies and policies. Overall, regions mainly focus on investing in integrated care, primary care, and person centred care. Multiple regions are working to improve health through health in all policies. However, there are a number of differences in approach and in the level of implementation of the strategies. The present research therefore creates an opportunity for member regions to learn from the different approaches and strategies.

8. INTERACTIVE SESSION

In order to develop a joint strategy for the future, an interactive session was held in order to identify common priorities and challenges according to the different inputs provided.

The following key questions were addressed during the interactive session:

- What should be the EUREGHA vision for health?
- Which policy domains should be addressed?
- What would we really want to see from the EU to enable these policy domains?
- How can we forward the agenda together?

The Secretariat will analyse the results of the discussion and draft a strategy which will be shared with all the members later in June.

9. FLANDERS' CASE-STUDY PRESENTATION AND ROUND-TABLE DISCUSSION

Representatives of the Flemish authority outlined the primary care reform and the new vision and strategy underlying the hospital reform in Flanders.

Tom de Boeck, Head of Specialised Care in the Flemish Health Care Agency, started by briefly introducing the Belgian state structure then explained the hospital reform in Flanders.

Within the ongoing hospital reform, the Flemish government has renewed its principles in accordance with the New Vision Care Landscape:

- Offer is better tuned according to the need of the citizen
- Assignment differentiation in the hospital landscape
- Offering all kinds of care to everyone in every hospital is not desired and not feasible
- Reinforced cooperation and networking between hospitals and with partners within the region in the field primary care and welfare
- Deciding together with the partners within the region which services are best organized, ultimately aiming for a multifunctional use of a hospital building

The hospital reform follows four main action lines:

- Fine-tuning of the terminology
- Valorization of basic specialized care assignments of local hospitals
- Elaborating Care Strategic Plan Flanders (public procurement)
- Flemish legal frame for:
 - Networking – aligned with the federal organic frame
 - Care Strategic Planning

For further information on the hospital and primary care reform in Flanders presented by Jan Palstermans and Ann Dhooge, see the attached presentation.

EUREGHA General Assembly

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As a result of the finalization of the policy cycle on primary care, the Secretariat invited all members to provide their good practices in the field through a template (see attached file). The collection will serve as a basis for the creation of a booklet which will also include the inputs provided by the Flemish case-study presentation and round-table discussion, as well as the presentations delivered at meeting of the European Committee of the Regions' Interregional Group on Health and Well-being on "The future of Primary care in Europe" held on 23 March 2018.

END OF MEETING