

## CoR INTERREGIONAL GROUP ON HEALTH & WELL-BEING

“Healthy ageing in the EU: the potential of digital innovation for elderly health and social care”

Tuesday, 12 October 2021, 9h30-11h00

Online Conference - European Week of Regions and Cities

### Minutes

#### **9.30 Welcome and introduction by the Chair, Birgitta Sacrédeus**

The Chair of the Interregional Group, **Birgitta Sacrédeus**, welcomed all the participants in this high-level conference, organised in the frame of the European Week of Regions and Cities by the CoR's Interregional Group and NAT Commission in collaboration with DG CONNECT, EUREGHA and the Province of Lugo (ES). The event consisted of a high-level institutional panel followed by a technical panel, and aimed at discussing active and healthy ageing and the potential of digitalisation for enhancing elderly health and social well-being. The moderator, **Giovanni Gorgoni**, EUREGHA's Chair, informed the audience of the Zoom features to interact during the session.

- **Panel one: “EU getting older: challenges and opportunities in the digitalisation era”**

#### **9:35 Video-message by Dubravka Šuica, Vice-President and European Commissioner for Democracy and Demography**

The first panel was opened by a video message from the **Vice-President Dubravka Šuica**. She stressed that the ageing population process is not just a matter of older people, and has significant implications on people's everyday lives and well-being, economic growth, fiscal sustainability, health and long-term care, and social cohesion. Although the increase in life expectancy is a sign of more widespread well-being than in the past, this aspect does not necessarily mean that people grow old in health. Concerning health, she underlined the need to balance more investment in long-term care and social services and reduce the costs by prioritising technology and community-based care. As a result of demographic change, the number of people potentially needing long-term care in the European Union is projected to rise substantially, and digital technologies, such as monitoring devices, telemedicine and robots, can take over basic activities in health prevention, self-monitoring, and long-term care. These supporting tools would allow care workers to focus on more complex activities and devote more attention to individual patients. Vice-President Šuica stated that the European Care Strategy, launched on 15 September by Ursula von der Leyen, is part of this strategy and shows the European

Commission's commitment to supporting those in need of care and those who provided it. In addition, an eye should be kept on smart homes, mobility, and public transport through massive investments from cities and local authorities. She emphasised the crucial role of local authorities in developing long-term care plans and actions. In this perspective, there is a need for solid support for the digital transition, especially in rural areas, where regions face a triple challenge of declining population, low income, and poor digital infrastructure.

In her opinion, the demographic change also offers new economic opportunities for businesses and innovation. For this reason, Europe needs to focus attention on the silver economy. The silver economy is indeed expected to grow in the following years and the EU will be the third largest silver economy in the world, behind the USA and China. The Green Paper on Ageing highlights the importance of supporting new technologies and these business models in this direction.

In her speech, the Vice-president also mentioned intergenerational solidarity as a key link to ensure better adaptation of older population groups to new digital tools.

#### **9.45 Contribution by Jarosław Duda, MEP, EMPL Committee, European Parliament**

As a member of the Intergroup on Demographic Change and Solidarity Between Generations at the EP, **Jarosław Duda** dedicated the core of his speech to the need of using digital to build inclusive societies and address health inequalities. He agreed that innovation and technological progress can make lives easier, but only if designed properly. In his view, the real challenge is to use this progress to build inclusive societies where the rights of every citizen are respected, and conditions are created for every citizen to live independently, actively, and creatively. Age-related mobility deterioration, lack of access to equipment and low e-literacy can lead to marginalisation and exclusion of many older people. For this reason, older citizens must be part of decision-making processes to ensure that their needs and perceptions are included in planning progress. He gave some concrete daily examples where older people may find themselves disoriented, such as new digital banking services or the installation of touch panels in elevators, often not calibrated for those with visual impairments. The digital transition should always be user-friendly. Then, he touched upon few points to take into account to exploit the potential of digitalisation. First of all, he called for better use of modern technologies to remove age-related physical constraints. Secondly, we should guarantee a broad availability of patient-friendly telemedicine solutions, including this criterion in public tendering procedures, universal services, and residential buildings. Thirdly, he stressed the importance of implementing the European Accessibility Act and extending its provisions to transports. Then, we should support research in prevention and treatment of diseases affecting particularly older people (such as Alzheimer and dementia) and promote healthy lifestyles and activities for all generations.

### **9.55 Contribution by Birgitta Sacrédeus, Chair, Interregional Group on Health and Well-being, European Committee of the Regions**

**Birgitta Sacrédeus** started her intervention by stressing the experience of Sweden during the COVID-19 pandemic, especially regarding the use of the website 1177, where Swedish citizens can get answers to their questions and needs (both COVID-related and not). On the website, Swedish citizens can search for health services in their respective regions and seek advice on living healthy. Promoting healthy habits is paramount considering that, for example, 40% of cancer can be avoided if we live healthy.

Then, she stressed the importance of local authorities in building the essential infrastructure for active and healthy ageing. For this purpose, it is important to plan cities and towns and invest in smart homes. Smart homes would enable older people to live independently and improve telemedicine, becoming an integral part of an integrated care system. Moreover, she touched upon the silver economy, particularly silver tourism, which is currently growing both within and between countries. To build successfully this digital and integrated health ecosystem, local and regional authorities must work together and exchange knowledge and best practices.

- **Panel two: “Implementing innovation for elderly: digital solutions for active and healthy ageing”**

### **10.05 Video Testimonial: Example from the Diputación Provincial de Lugo**

The video testimonial from the Province of Lugo (ES) opened the second panel. Since 2011, the Provincial Council of Lugo, in collaboration with eighteen city councils, has been planning and managing a reference model to promote the elderly’s autonomy. The model consists of a network of six public care centers for the elderly located in proximity to the users' place of residence. The centres aim at promoting elderly well-being and active ageing without removing them from their environment and are seen as a wealth resource as they foster silver and circular economy in the area.

### **10.10 Roundtable contributions by:**

- *Marco Marsella, Head of Unit, eHealth, Well-Being and Ageing, DG CONNECT, European Commission*
- *Raluca Painter, Head of Unit, Labour Market, Education, Health and Social Services, DG REFORM, European Commission*

- *Piret Hirv, Project Manager, IN-4-AHA - Innovation Networks for Scaling Active and Healthy Ageing*

The moderator, **Giovanni Gorgoni**, animated the panel asking the speakers two rounds of questions.

**Marco Marsella** replied to Mr. Gorgoni's question on the relevant aspects to improving the health and well-being of the elderly. He stressed two points: scaling-up innovation and citizen empowerment. Regarding the first concept, he said that the EC has invested many resources over the past years through financial programs and also policy issues (such as the Active and Assisted Living Programm and EIP-on-AHA) to enhance the technological support for the elderly and silver economy. In particular, he stressed the importance of reference sites of EIP-on-AHA for the exchange of best practices. All this work focuses on integrated care and building ageing-friendly environments, and a life-course approach has a key role in this perspective.

Regarding citizen empowerment and digital tools, this point dates back to the strategic approach that the Commission put forwards on enabling the digital transformation of health and care. Here, the key point is person-centred integrated care that enables citizens and patients to actively monitor their health or lifestyle and access real-world data and tools to help people.

**Raluca Painter** replied to Mr. Gorgoni's question on the type of reforms needed to improve the quality of life of the elderly in the Recovery and Resilience Facility and the new EU Financial Framework 2021-2027. She started by explaining the mission of DG REFORM, a service within the European Commission that provides technical expertise to Member States and local authorities in undertaking reforms aiming to enhance the quality of care and assistance in the EU. Through reforms, the aim is to put all the elements together and have long-lasting effects. Key points in DG REFORM work are the engagement of all relevant stakeholders on the topic addressed and the facilitation of the exchange of best practices between the Member States. Health is a priority for DG REFORM as it is the key transformation area in many Recovery and Resilience plans. Then, she presented some examples of concrete projects in the framework of Recovery and Resilience Plans currently supported by DG REFORM (Belgium, Estonia, Croatia, Greece, Czekia, Austria). They regard the digital transformation of health systems (e.g. the introduction of more digitalisation enabling access to services and support quality services), cancer screening programmes, or the creation of multidisciplinary systems for primary care. DG REFORM is also supporting Lithuania to undertake a comprehensive review of its policies that facilitate healthy ageing. It consists of a combination of social services and health services that can help the elderly actively participate in social, political, and cultural life.

**Piret Hirv** replied to Mr. Gorgoni's question on the linkage between the EU-funded project IN-4-AHA and previous European initiatives for healthy ageing, as well as its innovative elements and strengths. She stressed that the main difference between IN-4-AHA and previous EU initiatives is that IN-4-AHA comes from the business side and brings awareness of the need to broaden the network of stakeholders for building an efficient ecosystem. The vision is that technological solutions help save resources in healthcare and improve the quality of services. In her opinion, we need the scalability of solutions and strong collaboration between stakeholders to bring those solutions to the end-users. She explained that IN-4-AHA works in continuity with the EIP-on-AHA consortium, since some of its partners have broad experience on EIP-on-AHA projects, and builds its outcomes following the results achieved by the EIP-on-AHA network. Then, she stressed a contrasting trend in Europe: on the one hand, the market of digital solutions is growing rapidly; on the other hand, investors seem distant from this process. Introducing investors to the market by opening opportunities will help the movement in scaling up e-solutions. In this perspective, it is essential to collaborate with local authorities to better exploit the full circle of innovation, as they have strong responsibilities in providing e-solutions to the citizens. Ms Hirv concluded by saying that the project launched some open calls for e-solutions, and it selected few ones to be tested in cross-border settings. After a discussion with IN-4-AHA innovators, what emerged is the need for a roadmap clearly indicating how to implement these tools, the relevant stakeholders to involve, and the right moment for investors to support innovation.

**Giovanni Gorgoni** proceeded with the second round of questions, focusing on future challenges.

**Marco Marsella** reiterated that the final objective must be to develop technologies that can change people's life. In the meantime, the adoption of digital solutions requires the engagement of different stakeholders at all levels (regional, national, and European), as all these levels contribute to building the ecosystem. He pointed out that the Digital Europe programme will support some strategic actions that can facilitate this process. The creation of digital innovation hubs in every EU regions goes exactly in this direction. The testing and experimentation facilities for AI for the new frontier, such as ageing, are another piece of this puzzle. In essence, he underlined three core elements: the need for infrastructure, the need for collaboration between stakeholders through a common vision and language, and the need for digital skills both for citizens and health and care practitioners. Concerning education and training, the European Commission funded a master course on advanced digital skills for healthcare for re-skilling and up-skilling. Then, the European Commission's vision is to strengthen people-centred and community-based healthcare systems, as demonstrated by the creation of a

European partnership under the Horizon Europe programme called 'Transforming health and care systems'. In that sense, it is crucial to put a critical mass of European, national and regional resources to address similar challenges related to digital transformation. Exchanging of practices is also key to that exercise. Collaboration between regions with similar characteristics and obstacles is a good practice to support the adoption of these technologies. In conclusion, he assured that the European Commission will continue to financially support ageing policies and projects in the next research and innovation frameworks.

**Raluca Painter** presented DG REFORM collaboration in projects delivered at regional and local levels in telemedicine (Castilla La Mancha and Catalonia). Its support aims at building capacity and knowledge in how to implement telemedicine programs in these regions. Looking at regional priorities, DG REFORM proposes several options for reorganising healthcare processes and services to better integrate digitalisation in hospitals and homes. Consultation processes with regional stakeholders and ex-post evaluation are key steps to assess the needs of people and healthcare professionals and see how to replicate the model. Improving digital skills represents a priority for 2022 also for DG REFORM, especially concerning the health workforce. Finally, she reminded the audience that regions and Member States can submit the request for support by the end of October, and the projects will be selected by the end of the year.

**Piret Hirv** underlined few points about future challenges. The first challenge concerns data management: she believes that recalibrating policy action about data management, not only within the active and healthy ageing ecosystem, is needed. She hopes that one of the final products of IN-4-AHA will be the production of guidance for e-solutions providers to ensure privacy and secure data exchange under European regulations. Another point that deserves attention in this framework is the need for recommendations to connect data collection with appropriate metrics and indicators. Secondly, she stressed the importance of investments into health systems, life-long learning, long-term care, social protection, and social services. She believes that we need plenty of public and private funding sources, and new players should be involved in the implementation.

As final remarks, **Giovanni Gorgoni** concluded the conference by highlighting the need to bring digital transition and healthcare process digitally-enabled out of hospitals and traditional community healthcare centres to the current life of elderly. This means to bring it in their home, their own community, their own neighborhoods. To exploit the potential of digital solutions, we need more skills, new professions and new ways of procurement. Then, he thanked all the participants and closed the meeting.

**11.00 End of the meeting**