Final Report of Action Group 2

Inside-Out Technological Innovation

Translation, Innovation and Technology Transfer in Ageing Network

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A. Executive Summary

Rationale

The main goal of this document is to present the results achieved in the framework of the Action Group 2. On one hand, it summarizes the SWOT analysis carried out during the second and third interregional workshops about the Thematic Area "Outside-In Innovation" of the project. On the other hand, the report provides a description of the policy analysis carried out during the In-situ visits organized in the framework of the Action Group 2.

Expected Outcome

The Final Report elaborated by the Action Group 2 will serve as a basis for the final Action Plan of each partner, by providing details on how lessons learned in the implementation of the good practices can be improved while implementing the good practices in other regions.

B. Members of Action Group 2

Action Group 2
Partners involved: All
Coordinated by: FRRB & CAL

C. Good practices presented during 2nd and 3rd Workshops - SWOT analysis

Title of the good practice
The Open Innovation Platform of Lombardy Region
Name of the organization in charge
Finlombarda S.p.A.

SWOT Analysis performed during the Workshop	
Strengths	**Weaknesses**
• Public engagement • Easy dialogue between the Policy maker and the territorial innovation communities	• Development of effective tools took longer than expected; • need to re-calibrate several times the language to keep up with the shift in mission
Opportunities	**Threats**
• Establishing collaboration and create networks with other regions and projects that go the same way	• We were among the first but we do not expect to remain alone in exploring this new approach to open innovation

Title of the good practice
Hacking Health chapter Milan
Name of the organization in charge
Cluster Lombardia Life Sciences – Bicocca University

SWOT Analysis performed during the Workshop	
Strengths	**Weaknesses**
• Connect stakeholders (healthcare professionals, patients, developers, engineers, investors, etc) • Allow these communities to meet in person and exchange by hosting year round events • Facilitate collaborative action and project implementation – this is made possible through the strong connections now established between participants and partnering institutions & companies • Fosters diverse minds and perspectives • Potential to stimulate affiliated entities • More than hundred products and spin off companies have been created over the national events of hacking health • Presence of advisor able to create the bridge between knowledge and market needs • Helps to improve functionalities of devices for patient use, improve care management and self-management	• Limited experience organising it within the frame of the Cluster Lombardy Science • No measures implemented by the regional government in 2015-2016 to tackle the main topic of this good practice • Needs big funding to organize it
Opportunities	**Threats**
• Partner with other organizations to enable collaborative action which act as catalyzers: design days, ideathons, hackathons, design challenges, cooperathons. • Help organizations transform themselves so they generate ideas,	• Funding dependence on sponsors • Gap between hospital and medical approach to problems and the introduction to a solution of different competencies and technologies • Lack of private investment to organise a long series of chapters

design solutions, implement projects, continuously innovate • Platform that enables pitching new realizable ideas • Starting point for start ups • Easy market uptake of the solutions ideated	

Title of the good practice
Health Innovation Platform
Name of the organization in charge
ACIS, Health Knowledge Agency and Galician Public Healthcare System.

SWOT Analysis performed during the Workshop	
Strengths	**Weaknesses**
• Fosters & inspires innovations • Interdisciplinary team involved know the needs of patients and professionals • Share experience and learn good practices • Open innovation • It does not involve extra costs	• Low implementation (generates discouragement) • Barriers to development of some project proposals • Lack of time for professionals to think & develop new ideas • Lack of communication • Resistance of professionals to change
Opportunities	**Threats**
• Synergies and complementarity • A structural tool to implement structural improvements • Detects real needs of patients	• Strategies changes • Organizational changes in the system

Title of the good practice
FOOD & HEALTH: InnoFood – Inconsumer – Inclusilver projects
Name of the organization in charge
Galicia Food Cluster – Cluster Alimentario de Galicia

SWOT Analysis performed during the Workshop	
Strengths	**Weaknesses**
• Research capabilities of RDI system • Fosters & inspires innovations	• Limited marketing capacities of SMEs • Limited collaboration of distribution wholesalers • Low access to market
Opportunities	**Threats**
• Boosts competitiveness • Diversification, differentiation and add value to our food products	• Barriers to development • Lack of funding/investors

Title of the good practice
PRIS
Name of the organization in charge
ACIS, Health Knowledge Agency and Galician Public Healthcare System.

SWOT Analysis performed during the Workshop	
Strengths	**Weaknesses**
• Budget for validation and "proof of concept" • Contact of health professionals with the Market (laboratory-market) • Multidisciplinary teams working together (legal advice, Civil Service & Public administration, etc.)	• limited connections with international partners • Long development times • difficulties finding private investment • Staff specialized in different departments
Opportunities	**Threats**
• Bring solutions that are in the laboratory to the market • Solve real problems of our system • Create stat ups and licenses	• New technologies without regulation • Political changes to the commitment to the program • Legal environment of the health system in Spain

Title of the good practice
HEALTHY SAXONY
Name of the organization in charge
HEALTHY SAXONY

SWOT Analysis performed during the Workshop	
Strengths	**Weaknesses**
• It strengthens the health economy and a future-oriented health care in Saxony through knowledge exchange as well as cooperation within the health sector • It forges better ties between business, science and politics both nationally and internationally by creating and maintaining regular exchange processes between inventing industry, healthcare providers and policy makers • It collaborates strongly with other cluster representatives • It eases the transfer of knowledge between inventing and using partners in order to minimize transaction cost in the process of market entrance. • Together with the Saxon Ministry of Social Affairs and Consumer Protection, it defines tangible measures and projects that derive from the formulated strategy in the Masterplan • It contributes to fostering employment and job creation • It strengthens SMEs by creating and maintaining a digital database of the health economy of Saxony: the Digital Health Atlas („Digitaler Gesundheitsatlas Sachsen") • It promotes the exchange of experiences within the health care industry and facilitates cooperation between companies and medical care, research and educational institutions	• Main barrier lies in lack of funding after the initial project period. The private association finances itself out of membership fees and has to rely on acquiring project funding

Opportunities	Threats
• It encourages the creation of further regional and industry-specific cluster cooperation • Promotion of national and international contacts • Promotion of regional research • It helps biotechnology and medical industry in their going-to-market attempts • The cluster takes part in several further ongoing transfer projects with bio, silicon and organic electronics companies • Companies in all affected clusters greatly profit from the efforts of HEALTHY SAXONY to facilitate the transfer of knowledge and products between the clusters • HEALTHY SAXONY also serves as a sustainability provider for pilot project results. Those results, often implemented in confined areas, are spread and rolled out throughout Saxony, allowing wider population groups to benefit from pilot actions in general.	• Its sustainability depends on organic growth regarding membership • Lack of regional government backup results in sub-optimal growth and sub-optimal influence

Title of the good practice
C3-Saxony
Name of the organization in charge
Saxon State Ministry for Economic Affairs, Labour and Transport

SWOT Analysis performed during the Workshop	
Strengths	**Weaknesses**
• It contributes towards the implementation of cross-innovation approach • It initiates and supports innovation activities at the interface of microelectronics and life sciences, especially in the areas of personalized medicine and mobile services • It promotes knowledge exchange with	• Motivation of SMEs to participate • Raising Awareness in the beginning (trust) • "Language" of different stakeholders (triple helix) • No follow up

entrepreneurs, networking among sectors and stakeholders and encourages to start thinking about business development • New diagnostic methods (Zellmechanik, Lipotype, VivoSenseMedical) were created • Some policy recommendations and action guidelines for the Saxon State Government were submitted and a sustainable incubator concept for start-ups/innovations in the field of personalized medicine and mobile services was developed • EU funded project • Saxon State Ministry for Economic Affairs, Labour and Transport directly involved	
Opportunities	**Threats**
• Solutions emerging in C3-Saxony will provide important answers to current societal challenges like demographic change while having the potential for high economic growth • Building on its strong position in microelectronics and biotechnology, Saxony has a great potential to further develop emerging industries at the crossing point of these Key Enabling Technologies • Being active in promising future fields, Saxony is expected to reach top positions in national, European and global competition.	• Any follow-up activities are directly dependent on bottom-up initiatives • Collaboration inertia could stop if no external incentives for the participating organizations are seen.

Title of the good practice
Digital Health & Care Institute
Name of the organization in charge
University of Strathclyde – DHI

SWOT Analysis performed during the Workshop	
Strengths	**Weaknesses**
- An ever-growing network of businesses, academic institutions and health boards	- Had some initial trouble with the structure of the business and the

means that the DHI has the ability to coordinate successful projects from research into fruition. - Close collaboration with many agents developing innovation programmes	innovation model. This has since been revised and the business continues to thrive. - Seen as part of the public procurement system. Perceptions surrounding this created a barrier.
Opportunities	**Threats**
- Have the opportunity to get innovative products for very prevalent diseases implemented into health boards and help real patients in Scotland to live better in their communities - Detection of new and emerging markets - Having local and Scotland-wide set of innovation strategies and policies	- Cultural issues with a paternalistic health service to fight against at times - Ethics and regulatory pathways are too heavy for application for the majority of digital health and care innovations

Title of the good practice
Research & Development in Scottish Universities
Name of the organization in charge
University of Strathclyde - DHI

SWOT Analysis performed during the Workshop	
Strengths	**Weaknesses**
• Scotland has more world-class universities per head of population than any other country in the world except Luxembourg. • University of Strathclyde has the largest Pharmaceutical school in Scotland now and it has one of the largest Digital Health Research groups in the UK • Very strong medical schools and colleges • Scottish universities are included within an innovation partnership (along with business and civic partners) under the SFC innovation centre programme	• Through a project called DALLAS, cultural barriers were found between different types of organisation working within a consortium. • Target of Dallas was extremely ambitious • Innovating when you actually don't have a service and you are trying to co-design a service at the same time, recruitment becomes a big challenge because people are thinking: `oh what am I being recruited too?´´ • Recruiting participants by a face to face method is unsustainable

Opportunities	Threats
• Policy and clinical support, digital champions, clinical endorsement, successful implementations as reference sites, further investment in new technologies. • Working with external organisations, such as public services, with different organisational norms and perspectives enriches internal management skills • Communities negotiate their way through this perpetually transforming landscape to ensure their agenda is included in future primary care policies • Developing skills for the information governance methods and tools	• Scottish NHS shows sign of Lack of IT infrastructure and low IT skills, lack of clarity on information governance, market is fragmented and difficult to navigate, insufficient implementation resources, concerns around security and safety of technologies. • Considerable resources engaging with stakeholders to gather views & requirements on new services and products are needed • Policy alone is insufficient and there is a need to contextualize it locally on the ground level in order to enable the policy objectives to be applied to fit local situations • Information governance difficulties • Conflict of business interests (developing interoperable or not- solutions for the market)

Title of the good practice
Scottish Health Innovations Ltd (SHIL)
Name of the organization in charge
University of Strathclyde - DHI

SWOT Analysis performed during the Workshop	
Strengths	**Weaknesses**
• We have the skills and funding to take innovation from within the health service and allow it to be commercialised nationally (some companies are worth over £25m) • we can produce better products for better treatments of diseases • Multistakeholder perspective • Promoting and encouraging innovation	• NHS is not always open to new innovations • Scottish healthcare landscape is complex

within NHS Scotland is a key priority for the organization • There are evidences of contributions to growth of new markets, employment and job creation • SHIL take on burden of commercialisation from busy clinicians • Revenue return to inventor and their health board	
Opportunities	**Threats**
• Opportunity for Investors to be involved in the formation of a SHIL/NHS Scotland innovation accelerator/incubation hub that matches global best practice. • "De-clutter" the innovation landscape within Scottish healthcare • Clearer and better defined partnerships could ease the crowned arena within Scottish healthcare • Access to SHIL network of contacts within the NHS and expertise in IP management, marketing, regulatory affairs	• A culture of commercialisation and innovation does not thrive within the NHS which can make it difficult for innovations to be taken up. • Many players in the health innovation field in Scotland and crossover between different organisations and some blurring of the lines.

Title of the good practice
FIK initiative
Name of the organization in charge
TECNALIA (Project Partner BIOEF)

SWOT Analysis performed during the Workshop	
Strengths	**Weaknesses**
• Return of investment (ROI) via royalties or via the participation in the created spin-offs. • Helped to the generation of industrial property by focusing the research activity on wealth creation since the beginning.	• The same tax policy schema for research and innovation (R&I) in the Basque Country might influence negatively if notable reductions are approved in following years.

• Good initiative to be replicated to other areas of research and innovation (R&I) in the health sector. In this sense, Tecnalia is nowadays working in the promotion of the NEWRO initiative in order to offer cutting edge investment opportunities in Neuro-technology.	
Opportunities	**Threats**
• Tax policy for research and innovation (R&I) in the Basque Country • Support and collaboration of other initiatives such as INNOSASUN for the initial steps of the commercialization.	• Giving up of some private companies which participate in this initiative due to different reasons (economic crisis, diversification, etc.).

Title of the good practice
Development of medical devices and other systems for health sector, based on traditional Basque Country capabilities in advanced manufacturing technologies - IK4 Research Alliance
Name of the organization in charge
IK4 Research Alliance (Project Partner BIOEF)

SWOT Analysis performed during the Workshop	
Strengths	**Weaknesses**
• Strong benchmarking structure • Important background cumulated participating in many projects with companies • Return of investment (ROI)	• Complex mechanisms of management • Difficulty of coordination • Possible different interests of the partners of the alliance
Opportunities	**Threats**
• Tax policy for research and innovation (R&I) in the Basque Country • Learning process developed together with IK4 research centers • Local RIS3 strategy aligned with some of our strategic lines of IK4	• A growing number of research organizations with more or less the same total budget in the region • New strategic model of the research structure of the basque country from the local government

Title of the good practice
M4FUTURE comprehensive corporate innovation model
Name of the organization in charge
Mondragon Corporation (Project Partner BIOEF)

SWOT Analysis performed during the Workshop	
Strengths	**Weaknesses**
• Triple Helix within the organization; Business, Higher Education and Research and Technology Agents • Corporate support agents within the organization • It allows to integrate different elements of the value chain of the knowledge triangle • It makes possible to measure the development of the activity through indicators • It is possible to deploy it in a large organization in a consistent way with the overall objectives of the hole organization	• Complex processes • Compartmentalization makes it sometimes difficult pursuing a global vision of the model • The integral management of the model could be more automated; scarce use of collaborative software tools (nowadays it's all very face-to-face)
Opportunities	**Threats**
• Strong external relationships • The Open Innovation Framework: better use of corporate delegations abroad; strengthen links focused on marketing, less developed in innovation • Mapping of existing technological infrastructures within the corporation, updating it in a rigorous way.	• New trends in the organization of innovation: lean innovation, lean innovation, design thinking, putting themselves in the shoes of the client, new trends in how to approach innovation, more radical. Not yet incorporated into the model.

Title of the good practice
TELEMONITORING
Name of the organization in charge
LSV Marshal Office and A. Falkiewicz Specialist Hospital - Public administration

SWOT Analysis performed during the Workshop	
Strengths	**Weaknesses**
• Support for independent living • It allows the self management of health • Remote control of live parameters by medical staff • Instant access to data collection	• Lack of telecare financing • Not Sufficient technical support • Not enough medical staff engagement
Opportunities	**Threats**
• Possible Community/Family support • Integration with social system • Long term data collection • Personalization	• Technological exclusion

Title of the good practice
TELEREHABILITATION
Name of the organization in charge
IMMD Health LTD

SWOT Analysis	
Strengths	**Weaknesses**
• Enables remote rehabilitation at home • It lowers costs - at the same time you can rehabilitate many patients • The use of sensors increases the measurement accuracy of the movement • supports disabled patients	• Requires preliminary patient qualification • It requires a lot of bandwidth and additional devices
Opportunities	**Threats**
• Possible integration with other remote monitoring systems • The system can automatically control the rehabilitation process • The possibility of gamification applying incentives	• The risk of technological exclusion of seniors

Title of the good practice
FASCIA AS A SOMATIC SENSORY RECEPTOR - NEW FORMS OF MASSAGE
Name of the organization in charge
University School of Physical Education in Wroclaw

SWOT Analysis performed during the Workshop	
Strengths	**Weaknesses**
• using of biological rules that are subject to some changes during aging processes, • restoring the spatial layout using of syntopia rule, • restoring functionality using of synmorfy rule, • predictability of local and general reactions, • reaction to stimuli of medical massage does not change the functionality of other organs and systems. • individualization of the procedure	• long-term therapy (in months), • no scheme.
Opportunities	**Threats**
• for use in the prevention, therapy and rehabilitation processes.	• methodical, elastic deformation of tissues, • initial position, which is beneficial for the respiratory and circulatory systems.

Title of the good practice
ROBOTIC SOLUTIONS FOR THE ELDERLY
Name of the organization in charge
FLASH Robotics

SWOT Analysis performed during the Workshop	
Strengths	**Weaknesses**
• Enables training, both physical and mental, without the need for human assistance • Helps to motivate the elderly for an active and healthy living • supports patients' adherence to medical recommendations, psychological assessment, easier access to modern communication channels, and prevention of social exclusion • A robot is an engaging and credible interaction partner	• Special attention will be needed to formulate new policies and legislation to accommodate the new educational requirements and to take into account ethical and social aspects.
Opportunities	**Threats**
• Integrate robotic technology into our daily lives • Customizing the physical embodiment allows the patients to identify themselves with the robot • possibility of providing various functionalities to the social robot (teaching…etc.)	• Acceptance by the society • Political, legal and social awareness and acceptance

Title of the good practice
Health and Wellbeing Innovation Centre Almere (GWIA) aka as the HealthFactory (GezondheidFabriek)
Name of the organization in charge
Health and Wellbeing Innovation Centre Almere (GWIA)

SWOT Analysis performed during the Workshop	
Strengths	**Weaknesses**
• Participation of SME's in the core of organization • Active Board: promoting the organization, forwarding project ideas and partners • 'Non-hierarchical decision making	• Working on sustainable, positive business model • Small organisation • Depending on active network for matching supply and demand

process' • Experienced project managers • Combined offer of R&D facilities, living labs, project development and network (hardware, software, orgware, data) supporting innovation projects • Large international, open quadruple helix network, related to Amsterdam Metropolitan Area • Strong alignment with local government • Initial funding of infrastructure/ facilities by public means • Agreements for cooperation/ talent development with local institutions for higher education and practical professional education • Participation of students in projects	• Continued acquisition of funded projects • Dependence on project funding for growth
Opportunities	**Threats**
• First point of contact for local government concerning (digital/ technical) innovation in health • Building on strong clusters in ICT, creative industry, Health in Amsterdam Metropolitan Area • Building on networks of European partners for collaboration, innovation and growth • Make more use of end-users (organizations) • Grow exposure, make better use of assets (datalab etc.)	• Fragmentation of the field, (too) many stakeholders to successfully pull of innovation together • Lack of funding/ investment for eHealth innovation with healthcare providers • Lack of collaboration or competition from other organizations offering innovation support • Lack of leadership, skepticism towards innovation, fear of innovation, lack of courage among policy makers, care providers and end-users

Title of the good practice
Amsterdam Economic Board
Name of the organization in charge
Public Health Service Amsterdam (GGD Amsterdam)

SWOT Analysis performed during the Workshop	
Strengths	**Weaknesses**
• Independent, regional innovation motor and integrator • Combining strong, complementary regional clusters/networks in one organisation: health, digital connectivity, mobility, circular economy, talent development • Challenge-led approach • Triple helix, Public-private partnership expertise • Clear vision and ambition (plus related dashboard for scoring results) • Dedicated platform/ podium Amsterdam Health	• No funding budget for innovation (projects) • Dependent on funding by triple helix partners • Mostly a connecting role, no practical role in projects to further substantiate added value of the organisation • Limited power to forge alliances because of conflicting interests or limited support from stakeholders
Opportunities	**Threats**
• Build on strong Dutch healthcare system • Invest in prevention and health tech/ data • Push for system changes • Integrate related initiatives such as Amsterdam healthy weight programme, WHO Age Friendly Cities, EIPonAHA	• Difficult to take lead in innovation as people don't tend to believe anything until they experience it (after Machiavelli) • Fragmented Dutch healthcare system • Expensive Dutch healthcare system

D. *In-Situ* Visits performed in the framework of the Action Group 2

Learner Partner	Mentor Partner	Name Good practice/s	Date
Lower Silesia	**FRRB**	• Open Innovation Platform	December 18-19, 2017
HS Lower Silesia ACIS (Galician Health Cluster) BIOEF (University of Deusto) City of Almere	**DHI/NHS**	• Digital Health and Care Institute (DHI) • Scottish Health Innovations Ltd (SHIL) • Research & Development in Scottish Universities	October 5-6, 2017
BIOEF (IK4, Tecnalia)	**HS**	• C3-Saxony	February 07, 2018
ACIS	**CAL**	• Health Factory	November 16-17, 2017
DHI	**ACIS**	• PRIS • HIP	December 11-12, 2017
CAL Lower Silesia	**BIOEF**	• M4FUTURE • Age-Friendly Basque Country	December 14-15, 2017

E. Policy analysis of the good practices with *In-Situ* visits

I. The Open Innovation Platform of Lombardy Region

Policy analysis (by Mentor)
Name of the organization in charge
Finlombarda S.p.A
Summary of the good practice
A collaborative Platform facilitating participation, sharing and collaboration of all actors of the innovation process in industry, research and society. Its objectives are: • To address the strategic challenge of growth and competitiveness • To foster and support the creation of open innovation ecosystems • To support the launch, operation and valorisation of R&D&I projects With a specific focus on regional smart specialization strategy The platform is connected to the Lombardy Region's Smart Specialisation Strategy vision which has an important impact on the regional innovation policies, and represents a cultural leap regarding involvement of citizens in policy - decision-making process through innovative tools, both financial and enabling. Thus, a regional Open Innovation Platform has been built around the key principles of the Quadruple Helix Open Innovation model, where "Government, industry, academia and civil participants work together to co-create the future and drive structural changes far beyond the scope of what any one organisation or person could do alone"
1.Describe which are the Key Performance indicators you have set, against which you assess the performance of the program.
The quantitative KPIs to evaluate the progress and the performances of the Open Innovation Platform are: - Registered participants - Communities created - Cooperation Initiated - Expression of Interest - Discussion initiated within the platform As of October 2017, there are over 7000 registered participants. Over 200 communities have been created2 thus far, out of which 85 regarding topics of the Smart Specialization Strategy. Until October 2017, over 1000 discussions have been initiated by the Platform users, more than 200 project proposals have been launched which have received over 430 expressions of interest
2.How much did the implementation of the program take?
Over 1 year
3.Describe the relationship (if any) between your good practice and your RIS3
The project is not only directly linked to the RIS3 but it is one of the main enabling tools of regional Smart Specialisation, creating the groundwork for cross sectorial cooperation.

Moreover through a public consultation S3 – work programme have been elaborated and defined.
4.How have you involved the Relevant Regional Departments (DGs, etc) to get the program approved and launched?
In 2013 Lombardy Region, General Directorate Research, University, Open Innovation, supported by Finlombarda for the implementation and management process, has launched an experimental project. It aimed at creating a shared environment through a platform dedicated to Open Innovation "attitude", at exchanging knowledge and establishing relationships between the actors of the quadruple helix, at facilitating the circulation of ideas and know-how and at carrying out cross-fertilisation initiatives between different technological and productive fields.
5.How have you organized the local stakeholders involvement to define the challenges the program tackle?
Through public consultations on R&I topics, in particular in the definition of Smart Specialisation Strategy work programme local stakeholders are directly involved on different challenges on R&I.
6.Describe in which way and from which funds (ERDF, National, other) you have managed to allocate financial resources on this program
The programme has been approved and launched under the ERDF ROP 2007-2013 and implemented with the ERDF ROP 2014-2020.

Policy analysis (by Learner)
Name of the organization
Lower Silesia
1.Describe the relationship (if any) between the good practice analyzed and your RIS3
Regional research and innovation strategies for smart specialization (RIS3), are based on integration, locally defined economic transformation programs that meet important criteria: Open Innovation Platform make it possible to focus on support for policy and investment on key regional priorities, challenges and needs in knowledge-based development, including ICT-related activities. It allows to use the strengths and competitive advantages of the region and its potential to achieve excellence.
2.How would you involve the Relevant Regional Departments (DGs, etc) to get the program approved and launched?
There is a plan to create five living labs in the region where Open Innovation Platform can be used encourage technological and practical innovation to stimulate private sector investment;
3.How would you organize the local stakeholders involvement to define the challenges the program tackle?
According to our strategy we would like to lead the local stakeholders to the full involvement of stakeholders and encourage innovation and experimentation by Clusters support of Geriatric Competence centers
4.Describe in which way and from which funds (ERDF, National, other) you would manage to allocate financial resources on this program
The first living lab will be created and financed by regional and ERDF funds
5.Describe the barriers to the implementation of the program you could encounter and how you would dealt with it

Not all priorities allow to apply for structural funds.
6.Benefits you could obtain and lessons learned
Benefits which could be obtained are based on improving the networking among sectors and stakeholders to implement innovations, there will be a new possibilities to develop businesses and fill market gaps.

II. Health Innovation Platform

Policy analysis (by Mentor)
Name of the organization in charge
ACIS, Health Knowledge Agency and Galician Public Healthcare System.
Summary of the good practice
The Health Innovation Platform (HIP) was launched in 2010 by the Regional Government Department of Health and the Galician Health Service with the mission of being a transversal tool able to implement structural improvements in a systematic way. Since January, 2016 the coordination of the Health Innovation Platform has been assumed by ACIS. The HIP is an open channel to professionals, patients, caregivers, companies, etc. external stakeholders and professionals. HIP is open to collaborative projects with all type of agents, such as users, association of patients, business, universities, technological centres, etc. looking for synergies and complementarity. The HIP Allows projects to improve their quality and efficiency and also transform them into applicable projects to the everyday reality of clinical practice. The HIP platform helps our ecosystem to share experiences and learn and spread out good practices. It is nowadays organized in two main areas: • 7 innovation nodes (one per each care area) in charge of managing those ideas, which are proposed by the professionals (nurses, pharmacists, administrative staff, physicians, etc) The specific objectives of the Platform are as follows: • To align efforts, resources and talent of the whole health organisation with real user needs. • To encourage and motivate health professionals by getting them involved in innovative projects. • To facilitate interaction and participation in multidisciplinary projects with external agents. • To create a new model to manage and co-ordinate innovative initiatives by promoting and developing high-impact health innovation projects and providing, when necessary, access to sources of funding. • To ensure the implementation of positive results from projects or experiences. • To facilitate the development of a socio-economic pole that develops business in the region. The values of the Platform aim to foster the following: • Creative innovation focused on patients and professionals.

- Open innovation by opening the health organization up to internal and external agents.
- Collaborative innovation by setting up multidisciplinary teams.
- Internationalization by promoting exchange and collaboration with partners in other countries.
- Flexible and positive innovation by making procedures simpler.
- Innovation with impact focused on results.

The core aspects of the Platform are as follows:

- Innovation in Healthcare: introduction of new products and services to improve efficiency. Involving users from the initial processes in controlled environments where impact is assessed.
- Innovation in Health administration: technological development, advances in energy efficiency, changing the role from buyer to partner in joint developments and searching for external sources of funding through competitive calls.
- Transfer and development of research business: assess capacities and results of research, orienting it towards the market and business development.

HIP is a transversal model to the entire organization with a methodology for managing innovation or improvement projects.
So far, among the projects activated in the framework of the Platform for Health Innovation, the most representative for its degree of development is the Training Project for nursing staff with mobility and augmented reality (FEMORA).

1.Describe which are the Key Performance indicators you have set, against which you assess the performance of the program.

The KPIs set for HIP within the 7 nodes are the following:

- ideas presented (for professionals and external agents)
- innovative projects active in multidisciplinary groups, including patients/users
- professionals working in innovative projects
- meetings held within the multidisciplinary teams
- face-to-face specific training workshops for professionals from the nodes
- visits to the "Research and Innovation Itinerary" web page to implement a training innovation project, in permanent construction, that enables effective management of the circulation of knowledge around health research
- number of ideas developed in each Innovation Network. The Network of Innovation Nodes is a tool to facilitate and promote the contribution of ideas to the Platform for Health Innovation by professionals of the Public Health System of Galicia. The nodes are responsible for the promotion and training of open innovation among their professionals, while providing them with support in the management and access to financing once their ideas become projects.
- number of ideas implemented in the Health System

2.How much did the implementation of the program take?

Since the beginning of 2016, the implementation of the HIP, took two full years for all nodes to

work in a coordinated manner.

3.Describe the relationship (if any) between your good practice and your RIS3

Within the national and regional research and innovation strategies for smart specialization (RIS3 strategies) implemented by Member States and EU regions, was launched some Good Practices aligned with mayor socio-economic challenges in EU such as health, education, environmental sustainability, etc. That is the case for HIP. HIP is still a mechanism for transmitting ideas, to assess them and, solve Health System problems afterwards, with the development of the best ideas without extra costs.

Within RIS 3, it tackles the Mayor Challenge 3: New Healthy Lifestyle Model Based on Active Ageing of Population. The main objective is to position Galicia in 2020 as a leading region in Southern Europe that offers knowledge-intensive products and services linked to a healthy lifestyle model: active ageing, therapeutic application of fresh and marine water resources and functional nutrition.

4.How have you involved the Relevant Regional Departments (DGs, etc) to get the program approved and launched?

The Galician Health Ministry and the Public Healthcare Provider launched HIP in 2010. Since January 2016, the coordination of HIP has been assumed by ACIS. The professionals of the platform and the promoter of the idea work as a team throughout the process to ensure that innovative, strategic and viable ideas are implemented in the Public Health System. Therefore, the platform involves relevant Regional Departments as well, such as professionals from the Regional Ministry of Health (Consellería de Sanidade) and the Galician Health Service.

5.How have you organized the local stakeholders involvement to define the challenges the program tackle?

HIP key stakeholders are users, association of patients companies and external agents. HIP catalyses, manages and select the ideas provided by professionals, patients, etc. and transform them into collaborative projects. It is a transversal communication channel, acting through different departments and open to patients and professionals in order to complement each other and form synergies.

6.Describe in which way and from which funds (ERDF, National, other) you have managed to allocate financial resources on this program

ACIS manages the Health Innovation Platform. One of the success factors of the Innovation Platform is its financial independence. HIP is self-sustainable and did not suppose extra-cost at all, just the reallocation of own resources such as budget, staff, etc. In other words, after a feasibility study and an evaluation of each project, it prioritizes those projects that do not request additional budgets (at least high budgets). If one project request additional budget, the HIP needs a clear route to get this extra financial support. ERDF funds were used to develop projects within the platform.

HIP looks for possible solutions by coordinating support and implementation of projects (and financing if necessary seeking founds through EU, National, or Regional funds and partners).

Policy analysis (by Learner)
Name of the organization
Digital Health and Care Institute
1.Describe the relationship (if any) between the good practice analyzed and your RIS3
The Health Innovation Platform is similar to the ecosystem which is present in Scotland. A key part of the Scottish S3 framework is to build a community of innovation and entrepreneurship practitioners and supporters. We therefore launched Scotland Can Do as a banner under which public, private, third sector, co-operatives, educational organisations and investors can find new and better ways to support a greater entrepreneurial and innovative mind-set amongst Scotland's businesses, communities and citizens; it's about being Capable, Ambitious, Networked, addressing Demand and supporting Opportunity – the Can Do approach.
2.How would you involve the Relevant Regional Departments (DGs, etc) to get the program approved and launched?
By promoting incubation services and initiatives although a structure like HIP already exists quite firmly in Scotland in the form of Scottish Health Innovations Ltd and the innovation ecosystems which exist within health and care.
3.How would you organize the local stakeholders involvement to define the challenges the program tackle?
Set up regional meetings with Scottish enterprises and Scottish Government as well as procurement officials to discuss the benefits obtainable from this work. These meeting already exist and so could be built into them.
4.Describe in which way and from which funds (ERDF, National, other) you would manage to allocate financial resources on this program
This would ideally be funded by Scottish Enterprise.
5.Describe the barriers to the implementation of the program you could encounter and how you would dealt with it
The barriers to implementing HIP is the fact that the structure is already well-built in Scotland as an ethos of cross-collaboration and ecosystem building already exists. Therefore, it may be difficult to persuade officials to pour more money into this area with HIP.
6.Benefits you could obtain and lessons learned
Benefits which could be obtained would be the improved networking among sectors and stakeholders, new possibilities to develop businesses and fill market gaps.

III. PRIS

Policy analysis (by Mentor)
Name of the organization in charge
ACIS, Health Knowledge Agency. Public Administration which depends directly of the Regional Government, Department of Health.
Summary of the good practice
The PRIS programme, conceived as a commitment of the Galician Health Public System, started in

2013 to catalyse and boost the good ideas of the professionals of the Health Sector in the region.
The PRIS programme is a pioneer project in Spain, which was launched on the occasion of the high quality and international impact of the research projects in the region. The projects have demonstrated a great potential to be transferred to the market while generating economic value, closely related to the value generated in terms of healthcare assistance.
The daily role of ACIS in the PRIS programme is based on identifying, managing and adding value to the projects in close cooperation with the three Galician Biomedical Foundations (Fundación Ramón Domínguez, Fundación Biomédica Galicia Sur and Fundación Profesor Novoa Santos) and with the professionals of the Galician Health Public System.
This is an open innovation programme, which is open to the entire health system (practitioners, researchers, nurses, etc), to all technologies (drugs, diagnostics, devices, software, etc) in all readiness levels (proof of concept, prototype, etc). Of course, the programme cannot assume the whole development of a new drug or medical device, so that the resources have been focused on IP protection, external validation, regulatory studies, first manufacturing procedures, prototypes, etc.
The PRIS is a very useful tool for adding value to research projects by identifying good ideas and teams, reducing risks and consulting the market from the very beginning. The phases of the programme are as follows:

- Phase 1: Identification of R&D projects, which are being developed in Galician hospitals with results with market potential by competent teams.
- Phase 2: Pre-validation with the market and external consultants the strengths and weaknesses of the projects.
- Phase 3: Development of strategic plans for the most interesting projects.
- Phase 4: Financial Support of co-development plans for the selected projects, in collaboration with companies.

The first edition of the PRIS was launched in 2013 and ACIS is currently implementing the second edition of the programme with the collaboration of the Galician Innovation Agency, GAIN.
The PRIS programme is strongly reinforced by different local initiatives, which were launched by the Galician Biomedical Foundations, focused on providing researchers with specific training and advice in technology transfer.

- Fundación Ramón Domínguez launched in 2014, as an extended practice, the Technology Transfer Training Programme, with a total funding of 40.000€. So far, the main topics of this Programme have been: good practices in tech transfer, good practices in clinical trials, improvement of oral skill with investors, improvement of presentations and regulatory affairs.
- Fundación Biomédica Galicia Sur launched the Training on IPR and innovation as a pilot programme with the objective to continue with this kind of training on an ongoing basis. It has been also developed the ICT Development Platform, which offers consultancy services in software development for the researchers of the institution. The objective is to accelerate the development of ITCs solutions in the field of Health and to establish contacts with companies of this sector.

1.Describe which are the Key Performance indicators you have set, against which you assess the performance of the program.

There were two editions. The KPIs set for PRIS are:

- projects received

- project evaluated (technology positioning document)
- projects with roadmap
- projects financed
- patents
- agreements with the industry
- start-up already launched
- start-up in the process of launching

2.How much did the implementation of the program take?

The first edition was launched in 2013 and the second call for proposals was initiated in 2015 and is currently being managed by ACIS. The objective is to launch this programme regularly with a new edition every 2 years or at least every 3 years.

3.Describe the relationship (if any) between your good practice and your RIS3

Within the national and regional research and innovation strategies for smart specialization (RIS3 strategies) implemented by Member States and EU regions, was launched some Good Practices aligned with mayor socio-economic challenges in EU such as health, education, environmental sustainability, etc. That is the case of PRIS programme. It is a programme for technology transfer following the quadruple helix model, decreasing the gap between research made in the Health system and Market.

Within RIS 3, it tackles the Mayor Challenge 3: New Healthy Lifestyle Model Based on Active Ageing of Population. The main objective is to position Galicia in 2020 as a leading region in Southern Europe that offers knowledge-intensive products and services linked to a healthy lifestyle model: active ageing, therapeutic application of fresh and marine water resources and functional nutrition.

4.How have you involved the Relevant Regional Departments (DGs, etc) to get the program approved and launched?

This project is promoted from the Galician Health Ministry and the Public Healthcare Provider. Regarding the transfer technology, it collaborates with many different departments all involved in such as legal advice, patrimony, Civil Service & Public administration, etc.

5.How have you organized the local stakeholders involvement to define the challenges the program tackle?

It has been implemented as an extended programme open to the entire Galician Public Health System. The three Galician Biomedical Foundations have been involved during the two editions launched, by identifying the most relevant research projects in their operating areas, with no relevant difference in the number of projects identified and finally selected.

Therefore, the PRIS programme is strongly reinforced by different local initiatives, which were launched by the Galician Biomedical Foundations, focused on providing researchers with specific training and advice in technology transfer.

6.Describe in which way and from which funds (ERDF, National, other) you have managed to allocate financial resources on this program

During the first edition of the programme, 2,4 M€ ERDF funds mobilized in total granted by the Public Administration. From those funds, 1,4 M€ were for research at hospitals (managed by Biomedical Foundations) and 1 M€ were for companies.

Policy analysis (by Learner)
Name of the organization
Digital Health and Care Institute
1.Describe the relationship (if any) between the good practice analyzed and your RIS3
A key part of the Scottish S3 framework is to build a community of innovation and entrepreneurship between practitioners and supporters. We therefore launched Scotland Can Do as a banner under which public, private, third sector, co-operatives, educational organisations and investors can find new and better ways to support a greater entrepreneurial and innovative mind-set amongst Scotland's businesses, communities and citizens; it's about being Capable, Ambitious, Networked, addressing Demand and supporting Opportunity – the Can Do approach. This aligns well with the PRIS project which aims to foster innovation ecosystems in an open and transparent way to ensure research capabilities match business needs and market gaps.
2.How would you involve the Relevant Regional Departments (DGs, etc) to get the program approved and launched?
By promoting incubation services and initiatives although a structure like HIP already exists quite firmly in Scotland in the form of Scottish Health Innovations Ltd and the innovation ecosystems which exist within health and care.
3.How would you organize the local stakeholders involvement to define the challenges the program tackle?
Set up regional meetings with Scottish enterprise and Scottish Government as well as procurement officials to discuss the benefits obtainable from this work. These meeting already exist and so could be built into them.
4.Describe in which way and from which funds (ERDF, National, other) you would manage to allocate financial resources on this program
It would ideally be funded by Scottish Enterprise and the Scottish Funding Council.
5.Describe the barriers to the implementation of the program you could encounter and how you would dealt with it
The barriers to implementing PRIS is the fact that the structure is already well-built in Scotland as an ethos of cross-collaboration and ecosystem building already exists. Therefore, it may be difficult to persuade officials to pour more money into this area with HIP.
6.Benefits you could obtain and lessons learned
It is always inspiring to find out about such challenging big projects. Learning how they managed to implement and execute successfully is of big value.

IV. C3-Saxony

Policy analysis (by Mentor)
Name of the organization in charge
Saxon State Ministry for Economic Affairs, Labour and Transport
Summary of the good practice
The EU-funded project C3-Saxony contributes towards the implementation of the cross-innovation

approach by initiating and supporting innovation activities at the interface of microelectronics and life sciences, especially in the areas of personalized medicine and mobile services. Solutions emerging in C3-Saxony will provide important answers to current societal challenges like demographic change while having the potential for high economic growth.
1.Describe which are the Key Performance indicators you have set, against which you assess the performance of the program.
N/A
2.How much did the implementation of the program take?
Two years: 2/2014 – 1/2016
3.Describe the relationship (if any) between your good practice and your RIS3
As a result of the project, some recommendations for action and implementation into RIS3 were given to the regional government.
4.How have you involved the Relevant Regional Departments (DGs, etc) to get the program approved and launched?
The coordinator of the project was the Division for Economic Policy and Strategy Development of the Saxon State Ministry for Economic Affairs, Labour and Transport which is part of the regional governmental body of the Free State of Saxony.
5.How have you organized the local stakeholders involvement to define the challenges the program tackle?
The support of the clusters Silicon Saxony and Biosaxony as well as AGIL GmbH Leipzig, which is coordinator of the Saxon consortium of the Enterprise Europe Network was essential for the project. Through a series of workshops and business matchmaking events, C3-Saxony provided an open space, where relevant stakeholders could generate, refine and develop ideas and find partners.
6.Describe in which way and from which funds (ERDF, National, other) you have managed to allocate financial resources on this program
The project was funded by the European Union within the Competitiveness and Innovation Framework Programme (CIP) in the activity "Clusters and entrepreneurship in support of emerging industries“. 700.000 € were mobilized for its implementation.

Policy analysis (by Learner)
Name of the organization
BIOEF (IK4, TECNALIA)
1.Describe the relationship (if any) between the good practice analyzed and your RIS3
The RIS3 in the Basque Country has set as a strategic priority the Bioscience-Health area, being the following topics some of the most relevant within this area - Advanced therapies and regenerative medicine - Rehabilitation medicine : - E-health/ICTs - Equipment, components and supplies

Our stakeholders TECNALIA and IK4, who attended the In Situ Visit, coordinate the RIS3 Regional Workgroup for Digital Health and Devices in the Bioscience-Health area and the Advance Manufacturing area, where the Cross Cluster Colaboration has a big potential to be developed. In a preliminary way, areas of potential common interest between different piloting groups have been identified in the Basque RIS3 for their exploration and analysis. These are: - Advanced Manufacturing + Health - Digital Health and medical devices - Big Data - Neuro-Robotics
2.How would you involve the Relevant Regional Departments (DGs, etc) to get the program approved and launched?
- Raising the awareness of the potential outcomes and new opportunities that the cross cluster collaboration could bring. - Getting the support of EU funded initiatives would also help the Regional Deparments to be more proactive.
3.How would you organize the local stakeholders involvement to define the challenges the program tackle?
Promoting incubation services and initiatives
4.Describe in which way and from which funds (ERDF, National, other) you would manage to allocate financial resources on this program
The European Union CIP could be an excellent tool.
5.Describe the barriers to the implementation of the program you could encounter and how you would dealt with it
Difficulties to attract and motivate SMEs and other organizations, awareness creation in the beginning, different “languages” between stakeholders
6.Benefits you could obtain and lessons learned
Networking among sectors and stakeholders, new possibilities to develop businesses and fill market gaps, synergies between sectors

V. Digital Health & Care Institute

Policy analysis (by Mentor)
Name of the organization in charge
The Digital Health and Care Institute located in Glasgow, Scotland.
Summary of the good practice
The Innovation Centre Programme was launched in 2012 by the Scotish Government to support transformational collaboration between academia and businesses, the primary aim of the Innovation Centre programme is to enhance innovation and entrepreneurship across Scotland’s key economic sectors, create jobs and grow the economy. We have a Government committed to the digital

health sector, a mature and stable health and care system, extensive academic expertise, entrepreneur and enterprise support, a mix of demographic and geographic profiles, and a can-do mentality.

Our work with partners aims to reduce the pressures on health and care services while also improving the quality of life of Scotland's people in both urban and rural communities.

In the summer of 2017 and following our funding from Scottish Government our innovation model and processes have evolved to focus on identifying health and care-led problems where digital innovation can provide the greatest impact. We will help problem owners to visualise and explore creative solutions, translating the problems into more meaningful briefs for industry and academia. We will then match these briefs with the right capabilities and potential solution providers, putting the emphasis on quality, depth and real-world application. This change we are now working to achieve a needs-led approach instead a supplier-led technology and solutions approach

1.Describe which are the Key Performance indicators you have set, against which you assess the performance of the program.

We have 6 challenges set by the Scottish Government each with different objectives to overcome the challenge. These Challenges are:

- Improving self-management of diabetes through digital health initiatives
- Transforming the outpatient journey
- Innovating and streamlining the diagnosis of cancers associated with the digestive system
- Creating a case for change to inform the Scottish Government why they should integrate health and social care through personal data stores for citizens
- Innovating asthma care through digital health initiatives
- Showcasing and simulating new service models to a range of audiences within a demonstrator environment.

2.How much did the implementation of the program take?

3 years

3.Describe the relationship (if any) between your good practice and your RIS3

No relationship

4.How have you involved the Relevant Regional Departments (DGs, etc) to get the program approved and launched?

We are a Scottish Funding Council Innovation Centre, commissioned and funded by the Scottish Government who set us demand led challenges for which we must deliver set objectives by the project finish time.

5.How have you organized the local stakeholders involvement to define the challenges the program tackle?

We are uniquely placed in Scotland's digital health and care community. Our networks, reach and capabilities are able bring the right people together and provide them with the means to identify, design, evaluate and invest in new solutions to the country's priority health and care challenges.

Scotland's public sector, academia, charities and industry need a place to co-design digital solutions to some of our country's biggest health and care challenges. We bring these groups together, allowing them to imagine and create new ways of working, services and products. Our unique needs-led approach is an essential link between the Scottish Government's national priorities and the wealth of talent across different sectors and communities in Scotland. This creates opportunities for innovators, entrepreneurs and enterprises to develop proven, scalable solutions that are commercially viable for use across Scotland and can be exported to other markets. That also helps Scotland to be at the forefront of the growing global digital health and care economy by developing the right workforce, infrastructure and policies to attract investment and new jobs.
6.Describe in which way and from which funds (ERDF, National, other) you have managed to allocate financial resources on this program
Scottish Government, Scottish Funding Council and Scottish Enterprise.

Policy analysis (by Learner)
Name of the organization
HEALTHY SAXONY e.V.
1.Describe the relationship (if any) between the good practice analyzed and your RIS3
No relationship
2.How would you involve the Relevant Regional Departments (DGs, etc) to get the program approved and launched?
* there is no equivalent to the Scottish Funding Council in Saxony, thus the good practice would have to be presented to several ministries within the Saxon government (Social Affairs, Economy and Labor, State Chancellery) • As DHI represents a top down approach which is uncommon in Saxony, fundamental persuasion needs to take place, which in its outcome is uncertain • Instead, a bottom up approach appears to be more promising, involving the major regional stakeholders to take responsibility
3.How would you organize the local stakeholders involvement to define the challenges the program tackle?
• Existing bottom-up structures like HEALTHY SAXONY, comprising the major stakeholders in the region, provide the ideal platform for organizing involvement • Regular meetings already exist, which can be extended by meetings with a specific purpose, such as to define the mentioned challenges
4.Describe in which way and from which funds (ERDF, National, other) you would manage to allocate financial resources on this program
• It would be the task of HS to evaluate the eligibility of setting up or co-creating a DHI-like institute in the region • Funding schemes might include the regional ERDF schemes managed by the Saxon State

Ministry of Social Affairs, in addition to regional funding schemes
5.Describe the barriers to the implementation of the program you could encounter and how you would dealt with it
Barriers lie within the bottom-up vs. top-down approach. Since DHI as a typical top-down approach derives its foremost advantages from being top-down, it needs to be considered whether implementing a DHI-like institution bottom-up would create a comparable outcome quality
6.Benefits you could obtain and lessons learned
Confronting regional government structures with the immediate structural differences and immense outcomes of a typical top-down institution, including the strategic backing of its funding institutions, could lead to changes in the overall regional approach to a number of challenges

Policy analysis (by Learner)
Name of the organization
Lower Silesia
1.Describe the relationship (if any) between the good practice analyzed and your RIS3
The Innovation Centre Programme launched by the Scottish Government were established to support transformational collaboration between academia and businesses. It could be useful to enhance innovation and entrepreneurship across economic sectors, create jobs and grow the economy. Lower Silesian regional research and innovation strategies for smart specialization (RIS3), are based on similar integration. It make possible to focus on support for policy and investment on key regional priorities, challenges and needs in knowledge-based development, including ICT-related activities;
2.How would you involve the Relevant Regional Departments (DGs, etc) to get the program approved and launched?
Health Department of Marshal Office is a partner of TITTAN project. It has a strong relations with 25 regional health care units (not only Hospitals) as well as with municipalities. It is responsible in Health Policy including this one according to the elderly people. This is why experiences of **Digital Health & Care Institute** are very important .
3.How would you organize the local stakeholders involvement to define the challenges the program tackle?
We are creating similar unit like The Geriatric Competence Center which will manage all activities to support active and healthy ageing. It will be the body containing : GeriNet – Learning and networking. It will be a platform for Clusters integration. Living Lab – the place of exchange the innovation ideas within cooperating regions. Telemonitoring. Telerehabilitation Center – place for implementation of innovative care systems.
4.Describe in which way and from which funds (ERDF, National, other) you would manage to allocate financial resources on this program
We are interested in EU Programs which allow us to create Geriatric Competence Center as well as other funds including ERDF.
5.Describe the barriers to the implementation of the program you could encounter and how you would dealt with it
The main barrier in the implementation of the program will be the financing and cofinancing of the

implementing of best practices under the Public-Private Partnership. This is due to the lack of willingness on the part of public institutions. The region does not have enough resources for the infrastructure needed to implement them. In this situation, the only possible way is to obtain EU funds under the Structural Funds and other EU Funds.
6.Benefits you could obtain and lessons learned
When we will need scientific research, its funding institutions, could lead to changes in the overall regional approach to a number of challenges, we will apply for a grant from the National Center for Research and Development. This action is already planed to implement telemonitoring of patients with chronic diseases as a continuation of the CareWell project.. This will include a 1000 patients.

Policy analysis (by Learner)
Name of the organization
Galician Health Cluster (Cluster Saúde de Galicia)
1.Describe the relationship (if any) between the good practice analyzed and your RIS3
We find that this good practice aligns with two priorities of our RIS3: Promotion of the knowledge economy and Diversification of the industrial tractors sectors. The characteristic of being a Hub of innovation and a “test playground” for new products, implies this exportation of knowledge. Another priority of our RIS3 is the diversification of the industrial sectors. The fact that DHI priority is demand-led innovation gives ample space to apply experiences and solutions of other sectors.
2.How would you involve the Relevant Regional Departments (DGs, etc) to get the program approved and launched?
Our natural path would be to present the program to the Galician Ministry for Health through ACIS and probably the Galician Ministry for Economy and Industry as it is expected to be a case of demand led by health/industry and SMEs. We believe that having a common space for the testing of the selected solutions is a key point and that would be something to consider.
3.How would you organize the local stakeholders involvement to define the challenges the program tackle?
In principle, all these organisations are willing to cooperate on a European level. It all depends on the focus of the proposed projects of course. We perform a yearly meeting in which we present the health innovation done in Galicia and how we could give solutions to identified needs in other health ecosystems. To this event, we invite other health ecosystems from the ECHAlliance (European Connected Health Alliance) to which both CSG and DHI belong as coordinators. Therefore including the presentation of the program and analysing its challenges together with Health worldwide KOL during our gathering.
4.Describe in which way and from which funds (ERDF, National, other) you would manage to allocate financial resources on this program
Regional funds from the Galician Ministry for Economy and Industry.
5.Describe the barriers to the implementation of the program you could encounter and how you would dealt with it
We foresee the most immediate barriers to be: funding, adequate space and location, extension of time required.
6.Benefits you could obtain and lessons learned

It is always inspiring to find out about such challenging big projects. Learning how they managed to implement and execute successfully is of big value. Take home message: things take longer than expected, public support is important but this can pose limitations and reduce “freedom”.

Policy analysis (by Learner)
Name of the organization
BOIEF (University of Deusto)
1.Describe the relationship (if any) between the good practice analyzed and your RIS3
Basque RIS3 in the Bioscience-health area focuses, among others, in equipment, components and supplies. DHI has developed these, and the University of Deusto (Basque stakeholder performing the In Situ Visit to DHI), an active agent within the Basque RIS3, develops also programmes and devices for the rehabilitation medicine, as a focus area in the Basque RIS3 Bioscience-health area.
2.How would you involve the Relevant Regional Departments (DGs, etc) to get the program approved and launched?
Benchmarking and showing success stories would help to involve Relevant Regional Departments
3.How would you organize the local stakeholders involvement to define the challenges the program tackle?
Basque universities are active agents in the RIS3, and take part on the regional Science, Technology and Innovation Board, working as catalyst instrument and system coordinator, strategic orientation, advice and promotion and supervision of the implantation of the Science, Technology and Innovation Plan
4.Describe in which way and from which funds (ERDF, National, other) you would manage to allocate financial resources on this program
Local, Regional, National and European, though Operational Programs
5.Describe the barriers to the implementation of the program you could encounter and how you would dealt with it
It could be seen as a mechanism of the Public Innovation Procurement Office. Developing and bringing together new products to the “free” market (no only to the Regional Public Healthcare Service) would help no to be seen just as a Public Innovation Procurement tool.
6.Benefits you could obtain and lessons learned
Working together with the universities -Living Labs- as DHI does with de Glasgow School of Arts, would help to develop more refined services and tools and get win-win

Policy analysis (by Learner)
Name of the organization
CAL (City of Almere)
1.Describe the relationship (if any) between the good practice analyzed and your RIS3
Good match, The Dutch RIS 3 matches the goals of the DHI, i.e. Creation of innovative solutions for health and care led problems. More specifically, digital innovative solutions.
2.How would you involve the Relevant Regional Departments (DGs, etc) to get the program

approved and launched?
Our interest in the DHI stems from our own experiences, launching the Health Factory (GWIA). Therefor we have already launched a DHI equivalent, with the support of our relevant, regional department. Out interest is in the exchange of experiences.
3.How would you organize the local stakeholders involvement to define the challenges the program tackle?
We organize our local stakeholders via networking activities, events, involvement in projects
4.Describe in which way and from which funds (ERDF, National, other) you would manage to allocate financial resources on this program
We have acquired regional funds for initiating our infrastructure and facilities.
5.Describe the barriers to the implementation of the program you could encounter and how you would dealt with it
N/A
6.Benefits you could obtain and lessons learned
We have been able to take from the DHI Business model, Business partners/stakeholders, Organization model (demand led) and communication model.

VI. Scottish Health Innovations Ltd (SHIL)

Policy analysis (by Mentor)
Name of the organization in charge
Scottish Health Innovations Ltd
Summary of the good practice
Formed in 2002, SHIL is a private company registered in Scotland (SC236303) and limited by guarantee with three shareholders – Scottish Minister's through the the Chief Scientist Office, NHS Tayside and the Golden Jubilee National Hospital. The multidisciplinary team use specialised knowledge to help bring new ideas and innovations from healthcare professionals to life. They provide expert services including intellectual property advice and protection, project management, idea incubation, funding advice, development and commercialisation, and post-commercialisation monitoring. They support collaboration across the Scottish healthcare innovation ecosystem and work to ensure NHS Scotland provides the right environment to support innovation with an empowered workforce continually driving improvements in the quality and value of patient care.

1.Describe which are the Key Performance indicators you have set, against which you assess the performance of the program.
- They harness the talents of all NHS Scotland staff to drive innovation - From IP to project management, idea incubation to commercialisation we take each project from beginning to end - We need to collaborate across NHS, academia and industry. We need to support business with advice, guidance and inspiration.
2.How much did the implementation of the program take?
10 years
3.Describe the relationship (if any) between your good practice and your RIS3
No relationship
4.How have you involved the Relevant Regional Departments (DGs, etc) to get the program approved and launched?
Formed in 2002, SHIL is a private company registered in Scotland (SC236303) and limited by guarantee with three shareholders – Scottish Minister's through the the Chief Scientist Office, NHS Tayside and the Golden Jubilee National Hospital.
5.How have you organized the local stakeholders involvement to define the challenges the program tackle?
SHIL encourages ideas and innovations from healthcare professionals then uses well-established processes and extensive experience to assess, protect, develop and commercialise – working collaboratively each step of the way Translating innovative products from original idea to widespread adoption requires a range of skills, many of which are not readily available within each individual health board. Skills such as assessing ideas, product development and prototypes, protecting intellectual property, raising finance, building a business, sales and marketing. SHIL adds value to NHS Scotland as a dedicated, team working with healthcare professionals across the country to accelerate the development of ideas and projects to improve patient care. SHIL offers a systematic innovation pathway and as the only organisation set up to work alongside NHS Scotland on commercialisation activity we provide confidence and reassurance to our health workforce, working to drive a culture of innovation across NHS Scotland.
6.Describe in which way and from which funds (ERDF, National, other) you have managed to allocate financial resources on this program
Formed in 2002, SHIL is a private company registered in Scotland (SC236303) and limited by guarantee with three shareholders – Scottish Minister's through the the Chief Scientist Office, NHS Taysi-

de and the Golden Jubilee National Hospital.

Policy analysis (by Learner)
Name of the organization
HEALTHY SAXONY e.V.
1.Describe the relationship (if any) between the good practice analyzed and your RIS3
No relationship
2.How would you involve the Relevant Regional Departments (DGs, etc) to get the program approved and launched?
• there is no equivalent in Saxony, thus the good practice would have to be presented to several ministries within the Saxon government (Social Affairs, Economy and Labor, State Chancellery)
3.How would you organize the local stakeholders involvement to define the challenges the program tackle?
• Existing bottom-up structures like HEALTHY SAXONY, comprising the major stakeholders in the region, provide the ideal platform for organizing involvement • Projects and innovations of the stakeholders could be more promoted and thus more profitable
4.Describe in which way and from which funds (ERDF, National, other) you would manage to allocate financial resources on this program
• Funding schemes might include the regional ERDF schemes managed by the Saxon State Ministry of Social Affairs, in addition to regional funding schemes
5.Describe the barriers to the implementation of the program you could encounter and how you would dealt with it
Difficulty for new innovations in Saxon health sector because of the structural differences Operational funding uncertain
6.Benefits you could obtain and lessons learned
• It helps health professionals to promote their innovative ideas. • It raises awareness and provides support for protecting intellectual property rights.

Policy analysis (by Learner)
Name of the organization
Lower Silesia
1.Describe the relationship (if any) between the good practice analyzed and your RIS3
Scottish Health Innovations Ltd is a private company registered in Scotland where multidisciplinary team use specialised knowledge to help bring new ideas and innovations from healthcare professionals to life. It could be useful to enhance innovation and entrepreneurship across economic sectors, create jobs and grow the economy. Lower Silesian regional research and innovation strategies for smart specialization (RIS3), are based on similar integration.

2.How would you involve the Relevant Regional Departments (DGs, etc) to get the program approved and launched?
By networking
3.How would you organize the local stakeholders involvement to define the challenges the program tackle?
Involvement of local stakeholders to define the challenges will be done within a platform for Clusters integration.
4.Describe in which way and from which funds (ERDF, National, other) you would manage to allocate financial resources on this program
Local, Regional, National, European and International funds could be useful
5.Describe the barriers to the implementation of the program you could encounter and how you would dealt with it
The main barrier in the implementation of the program will be the financing and cofinancing of the implementing of best practices under the Public-Private Partnership. This is due to the lack of willingness on the part of public institutions.
6.Benefits you could obtain and lessons learned
To bring new ideas and innovations from healthcare professionals to life there are necessary better skills and organizational models for IP management

Policy analysis (by Learner)
Name of the organization
BOIEF (University of Deusto)
1.Describe the relationship (if any) between the good practice analyzed and your RIS3
IP protection and commercialization is a transversal issue that impacts on several aspects in the RIS3; universities, companies and the health sector participating in the RIS3 can gain experience through In Situ Visits and benchmarking. Especially interesting for Innovative Public Procurement, as strategic initiative in the Biosciences-Health area of the Basque RIS3
2.How would you involve the Relevant Regional Departments (DGs, etc) to get the program approved and launched?
Through benchmarking process
3.How would you organize the local stakeholders involvement to define the challenges the program tackle?
The stakeholders are aware of the difficulties and importance that IP management has, so that sharing successful experiences and difficulties could align them to define the challenges to be faced
4.Describe in which way and from which funds (ERDF, National, other) you would manage to allocate financial resources on this program
Local, Regional, National, European and International and through IPR Helpdesks etc.
5.Describe the barriers to the implementation of the program you could encounter and how you would dealt with it
-Complex internal regulations should be managed -Demonstrating successful cases and organizational examples

6.Benefits you could obtain and lessons learned
Better skills and organizational models for IP management, and a better way to benefit from internal abilities

VII. Research and Development in Scottish Universities: DALLAS

Policy analysis (by Mentor)
Name of the organization in charge
University of Strathclyde
Summary of the good practice
There are currently 19 Higher Education Institutions in Scotland, including 15 Universities. Scotland has more world-class universities per head of population than any other country in the world except Luxembourg. The University sector is estimated to be worth an estimated £7.2 billion to the economy. University of Strathclyde has the largest Pharmaceutical school in Scotland has now has one of the largest Digital Health Research groups in the UK. The specific programme run by the Digital Health Research team at the University of Strathclyde is called Delivering Assisted Living at Scale (Dallas). The aim of Dallas was to demonstrate how technologies and innovative services delivered at scale can be used: - For preventative care - To promote well being - To empower people to improve lifestyles - To provide new means of delivering care - To unlock new markets in social innovation, service innovation and wellness.
1.Describe which are the Key Performance indicators you have set, against which you assess the performance of the program.
- The programme had 4 subprojects which each had to be deployed at scale by the ned of the project: 1. I-Focus 2. Living it up (led by NHS24) 3. More independent (led by Liverpool Care Commissioning Group) 4. Year Zero (led by Illumina Digital Ltd)
2.How much did the implementation of the program take?
3 years
3.Describe the relationship (if any) between your good practice and your RIS3
No relationship
4.How have you involved the Relevant Regional Departments (DGs, etc) to get the program approved and launched?
The Project involved a concortia of partners across the UK: I-Focus; NHS24; Liverpool Care Commissioning Group and Illumina Digital Ltd; University of Strathclyde; National institute for health research, Scottish Government and Highlands and Islands Enterprise.

5.How have you organized the local stakeholders involvement to define the challenges the program tackle?
£37m UK-wide programme (May 2012 - May 2015). It had £25 million of funding: Technology Strategy Board, National Institute for Health Research, Scottish Government, Highlands and Islands Enterprise and Scottish Enterprise. Consortia have also contributed with own financial contributions. £37m UK-wide programme (May 2012 - May 2015). It had £25 million of funding: Technology Strategy Board, National Institute for Health Research, Scottish Government, Highlands and Islands Enterprise and Scottish Enterprise. Consortia have also contributed with own financial contributions. These organizations have all been involved in this project demonstrating cross-collaboration between health sector partners and business partners.
6.Describe in which way and from which funds (ERDF, National, other) you have managed to allocate financial resources on this program
£37m UK-wide programme (May 2012 - May 2015). It had £25 million of funding: Technology Strategy Board, National Institute for Health Research, Scottish Government, Highlands and Islands Enterprise and Scottish Enterprise. Consortia have also contributed with own financial contributions.

Policy analysis (by Learner)
Name of the organization
HEALTHY SAXONY e.V.
1.Describe the relationship (if any) between the good practice analyzed and your RIS3
No relationship
2.How would you involve the Relevant Regional Departments (DGs, etc) to get the program approved and launched?
there is no equivalent in Saxony, thus the good practice would have to be presented to several ministries within the Saxon government (Social Affairs, Economy and Labor, State Chancellery)
3.How would you organize the local stakeholders involvement to define the challenges the program tackle?
• Existing bottom-up structures like HEALTHY SAXONY, comprising the major stakeholders in the region, provide the ideal platform for organizing involvement • Projects and innovations of the stakeholders could be more promoted and thus more profitable
4.Describe in which way and from which funds (ERDF, National, other) you would manage to allocate financial resources on this program
• Funding schemes might include the regional ERDF schemes managed by the Saxon State Ministry of Social Affairs, in addition to regional funding schemes

5.Describe the barriers to the implementation of the program you could encounter and how you would dealt with it
- Difficulty for new innovations in Saxon health sector because of the structural differences - Operational funding uncertain
6.Benefits you could obtain and lessons learned
• It helps health professionals to promote their innovative ideas. • It raises awareness and provides support for protecting intellectual property rights.

Policy analysis (by Learner)
Name of the organization
Lower Silesia
1.Describe the relationship (if any) between the good practice analyzed and your RIS3
The main goal of the Strategy is "Modern economy and high quality of life in an attractive environment" implemented under eight specific objectives. Regional research and innovation strategies for smart specialization (RIS3), are based on integration, locally defined economic transformation programs that meet several important criteria to encourage technological and practical innovation, stimulate private sector investment It seems will be helpful **DALLAS** platform for Research and Development in Scottish Universities. It is suitable to demonstrate how technologies and innovative services delivered at scale can be used.
2.How would you involve the Relevant Regional Departments (DGs, etc) to get the program approved and launched?
Health Department of Marshal Office is a parter of TITTAN project. I has a strong relations with 25 regional health care units (not only Hospitals) as well as with municipalities. It is responsible in Health Policy including this one according to the elderly people. There is created Geriatric Competence Center – the first one of five in future to promote innovations in Healthy Ageing
3.How would you organize the local stakeholders involvement to define the challenges the program tackle?
To organize local stakeholders we are creating the Geriatric Competence Center which will manage all activities to support active and healthy ageing. It will be the body containing : GeriNet – Learning and networking. It will be a platform for Clusters integration. Living Lab – the place of exchange the innovation ideas within cooperating regions. Telemonitoring. Telerehabilitation Center – place for implementation of innovative care systems.
4.Describe in which way and from which funds (ERDF, National, other) you would manage to allocate financial resources on this program
Funds will be mainly based on regional ERDF sources managed by the LSV Marshal Office., Additionally to regional funding there are some European projects such as the AAL Programme, Erasmus+, INTERREGs and H2020.
5.Describe the barriers to the implementation of the program you could encounter and how you would dealt with it
The main barrier in the implementation of the program will be the financing and cofinancing of the implementing of best practices under the Public-Private Partnership. This is due to the lack of willingness on the part of public institutions. The region does not have enough resources for the

infrastructure needed to implement them. In this situation, the only possible way is to obtain EU funds under the Structural Funds and other EU Funds. When we will need scientific research, we will apply for a grant from the National Center for Research and Development. This action has already been taken to implement telemonitoring of patients with chronic diseases as a continuation of the CareWell project.. This will include a 1000 patients.
6.Benefits you could obtain and lessons learned
Implemented Innovation Platforms will be supporting our working processes - It will help health professionals to promote their innovative ideas.

Policy analysis (by Learner)
Name of the organization
BIOEF (University of Deusto)
1.Describe the relationship (if any) between the good practice analyzed and your RIS3
Yes, Basque universities are members of the Basque Science, Technology and Innovation Council and Advisory Group, supporting the RIS3
2.How would you involve the Relevant Regional Departments (DGs, etc) to get the program approved and launched?
Some European project developing and funding programmes include the involvement of Regional Departments, such as Provincial Governments (i.e. AAL Programme), and there are examples of collaboration between Regional Departments (such as Social Areas of the Provincial Governments etc.) with the Universities.
3.How would you organize the local stakeholders involvement to define the challenges the program tackle?
Basque universities and the Public Basque Health Service work together in the regional bioscience ecosystem, and collaborate developing similar programs to the “Dallas” service-led consortia (i.e. Living It Up – School of Health).
4.Describe in which way and from which funds (ERDF, National, other) you would manage to allocate financial resources on this program
Funds might include regional ERDF schemes managed by the Basque Regional Government, additional regional or provincial funding schemes, and European projects such as the AAL Programme, Erasmus+, CHAFEA, H2020 etc.
5.Describe the barriers to the implementation of the program you could encounter and how you would dealt with it
IPR protection and information governance could be barriers for its implementation. Tight collaboration between the parties in this regard would be beneficial.
6.Benefits you could obtain and lessons learned
It helps health professionals to promote innovative ideas Raises awareness and provides support for protecting IPR Helps the Basque regional bioscience ecosystem to develop and implement new products and services, and benefit from them

VIII. M4FUTURE_comprehensive corporate innovation model

Policy analysis (by Mentor)
Name of the organization in charge
MONDRAGON Corporation (Business Group)
Summary of the good practice
MONDRAGON is one of the largest Spanish business group. Its business model is based on cooperation, a commitment to continuous innovation and a highly competitive product range, and it has made them the leading international company they are today. MONDRAGON is committed to innovation, cooperation and development. Its work generates new business activity, knowledge and trained staff through a comprehensive corporate innovation model called M4FUTURE (http://innovative-thinking.mondragon-corporation.com/en/index). The model encompasses somehow the accumulated knowledge and experience in the development of MONDRAGON Experience from the official opening of the first cooperative in 1956, through to the present day (http://www.mondragon-corporation.com/wp-content/themes/mondragon/docs/History-MONDRAGON-1956-2014.pdf). This cooperative business model encourages participation and relationships between the agents involved in different areas, applying the three sides of the triangle of knowledge: Business, Research & Technology, and Higher Education. • Business internal agents • Research & Technology internal agents • Higher Education internal agents • Support agents • External agents 
1.Describe which are the Key Performance indicators you have set, against which you assess the performance of the program.
Some evidences assessing the performance of the programme are: - 80 M€ in New Business Sales (2015) - 199 new employees related to New Businesses (2015) - 451 current patent families in 2015.

- Between 2012-2015: 16 Start-Ups launched

2.How much did the implementation of the program take?

The implementation took 5 years and is ongoing.
The innovation strategy is renewed every 4 years. Current period will end in 2019. Ongoing period is the 4th edition Innovation dynamics arise since the origins of the corporation, and since 2002 they have been developed in a structured way.
Every period is developed within a 4 year time-frame, and the initiative is carried out in the Corporative Science and Technology Plan framework.

3.Describe the relationship (if any) between your good practice and your RIS3

The implementation of this good practice has had a social impact regarding employment and job creation related to the Basque Country Smart Specialiation within the Biosciences/Health area, among others. MONDRAGON's strategic activities in the area of HEALTHCARE, AGEING AND WELLBEING have a common denominator: people, their safety and wellbeing, along with improved quality of life. In an era that needs to cope with an ageing population, there is a lot to do to promote wellbeing. MONDRAGON develops and supplies innovative medical, socio-medical and nutritional solutions and services. For instance, two businesses developed recently within the health sector are:

- KIRO Robotics (http://www.kiro-robotics.com/): a technology company that specializes in the automation of equipment for the hospital sector. It concentrates on developing solutions to automate and control key points of hospital processes, and hospital pharmacy processes in particular, improving the safety of patients and health professionals alike, and delivering increased efficiency. It currently has some of the world's most advanced technology in the hospital pharmacy sector: the KIRO Oncology System.
- FAGOR Healthcare (http://www.fagorhealthcare.com/en/index/): offers an innovative solution for medication preparation of blister packs (service known as MDS - Monitored Dosage System). The product, Medical Dispenser, makes preparation in pharmacies safer, minimizing errors and following established protocols. The stakeholders that benefit from this service are: patients, pharmacists, doctors, local authorities and ultimately health system.

Moreover, all areas have the commitment to develop their activities around the same common denominators, providing, for instance, solutions to help people enjoy a more comfortable, safer daily life in their home, or transforming and creating spaces and infrastructures integrating the most advanced equipment and solutions.

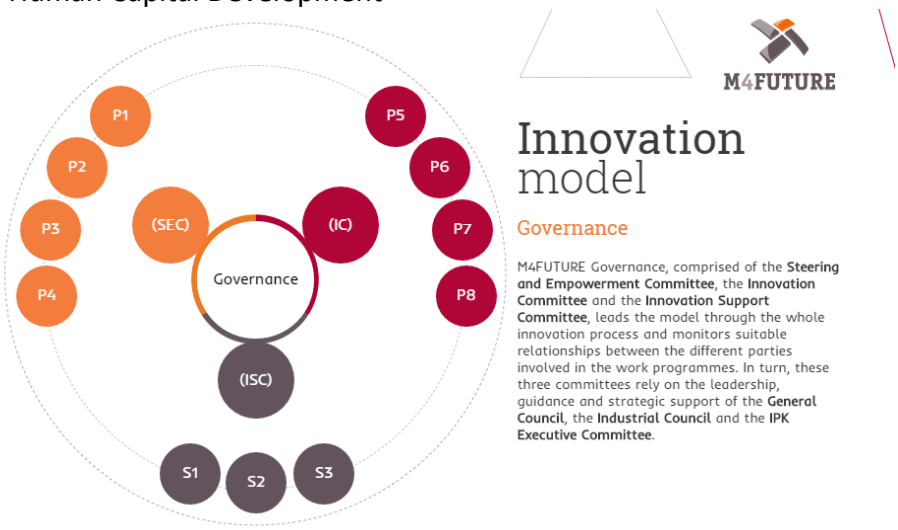
4.How have you involved the Relevant Regional Departments (DGs, etc) to get the program approved and launched?

The innovation model M4FUTURE is a comprehensive corporate system for innovation, promotion and knowledge that consistently updates business models and promotes new activities in future sectors. This process management model was developed to optimise work methods and encourage collaboration between agents, researchers and companies, making possible building new businesses among other activities. The Governance of M4FUTURE is comprised of:

- *Steering and Empowerment Cycle (SEC)*: the Steering and Empowerment Cycle aims to focus, guide and train all agents in the system to achieve the optimum performance of initiatives undertaken in the field of innovation.
- *Innovation Cycle (IC)*: the Innovation Cycle focuses on developing complete, interdivisional projects in strategic sectors to promote innovative proposals that are successful in the market.
- *Innovation Support Cycle (ISC)*: the Innovation Support Cycle aims to provide a set of support mechanisms for the Model, both methodological and economic, to facilitate the development of the SEC and IC in a systematic and continuous way.

The development of new content continued within the framework of the M4FUTURE Corporate Innovation Model is focused on the following areas: open innovation, talent management, strategy and culture of innovation, criteria and tools for diversification, entrepreneurship, portfolio management of R&D&I projects, creativity in the processes of innovation and industrial property. In line with the efforts to meet market needs and customer demands at all times, seven strategic areas have been identified for the future, and MONDRAGON is already working on them:

- Automotive sector
- Capital goods and Manufacturing
- Energy, Sustainability and Smart Cities
- Home Solutions
- Infrastructure, Construction and Rehabilitation
- Healthcare, Ageing and Wellbeing
- Human Capital Development



5.How have you organized the local stakeholders involvement to define the challenges the program tackle?

This cooperative business model encourages participation and relationships between the agents involved in different areas, applying the three sides of the triangle of knowledge: Business, Research & Technology, and Higher Education.

- Business internal agents: MONDRAGON incorporates within its organisation cooperatives and companies with a presence in the industrial, financial and distribution sectors, with commercial and production offices around the world.
- Research & Technology internal agents: in addition to the resources invested by these cooperatives in technological development, MONDRAGON also has a network of business R&D units and technology centres that focus on research in fields that are strategic to the business sector.
- Higher Education internal agents: MONDRAGON has its own university and a Management and Corporate Development Centre. Both are characterised by the formal and continuous training they offer, which is always adapted to companies and institutions within an international context. Furthermore, the university carries out important research and dissemination activity. In order to highlight some of the specific activities that impact on entrepreneurial activities and health sector, the university has a Bachelor's Degree in Entrepreneurial Leadership and Innovation (http://www.mondragon.edu/en/studies/bachelor-degree/bachelors-degree-in-entrepreneurial-leadership-and-innovation/) and a Bachelor's Degree in Biomedical Engineering (http://www.mondragon.edu/en/studies/bachelor-degree/bachelor-degree-in-biomedical-engineering/).
- Support agents: based on a collaborative innovation model, MONDRAGON has a structure of corporate support agents who work together to create a critical research mass and to leverage financial resources and infrastructures that will boost collaboration between research centres, the university and companies.
- External agents: through surveillance and collaboration with complementary organizations and entities the Corporation obtains knowledge and resources needed to develop corporate strategic areas. To perform the activities outlined above, MONDRAGON has a technological monitoring and competitive intelligence action plan that includes the participation and involvement of customers and suppliers, and that provides them with relevant information about the environment and current trends. This helps MONDRAGON to identify areas of strategic interest that can be used to launch value added projects in collaboration with their own network of external agents (companies, research centres and universities). Furthermore, MONDRAGON also collaborates with Public Institutions, Investors and Regulating Bodies to obtain the resources necessary to develop its Innovation Strategy.

6.Describe in which way and from which funds (ERDF, National, other) you have managed to allocate financial resources on this program

The total mobilised funding amounts to 590.000 € for a period of 4 years (100.000 € for 2013, 100.000 € for 2014, 100.000 € for 2015, 170.000 € for 2016, and 120.000 € of direct staff costs for this period).

Funding has come from:

- Basque Government (Regional Government)
- Provincial Councils
- Industrial Technological Development Center (CDTI)

- Ministry of Economy, Industry and Competitiveness - H2020 - Eureka Programme - Corporative funds 20% of the allocation was public funding, whereas 80% was private.

Policy analysis (by Learner)
Name of the organization
CAL (City of Almere)
1.Describe the relationship (if any) between the good practice analyzed and your RIS3
M4Future matches very well with our RIS. It is a system to promote innovation and bring it to market fast, including cross overs (ICT/Health, Design/Health etc.) and valorization.
2.How would you involve the Relevant Regional Departments (DGs, etc) to get the program approved and launched?
We have set up our own regional innovation center. We are interested in adoring (parts of) the M4Future innovation model and introduce it in our own process of innovation. Specific interest regarding the Fund for tech start-ups and the formation of a cooperation. Obviously, this will require further investigation and deliberation with our SE-stakeholders.
3.How would you organize the local stakeholders involvement to define the challenges the program tackle?
The City itself will not initiate the realization of a cooperation, for it is a public body. However, the information, will be conveyed via the Health Factory to the relevant stakeholders. It will probably require initiative on a national level and not a regional one in the Netherlands to provide the opportunity for a success full initiative.
4.Describe in which way and from which funds (ERDF, National, other) you would manage to allocate financial resources on this program
Also the realization of a fund for tech start-ups requires a national level in the NL. Various similar funds for tech start-ups have been initiated in the NL.
5.Describe the barriers to the implementation of the program you could encounter and how you would dealt with it
This is not a responsibility of local government in the NL. The M4Future model has been a great inspiration for the Health Factory and will be applied in the further development of HF activities.
6.Benefits you could obtain and lessons learned
Elements of the M4Future model will be introduced to strengthen our working processes.

Policy analysis (by Learner)
Name of the organization
Lower Silesia
1.Describe the relationship (if any) between the good practice analyzed and your RIS3
The main goal of the Strategy is "Modern economy and high quality of life in an attractive environment" implemented under eight specific objectives. Regional research and innovation

strategies for smart specialization (RIS3), are based on integration, locally defined economic transformation programs that meet several important criteria to use the strengths and competitive advantages of the region and its potential to achieve excellence of the best practice, MONDRAGON is one of the largest Spanish business group.. their comprehensive and corporate BP is **M4FUTURE**. It leads to the full involvement of stakeholders, encourage innovation and experimentation and innovation model;
2.How would you involve the Relevant Regional Departments (DGs, etc) to get the program approved and launched?
Involvement of the Relevant Regional Departments can be done by Health Department of Marshal Office in cooperation with 25 regional health care units (not only Hospitals) as well as with municipalities.
3.How would you organize the local stakeholders involvement to define the challenges the program tackle?
To organize local stakeholders we are creating the Geriatric Competence Center– place for implementation of innovative care systems. which will manage all activities to support active and healthy ageing.
4.Describe in which way and from which funds (ERDF, National, other) you would manage to allocate financial resources on this program
Funds will be mainly based on regional ERDF sources managed by the LSV Marshal Office., and additionally to regional funding, some European projects
5.Describe the barriers to the implementation of the program you could encounter and how you would dealt with it
The region does not have enough resources for the infrastructure needed to implement them. In this situation, the only possible way is to obtain EU funds under the Structural Funds and other EU Funds, but onlu few programmes are covering such need.
6.Benefits you could obtain and lessons learned
It will be supporting our working processes - It will help health professionals to promote their innovative ideas.

IX. Health and Wellbeing Innovation Centre Almere (GWIA) aka as the Health Factory (GezondheidFabriek)

Policy analysis (by Mentor)
Name of the organization in charge
GWIA/City of Almere
Summary of the good practice
GWIA, first established in 2014, kicked of seriously in 2015. GWIA aims to contribute to a healthy and social society by stimulating and facilitating collaboration and innovation projects, bringing together health and care providers, citizens, entrepreneurs, researchers, and government. Only by really working together can we tackle today's complex challenges in

the area of health, wellbeing and living. Challenges concern e.g. the connection between science and industry, regulations and standards, ethical, security and privacy issues, complex financing structure and viable business models, and the role of government in innovation. Apart from promoting collaboratoin, GWIA's hallmarks are: person-centric, demand-driven and open innovation.
GWIA is a not-for-profit, open work and learning environment at the interface of technological innovation, big data value creation and social innovation. Projects are screened on the sharing of IP, use of open source, privacy conditions and the structure of collaboration. It brings its mission into practice in four activity areas: Network, Lab, Research and Talent.
GWIA has an (inter)national scope, and its partner network is not regional, limited to the Province of Flevoland or Amsterdam Metropolitan Area. It currently (2016) has a pipeline of ca. 25 projects, varying from European to local, from product to service to system/ process innovations, involving children, disabled persons and older adults, including the innovation of vocational training of future health and care professionals (introducing 21st centruy skills). GWIA itself has no budget to dedicate to projects; project partners together contribute the necessary (financial) funds. In this respect, companies are typically asked to invest in projects, with the project subsidy being used for validatation purposes involving health and care providers and knowledge institutes.

GWIA offeers partners:
(Free) Access to knowledge, network, partners, research and best practices
Access to R&D facilities, office space and living lab opportunities to co-create and test
Matchmaking in Public Private Partnerships – NL & beyond
Project development and funding support
Project management

GWIA's business case is built on: sponsorship, renting of R&D lab and office space, project fees and consulting services. GWIA will be renamed GezondheidFabriek (HealthFactory) in 2017, emphasizing its comprehensive ofer to consortia, which includes lab facilites (from hardware to software, 3D printers to electric soldering irons, as well as a 'Collaboratorium', supporting big data analytics) to physically work together on innovation.

1.Describe which are the Key Performance indicators you have set, against which you assess the performance of the program.

The activities of the Health Factory are driven by the need for collaboration to tackle societal challenges, not so much by regional economic agendas. Each innovation project has its own goal(s) in line with the mission and conditions of the Health Factory for projects:

At the level of the Health Factory the annual number of granted projects and the number of –new- partners in projects are counted. The number of events and the number of attendees, social media performance say something about the visisbility of the Factory and involvement of partners. In time we will also calculate the 'multiplier', comparing the Health Factory's core funding with the funding successfully secured via innovation projects and researrch

assignments. As not for profit organisation the projects granted need to at least cover the running cost of the operation.

2.How much did the implementation of the program take?

The implementation of the program took about 5 years in total, preparation and realisation. We are now in the consolidation phase, so the challenge is nog over yet. It took about €3.2 mln to realize the Health Factory into full operation.

3.Describe the relationship (if any) between your good practice and your RIS3

ERDF 'Kansen voor West 2014-2020 Operational Programme'.

The main features of this policy instrument, relating to TITTAN, are the use of the ERDF funds to stimulate Innovation.

Priority axis 1: Strengthening research, technological development and innovation.
Specific Objective 1: Valorisation: increasing the share of - primarily internationally marketable - innovative products and services in overall enterprise turnover.
The primary objective is to have the knowledge available in the Western Netherlands to accrue economic value. This impulse is a necessity for maintaining the region's competitiveness.
The desired end result is an increased number of marketable products and services. The result is to be achieved through the cooperation of SMEs with each other and with knowledge institutions. The development and use of test beds, living labs and demonstration sites creates a connection between demand (end user) and supply (enterprises and knowledge institutions).
On the basis of the RIS3, emphasis is primarily placed on SMEs within the nationally designated top sectors, including –relevant to TITTAN- Life sciences & Health, ICT, High tech materials and systems, and Creative Industry.
The focus within this investment priority is concentrated on cross-overs. Special attention is given to innovations contributing to tackling the major societal challenges identified by the EC. The scope of this target encompasses almost the entire innovation chain, from applied research aimed at valorisation at the very start to supporting market introduction at the end, and including process innovation.

The RIS3 identifies valorisation as a horizontal theme that is important to all Dutch top sectors, including Life Sciences & Health and ICT. The emphasis is on public-private collaboration through innovation projects. Valorisation is to be encouraged by having entrepreneurs respond to societal needs that relate to the major societal challenges.
Knowledge institutes, industry and healthcare providers need to collaborate better and the innovation system of the Randstad region needs to be strengthened.
Areas within Life sciences & Health mentioned for further joint positioning are: Imaging infrastructure, Healthy ageing, Personalized medicine, Cohorts, Prevention, and West Netherlands as living lab/ field lab for testing innovations.

4.How have you involved the Relevant Regional Departments (DGs, etc) to get the program approved and launched?
The Health Factory was launched as a cooperation between a group of SME's and the City of Almere. Its launch was funded by private businesses and regional subsidies. The city has co-financed in kind and in cash. For both the regional and the local funding, decisions of approving and funding the Health Factory project were made by the council (Provinciale Staten, Provincie Flevoland) and the City Board.
5.How have you organized the local stakeholders involvement to define the challenges the program tackle?
The health Factory is involved by the City of Almere as an instrument to organise local and regional (and sometimes national) stakeholders that are active in the field of eHealth, innovation and related subjects. Due to the close relationship between the City of Almere, GWIA and the Amsterdam Economic Board, the City of Almere has easy access to both stakeholders (quadruple helix) per thematic area as well as relevant knowledge and expertise. Innovative companies located in Almere are e.g. Cinnovate, Brevidius, ZorgBel, Patient1, Dezzel, and MediWebs/Inforium. Collaborative health and (informal) care providers including their end users or customers are Zorggroep Almere, Woonzorg Flevoland, Zorgfix, Splendid Care, Reedewaard, HierTV foundation/Senior Live, De Schoor, VMCA. Knowledge/educational institutes are ROC Flevoland, ROC Amsterdam, Hogeschool Windesheim, Ben Sajet Center, AHTI.
6.Describe in which way and from which funds (ERDF, National, other) you have managed to allocate financial resources on this program
Funding has been allocated from a regional fund by the name of Investment Fund Flevoland – Almere and from the City budget for the Social Domain. This was an investment aimed at the realization of the Health Factory facilities. Structural funding of the Health Factory will be organised through participation in projects, through delivery of services and facilities, and through renting office space to companies and project teams.

Policy analysis (by Learner)
Name of the organization
Galician Health Knowledge Agency (ACIS); Galician Health Regional Service (Servizo Galego de Saúde); Health Research Institute of Santiago (IDIS)
1.Describe the relationship (if any) between the good practice analyzed and your RIS3
One priority proposed in the framework of Smart Specialisation Strategy of Galicia (RIS3) is 'Galicia as the leading region in Southern Europe in the implementation of new technologies in the field of active ageing and healthy living and the promotion of personal autonomy'. This is fully reflected in the CHALLENGE 3. New healthy lifestyle model based on active ageing of population. Galicia shows a higher trend towards ageing population than other Spanish and European regions, as well as negative demographic growth. People above 65 years of age account for 23% of the total Galician population, i.e. 615,000 people according to data published by the Spanish Statistical Office (INE) in 2012, in a context in which this trend is expected to continue increasing in the coming

years.

At the same time, the Galician public administration, through the Galician Health Regional Service, has made significant efforts to identify the existing technological capacities that may allow for the development of new technologies geared towards offering public services of increased quality in the area of health and social services. As a result of this process, the Innovation Health Platform was launched by the Galician Health Regional Service in 2011.

2.How would you involve the Relevant Regional Departments (DGs, etc) to get the program approved and launched?

With the purpose of getting support for the project, it will be necessary to elaborate and define a strategic Action Plan regarding many topics such as criteria for selecting projects, governance structure, transfer technology (define whose is the intellectual property) and building collaborations with different Regional Departments (i.e. Legal Advice Department, etc.).

The Galician Ministry for Health is elaborating this Action Plan which is called “Plan Galicia Innova 2020”, and it would be launch this year. It includes the Living Lab as a goal to achieve in the next years. Moreover, the Galician Innovation Agency (GAIN) is supporting this initiative due to the importance of introducing the industry in the health sector.

The project management structure could be developed on three levels, from top to bottom: 1) Galician Health Regional Service - define strategic lines and promote infrastructure and resources. 2) ACIS - as a nucleating agent of the ecosystem to promote an ecosystem of knowledge and innovation in health in Galicia (ACIS acts as a channel of communication between the Hospital Management and the Galician Health Regional Service, and it also supports the Hospital Management). 3) The Ourense University Hospital Management itself as coordinator of resources needed and control the progression of the ongoing projects.

3.How would you organize the local stakeholders involvement to define the challenges the program tackle?

ACIS and key stakeholders such as the Galician Health Regional Service (Servizo Galego de Saúde) and Health Research Institutes have been interested in learning more about good practices in line with inside-out innovation. To this end, ACIS together with its stakeholders (i.e. Galician Health Regional Service and the Health Research Institute of Santiago - IDIS) have visited Almere in the Netherlands to deep in knowledge about the good practice “HealthFactory”.

The Galician Health Regional Service is currently developing a living lab at the Ourense University Hospital Complex (CHUO) in Ourense, Galicia. It emerges as a way for the creation and implementation of innovative projects in an environment in which multiple agents such as Public Authorities, care professionals, patients, science and education and industry interacting in order to meet the needs of the Galician Healthcare System. The current number of the population over 65 is already 23% in Galicia, and concretely 30% in the province of Ourense.

This initiative would also involve other relevant stakeholders such as the Galician Health Cluster, patient associations, companies and entrepreneurs that would be welcome to participate in this

initiative of co-creation spaces bringing their innovative projects.

4.Describe in which way and from which funds (ERDF, National, other) you would manage to allocate financial resources on this program

The living lab facilities have been built within the framework of Hospital 2050 (H2050), a health innovation plan focused on the development of technologies, through a PPI process and co-financed with ERDF funds. It ended in 2015 with the result of 9 projects carried out. The Health Regional Service aims to capitalise the facilities to create an environment for co-creation and experimentation with the active participation of users and industry.

Besides the initial funding within the framework of Hospital 2050, the structural funding to maintain and get benefit from the living lab facilities would be through sponsorship and incomes through projects as we have learned in Almere.

5.Describe the barriers to the implementation of the program you could encounter and how you would dealt with it

- Not getting funds. It will be solved by intensifying relationships with companies offering them to participate. Also, by developing projects to present in more announcements.
- Not getting health professionals involved. It will be solved by involving the Health Area Management and involving top health researchers and clinicians in the living lab.
- The regulation that involves testing new technologies in a hospital.
- Confidentiality could be a barrier in order to use the metadata to make a research and control the progress of the projects.
- When a need/idea/project is identified, a partner in the industry has to develop it, and it is very difficult to find innovative companies that can develop it.
- It is very difficult to transfer to Galicia the high complexity of quadruple helix model in the area of health due to there is not much experience in this kind of collaboration model.

6.Benefits you could obtain and lessons learned

Benefits we could obtain:
- Having a reference methodology.
- Future collaborations with other Living Labs and the possibility of creating/joining a network.

Lessons learned:
- Network of stakeholders and users is much more important than the facilities in order to “joint” all different interests.
- Importance of involving local agents and volunteers into the network.
- Importance of collaboration with different stakeholders in the health sector following the model of the quadruple helix.

F. Summary of the 2nd Interregional Workshop in Milan (Lombardy)

Partner-Host	Date(s)	Nº Workshop	Participants	Main outputs:
FRRB (Lombardy) City: Milan	6/03/17 7/03/17 8/03/17	Workshop 1/2 of TA2	***Total: 29*** Gianni D´errico, Roberto de Cani, Carmen de Francesco, Marina Gerini (**FRRB**). Corbetta Silvia, Angelo Gatto Paolo M. (**FINLOMBARDA**) De Rosa Natasia, Alessia F. Gaurav Chadha, (**Medora**). Stefano C. (**Attoma**). Maria Romano (**TELBIOS**). Iker Letamendi (**BIOEF**). Olaf Müller, Sophia Mittelstadt, Estefania Luque (**HS**). Laura Rooney, Matt-Mouley Bouamrane (**DHI**). Robert Rea (**SHIL**) Antoni Zwiefka, Robert Adach (**LSVMO**). Janusz Wrobel (**SSAF**). Sergio Figueiras, Cristina Seren Trasorras, Sonia Martinez Arca (**ACIS**). Maria J. Viqueira (**ACIS-Devalar Consult**) *[Skype]* Wytse Miedema (**CAL**) Sandra Migchielsen (**HF**)	During the days 6, 7 and 8 of March, Milan hosted the second Interregional Workshop of the project which, under the leadership of Fondazione Regionale per la Ricerca Biomedica, featured experts from the seven regions to exchange exchange and benchmark policy experiences about the establishment of innovation ecosystems in the health sector, how they may booster the transfer of technology from research to enterprise in the health sector and how they may contribute to tackle the active ageing challenge. A total of 12 best practices focused on Open Innovation, Collaborative Platforms and Telemonitoring were discussed during the workshop. Moreover, during the second of the workshop, the partners had the opportunity to visit the Don Gnocchi Foundation, an organisation of more than 5,500 employees and consultants. It operates under accreditation from the Italian National Health Service in 29 centres. Its activities cover the healthcare-rehabilitation field, social welfare and social therapeutic services. It also conducts intense scientific research and education at a variety of levels

G. Summary of the 3rd Interregional Workshop in Almere

Partner-Host	Date(s)	Nº Workshop	Participants	Main outputs:
CAL (Almere) City: Almere and Amsterdam	29/05/17 30/05/17 31/05/17	Workshop 2/2 of TA2	***Total: 31*** Gianni D´errico, Carmen de Francesco **(FRRB)** Corbetta Silvia, Angelo Gatto, Paolo M. **(FINLOMBARDA)** Iker Letamendi **(BIOEF)** Sergio Arana **(IK4)** Carmen Pastor (Tecnalia) Olaf Müller, Sophia Mittelstadt, Estefania Luque **(HS)** Laura Rooney (**DHI)** Cristina Martin **(U. Strathclyde)** Antoni Zwiefka, Jaroslaw Maroszek **(LSVMO)** Bartosz Hajncz **(K.I. Medycyna)** Agnieszka Ciesla **(PW)** Janusz Wrobel **(SSAF)** Sara Jozwik **(CMB)** Sergio Figueiras, Susana Fernandez Nocelo, Bruno Diaz Doce, Sergio Poza Garcia **(ACIS)**. Ana Felgueiras **(CLUSAGA)**. Maria J. Viqueira **(ACIS-Devalar Consult)** *[Skype]* J.A.Penalver de Andres, M.S.Pardo de Seoane, A.Parames Gonzalez, Luis Mandayo, **(CamiñoCODE)** Wytse Miedema **(CAL)** Sandra Migchielsen **(HF)**	According to the planning, a new Interregional Workshop (part 2 of INSIDE-OUT Innovation) of the TITTAN European project took place in the cities of Amsterdam and Almere from 29 to 31 May. There were three intense days of work, with presentations of good practices from TITTAN Partners, and their local stakeholders. Besides, there were in situ visits prepared by the host as examples of innovative initiatives in both cities, Amsterdam and Almere, as well as meetings for monitoring, coordinating and planning the TITTAN project agenda next months. On the first day, together with best practices, some stakeholders announced their projects: betting on innovation in the field of nutrition, for a healthy ageing and others were based in cutting edge technology coming from Galicia, the Basque Country and Lower Silesia. After that, all of us participated in a in situ visit at the A-Lab Amsterdam: a coworking space where they mix equally creativity and technology. The second day, was chosen for the presentation of the rest of good practices from Galicia, Scotland, Saxony and Lower Silesia. Tuesday's work was completed with in situ visits to various innovative initiatives in Almere, such as Health Factory (living lab), Big Data Value Center (data Intelligence) or Senior Live (social innovation). The Amsterdam DataLab was the place chosen for the last session of the workshop, to review the progress and the work of the TITTAN project, as well as to plan in situ visits for the second thematic area during this semester and the next events to be celebrated in Scotland and Saxony (referred to the third line of the project: active citizenship).