



Action Plan for Region Zealand, Denmark

Final: 10 February 2020

Part I – General information

Project: ITHACA

Partner organisation concerned: Region Zealand

Country: Denmark

NUTS2 Region: Sjælland

Contact person: Erik Brander

Email address: eribr@regionsjaelland.dk

Phone number: +45 20537877



Part II – Policy context

The Action Plan aims to impact:		<input type="checkbox"/>	Investment for Growth and Jobs programme
		<input type="checkbox"/>	European Territorial Cooperation programme
		<input checked="" type="checkbox"/>	Other regional development policy instrument

Action	Policy instrument addressed
(Process) Action 1	The action aims to impact the Health Agreement 2019-2023
Action 2	Addresses the same objectives as the Health Agreement 2019-2023, but the project covered was formulated and approved for funding by the external funding source Innovation Fund Denmark before the Health Agreement 2019-2023 was approved.

Action 1

The Health Agreement 2019-2023 is the policy instrument for Action 1. The Danish Health Authority approved it in August 2019. The Health Agreement is described in Annex 1B together with the Regional Growth and Development Strategy in Annex 1A. This latter strategy was synonymous with the ERDF OP 2014-2020, which was the region's smart specialisation strategy referred to in the ITHACA application. This strategy is not relevant any longer. The reason is that a structural reform of the business promotion system in Denmark, which took effect from January 2019, removed the responsibility for business promotion from the five Danish regions, including Region Zealand. This responsibility was transferred to the National Business Promotion Board at national level and municipalities in the region.

Action 1 is linked to The Health Agreement as described above. The Health Agreement 2019-2023 constitutes the central framework for further development of the region's collaboration with the municipalities in the region. The Health Agreement shall ensure that cooperation across organisations works smoothly, e.g. by organising coherent interventions for those patients whose pathways go across administrative boundaries. Possible projects inspired by ITHACA learning will contribute to improve the policy instrument and its implementation by introducing new approaches and solutions to cross-boundary collaboration.

The Health Agreement 2019-2023 is related to a regional strategy called Health close to you – Region Zealand's strategy for close and coherent health services. The strategy is a response to a number of challenges in the health and care sectors. The strategy was submitted to Region Zealand's Regional Council and approved at the end of 2019.

Action 2

The objectives of Action 2 are fully consistent with those goals of the Health Agreement 2019-2023. However, formulation of the two projects covered by the action, i.e. the closely related PreCare 1 and PreCare 2, and their approval by the funding agency took place before the Health Agreement was approved in May 2019.

Thus, Action 2 will contribute to the policy instrument Health Agreement 2019-2023 and its implementation by introducing new approaches and solutions to achieve the objectives of the Health Agreement. The two projects (PreCare 1 and PreCare 2) address cross-boundary challenges and opportunities that have been on the agenda in Region Zealand for several years and central in the Health Agreement. These challenges were the main motivation behind formulating the two projects by the regional department *Data and Development Support (DDS)* in 2017 and early 2019 respectively.

DDS is a sister department to the department *Close and Coherent Health services (CCHS)*, that is responsible for implementation of the Health Agreement. PreCare 1 and PreCare 2 were developed and obtained funding on the initiative of DDS. DDS is the organisation responsible for implementing the two projects. At the same time, they are contributing to achieving the objectives of the Health Agreement.



Part III – Details of the actions envisaged

Action 1

Name of the action: Stakeholder involvement and common leadership on e-health

Integrating ITHACA learning on Active and Healthy Aging and other health and care fields in the implementation of the Health Agreement between Region Zealand the municipalities in the region.

Relevance to the project (*please describe how this action derives from the project and in particular from the interregional exchange of experience. Where does the inspiration for this action come from?*)

We have focused on the digital health system since there is a need in our organisation to develop an e-health system that takes full account of the citizens and patients' needs. At the same time it should benefit the healthcare professionals in the health and care sectors.

The learning from ITHACA includes Good Practices and other documentation on digital solutions, including e-health. We especially focus on the Good Practices from Spain concerning the Basque Country project called E-health Strategy, which has been successful in building up a stakeholder network and in close cooperation with them before develop a large data platform and Internet solutions building on this.

As the Basque Country seeks to provide a framework for communication and cooperation between the various sectors involved in health-related research, development and innovation, they have acknowledged that their role as facilitator and networker is a very important factor in the development and implementation of the e-health solutions.

The Basque Country has taken this approach for several years and has been able to create Integrated Care Organisations, integrated communication systems and introduced new roles in the healthcare sector. We are interested in using this learning for the project described as Action 1 in this Action Plan.

As representatives of Region Zealand on the ITHACA project, we do not have direct access to our regional politicians and their debates. Neither do we have the opportunity to add topics to the new a strategy *Health close to you*. The ambition in this Action Plan is that we will generate actions that will lead us to a more integrated health and care system across the sectors and stakeholders.

We have therefore started this action by engaging in a dialogue with the new department *Close and Coherent Health services* (CCHS), which is to implement the health agreement. This is in line with the experience from ITHACA to the effect that this is to be achieved through cooperation with internal regional stakeholders – as well as external stakeholders – to develop new projects. The Health Agreement is entered into between Region Zealand and the 17 municipalities in the region where the two parties shall implement common health improvement activities.

2. Nature of the action (*please describe precisely the content of action 1. What are the specific activities to be implemented?*)

We have started a dialogue with the department *Close and Coherent Health services* (CCHS) on how Region Zealand as an institution can benefit from Active and Healthy Ageing considerations and actions when implementing the above health agreement. This means that the action is to improve the content of the Health agreement by using relevant learning from ITHACA partners such as projects documented as good practices.

To this end, staff from Data and Development Support involved in ITHACA in June 2019 agreed with the CCHS management to present the experience and results from ITHACA's phase 1. The CCHS management asked us to identify projects and initiatives from the different project regions that we considered relevant and potentially beneficial to the region. There is a special focus on and need for more digital / e-health solutions for the implementation of the Health Agreement. Therefore, we are to discuss further the learning stemming from relevant ITHACA good practices with the different departments in Region Zealand and the municipalities working on e-health.



To facilitate the dialogue with the department *Close and Coherent Health services* (CCHS), we have made a catalogue of good examples from ITHACA partners to inspire the department.

Activities

The overall objective of the action is to develop a project with focus on the needs for more and better e-health services with a strong common stakeholder perspective using the experiences from ITHACA partner projects.

- First, we will identify relevant learning, including good practices on digital / e-health strategies, projects and other initiatives in the ITHACA partner countries and regions. Based on a catalogue of good examples will be prepared, which will make it easier to identify relevant learning from ITHACA (done in September 2019).
- Facilitate the transfer of knowledge to a team in CCHS working on the development of a regional e-hospital. The transfer is supposed to lead to discussion on, which findings they can and should use in the development of future projects.
- Start a process concerning the involvement of and development of a common e-health project together with CCHS in Region Zealand and the municipalities in the region.
- Organise dialogue meetings with the stakeholders on our common interests in better solutions for the patients as well as the stakeholders around the patients.
- Establish a working group to formulate a common e-health project with relevant stakeholders.
- Develop and present an impact-path of the outputs and impact for the patients, the care providers and care organisations who will gain from the common e-health project.
- Assessment of the proposed e-health project by external experts regarding aspects of the project that may have to be improved before launching it as a project. This may include needs to be addressed, technical content and project organisation.
- Project organisation and stakeholder responsibilities of the project – internally and externally – are defined and agreed upon.
- Planning of overall workflow of the work packages of the e-health-project, including the communication plan, which is an important tool as strategic framework, as the project has to work across sectors and is expected to implement new digital tools across the participating sectors.
- Identification of project manager and appointment of members of Steering Group.
- Implementation of the project begins and results start being achieved.

As indicated above, the most relevant ITHACA learning related to e-hospitals comes from the Basque Country. The Basque Country has identified the most important needs, potentials and options related to e-hospitals, engaged in a dialogue with relevant stakeholders, involved these stakeholders in the development of an e-health structure, and developed a wide-ranging strategy to implement the e-health system, including the scaling up of smart solutions for health, care and well-being. Other projects implemented by ITHACA partners may also be considered such as a so-called Smart Care project implemented by Friuli Venezia Giulia, Italy.

Stakeholders involved (*please indicate the organisations in the region who are involved in the implementation of the action 1 and explain their role*)

Close and Coherent Health services (CCHS) is an administrative department in the Region Zealand organisation, which works on coherence and development of health and care procedures. Its vision is to embrace the patients' need for better, more efficient and sustainable healthcare. CCHS has the mandate and position to cooperate with hospitals, primary care, the overall management of Region Zealand and the Regional Council who can therefore also be considered stakeholders. The CCHS department has direct access to cooperate with the municipalities, as the Health Agreement 2019-2023 is to be implemented between the two sectors. We see the cooperation with CCHS as an opportunity to work together with those having the mandate and formal responsibility to launch actions.

The 17 municipalities in Region Zealand, which are all parties to the Health Agreement, offer services related to prevention and care for elderly. They include the municipalities of Odsherred, Holbaek, Kalundborg, Slagelse, Solroed, Næstved, Soroe, Ringsted, Lejre, Roskilde, Faxe, Lolland, Koege, Greve, Guldborgsund, Stevns and Vordingborg. They may all become partners in a future project on common e-health solutions.



Based on the focus of the theme and context in the project to be developed we intend to involve relevant patient organisations in the project formulation process.

Timeframe (please specify the timing envisaged for **action 1**)

The first dialogue was initiated at a large seminar in 16 August 2019 where ITHACA and the project's results in an overall terms were presented. Follow-up meetings were held on 20 August and 2 September 2019 and 4 November.

Work Plan

We anticipate the following project development process.

Steps of activities	Period	3. Qtr.	4. Qtr.	1. Qtr.	2. Qtr.	3. Qtr.	4. Qtr.	1. Qtr.	2. Qtr.	3. Qtr.	4. Qtr.
		2019	2019	2020	2020	2020	2020	2021	2021	2021	2021
		Phase 1		Phase 2							
Identification of relevant learning on e-health strategies, programmes, projects etc. in the ITHACA partner countries and regions.											
Facilitation of transfer of learning from the ITHACA partners to the e-hospital team in CCHS. A project catalogue to be used.											
Initiate a process involving the region and municipalities to develop a common e-health project.											
Organise dialogue meetings involving relevant stakeholders.											
Establish a working group with relevant quadruple helix stakeholders to formulate a common e-health project.											
Organisation of workshops to develop project framework, content and work packages.											
Undertaking of impact-path analysis on activities, outputs results / impact for the patients, care providers and organisations to qualify the project.											
Assessment of project concept by external specialists in the field before launching a common project on e-health.											
Project organisation and stakeholder responsibilities are defined and agreed upon.											
Planning of workflow of work packages of the e-health-project, including communication plan.											
Identification of project manager and appointment of members of Steering Group.											
Project implementation commences and results start being achieved.											

Costs (please estimate the costs related to the implementation of **action 1**)

Implementation of actions that may arise from the action in Phase 2 will entail costs over the next two years:

- Meetings with the representatives from CCHS: EUR 1,500
- Planning and organisation of stakeholder and other meetings with the CCHR, municipalities and other relevant participants, including catering: EUR 2,000.

Funding sources (please describe how **action 1** will be financed. Is it through the policy instrument(s) indicated in part II)

When actions emanating from the dialogue are to be implemented, the appropriate source of funding will be determined. This may be internal resources from the region and the municipalities such as funds set aside for implementation of the Health Agreement, and/or external funding from public or private sources. Regional ERDF-related funds are not available any longer.



ACTION 2:

Name of the action: PreCare - Test of preventive and integrated services for chronically ill and elderly

1. Relevance to the project (please describe how this action derives from the project and in particular from the interregional exchange of experience. Where does the inspiration for this action come from?)

Region Zealand was originally inspired by the service Technology Supported Health Service for COPD, heart failure and asthma, which was demonstrated to the delegates attending the EEPE in Liverpool in April 2017. It combined community-based nursing assessment with a telehealth service that included a remote clinical monitoring hub and home-based patient reporting, via TV or tablet, of vital signs - such as blood pressure, pulse, body weight and oxygen levels.

The project provided inspiration for the establishment of a virtual outpatient clinic linked to a joint medical outpatient clinic at the Region Zealand's hospital in Holbaek. This facility involved a radical redesign of the approach to deal with patients in medical outpatient clinics within pulmonary and cardiological specialties. The objective was to be able to move up to one third of outpatient visits to short video consultations using telemedicine solutions that allow consultations to take place through video communication by way of an app. Building on the above virtual consultations concept, the more wide-ranging and ambitious PreCare project was developed. The nature of the action is described in Section 2.

An application for funds from the Innovation Fund Denmark for the PreCare project was submitted in 2017 and the project was approved for funding in the beginning of 2018. Considering an anticipated large potential to meet the objective of the project, see Section 2, an application for an extension and expansion of the project was submitted to the Innovation Fund in February 2019 and approved mid-2019. The first project is referred to as PreCare 1 while the new project is called PreCare 2.

In addition to the Technology Supported Health Service (implemented in LCR) described above, the project has been inspired during its implementation by telehealth projects demonstrated in other partner countries such as:

- Slovenia: Centre for Telehealth (CEZAR) – Home telemedicine support to patients with chronic health conditions (October 2018),
- Malopolska Region, Poland: Tele-Angel by which dependent people can be supported by telecare and care services at their homes carried out by professional care givers or in a frame of neighbourly help (February 2019),
- Friuli Venezia Giulia, Italy: Smart Care project that provides improved ICT-supported integration of health and social care services, and a more active involvement of care recipients, family members and the third sector (April 2019), and
- Nouvelle-Aquitaine, France: Sante Landes that facilitates patient care coordination to avoid unplanned hospital stays focusing on home care. Based on the application Paaco-Globule (November 2018).

PreCare also builds on other international sources of inspiration as well as ideas developed by doctors, analysts and data specialists in Region Zealand and beyond.

2. Nature of the action (please describe precisely the content of action 2. What are the specific activities to be implemented?)

PreCare is an innovation and research project whose purpose is to develop and test preventive and integrated services for chronically ill and elderly people based on ongoing data collection from both Region Zealand and the municipalities involved. The data collected relate to condition, interventions and results. The goal is for citizens to experience greater security, fewer hospital admissions and increased quality of life.

The project builds on a vision of a health service that must act on the citizen's premises. The roles are changed so that the citizen is the centre of activity, whereas the health service becomes a supporting party.



The citizens change from being passive patients defined by their diagnosis or symptoms to being active partners in their treatment.

The project has established a digital clinic for the chronically ill and elderly citizens in the communities covered. Its name in Danish is *Nærklinikken* that can be directly translated to the “*NearbyClinic*”. Hereafter in this description, the clinic will be referred to as the *E-clinic*. This E-clinic is initially based on collaboration between Odsherred Municipality and Region Zealand to build up a model that can be adapted to the individual's constantly changing state.

Citizens connected to the E-clinic are provided with a tablet, emergency medicine, and measuring equipment in relation to their diagnosis – or diagnoses. With the measuring equipment, they can themselves monitor their condition and enter the measurements onto a programme on the tablet via an app. In this way, citizens themselves can keep up with their health, constantly respond to deterioration and become better at interpreting and responding to their condition. At the same time, the E-clinic has built up a capacity to ensure a quick response to anxiety or aggravation in the citizens' condition that will take place at home with the citizens themselves in the vast majority of cases. In this way, avoidance of hospitalisation is expected to a significant extent, which will also raise the quality of life of the citizens involved. So far, the results of the project are promising. There are clear indications of reduced admissions to hospital after some months of operation and the citizens included are generally very satisfied with the solution.

Data plays a central role in PreCare. In addition to putting the citizens at the centre through far more active use of data in their treatment, the project also uses data to continuously adapt and fine-tune the service to different target groups, and to find the right model for the cooperation, and not least financing of the service between the sectors involved.

Work packages

PreCare1: *Work packages and milestones*

The project consists of four packages (WP), each comprising a series of 5-8 activities. Only WP 2-4 are implemented during ITHACA's Phase 2:

WP 1: Development and establishment of the E-clinic

WP 2: Data and analysis as well as financing models

- Business case (cost-benefit model)
- Data to support the operation of E-clinic
- Population-based data platform
- Management information for municipality and region
- Proposal for financing model
- COCB (Chronological overview of citizen-related benefits).

WP 3: New business models for value-based healthcare

- Design and foundation for testing Pay-for-Success solutions
- Transformation Study: Surveying Stakeholders' Experience of PreCare Services (citizens, employees, management)
- Support for pilot project with Manchester U on fall prevention
- Academic articles
- Training and education based on the PreCare project results (including transformation study).

WP 4: Collection of learning and dissemination

- Documentation of results and solutions
- Development of tools for communication and dissemination
- Ongoing dialogue with new municipalities and other partners.



PreCare 2: Work packages and milestones

PreCare 2 consists of six work packages (WP), each encompassing a numbers of activities. Their implementation start in January 2020, which coincides with the start of ITHACA's Phase 2. The WPs are to be implemented during the period Jan. 2020 - Jan. 2022, i.e. they extend beyond the duration of Phase 2 of ITHACA. The WPs and their key milestones are as follows:

WP 1: "The Community" - formalisation of transverse functions

- Collaboration agreements on joint Response and Coordination Centre (RCC)
- Models for joint service contracts
- Establishment of the "Community" board and supporting operational functions.

WP 2: Expansion and further development of the E-clinic in Odsherred municipality

- Services aimed at heart failure and other co-morbidities for COPD
- Services for citizens in palliative care
- Continuous streamlining and competency development of the E-clinic's functions and staff
- Implementation of trial protocol.

WP 3: Distribution of the E-clinic's services to two additional municipalities

- Establishment and operation of the E-clinic in Municipality 2 (all diagnoses and segments)
- Establishment and operation of the E-clinic in Municipality 3 (all diagnoses and segments)
- Testing of the E-clinic services in another geography (COPD only).

WP 4: Data, analysis and financing model

- Development of Business Case and financing model (support for WP1)
- Data for the establishment and operation of the E-clinic's and joint RCC (support for WP1, WP2 and WP3)
- Data and analysis on new diagnostic groups (support for WP2)
- Data-driven enhancements of the E-clinic's algorithms (support for WP2).

WP 5: New approaches to rising risk citizens

- New services for rising risk citizens
- Setup for action research and article writing.

WP 6: Documentation and communication

- Collection of project results
- Scenario for dissemination
- Ongoing communication.

PreCare 1 and PreCare 2 will be running in parallel. PreCare 2 can be considered an extension and expansion of PreCare 1 with regard to geographical area and medical specialties covered as well as the development of additional health service delivery models and tools.

2. Stakeholders involved (please indicate the organisations in the region who are involved in the implementation of the action 2 and explain their role)

The stakeholders (project partners and contributors) of PreCare 1 and PreCare 2 include Region Zealand (Data and Development Support), Odsherred Municipality and citizens of the municipality, Copenhagen Business School, Technical University of Denmark, The University of Manchester, Roche Diagnostics, Urgent Agency as well as the Foundation for Innovation and Business Promotion (FIERS) in Region Zealand, see annex 1D. The key stakeholders involved are the citizens in the pilot municipality of Odsherred, Odsherred municipality and healthcare staff of Holbaek Hospital. In PreCare 2, the coverage of the service will be extended to more municipalities and their respective citizens. In addition, FIERS is involved as an operational contributor.



3. Timeframe (please specify the timing envisaged for action 2)

The timeframe of the initial project PreCare 1 is three years. It started on 1 March 2018 and will terminate at the end of February 2021. PreCare 2 covers the period 1 January 2020 to the end of 2022. Thus, there is an overlap of the two projects by one year and two months. This is shown in the work plans for PreCare 1 and PreCare 2 below.

Work plan for PreCare 1

Activities	Period	2. Qtr. 2018	3. Qtr. 2018	4. Qtr. 2018	1. Qtr. 2019	2. Qtr. 2019	3. Qtr. 2019	4. Qtr. 2019	1. Qtr. 2020	2. Qtr. 2020	3. Qtr. 2020	4. Qtr. 2020	1. Qtr. 2021
		ITHACA Phase1							ITHACA Phase 2				
WP1: Development and establishment of the E-clinic													
WP2: Data generation and analysis as well as development of financing models													
WP3: Development and testing of new business models for value-based healthcare													
WP4: Compilation of learning (solutions, models and results) and dissemination of these													

Work Plan for PreCare 2

Activities	Period	1. Qtr. 2020	2. Qtr. 2020	3. Qtr. 2020	4. Qtr. 2020	1. Qtr. 2021	2. Qtr. 2021	3. Qtr. 2021	4. Qtr. 2021	1. Qtr. 2022	2. Qtr. 2022	3. Qtr. 2022	4. Qtr. 2022
		ITHACA Phase 2								Beyond ITHACA			
WP1: "The Community" - formalization of transverse functions													
WP2: Expansion and development of the E-clinic in Odsherred municipality													
WP3: Extension of the E-clinic's services to two new municipalities													
WP4: Data, analysis and financing model													
WP5: New approaches to rising risk citizens													
WP6: Documentation and communication													

As indicated by the two work plans above, the ITHACA action plan covers the period of 2020 - 2021 for PreCare 1 + PreCare 2 as follows:

- PreCare 1: Jan. 2020 to end Feb. 2021
- PreCare 2: 2020-2021.

The WPs and milestones of PreCare 1 and PreCare 2 are described in the above section 2: *Nature of the action*. Each WP consists of a series of actions leading to deliverables at certain points (milestones). For PreCare 1 WPs the following deliverables/milestones are expected for the four work packages:

- WP 2: Business Case based on concrete experience, quality assurance of the E-clinic, integration of the data model used into the region's Data Warehouse, data and reporting for the use of value-based agreement with suppliers secured, proposal for financing model prepared and a number of Chronological Overview of Citizen-related Benefits (COCB) developed.
- WP 3: all deliverables/milestones relating to the development and testing of new business models for value-based healthcare.



- WP 4: nearly all deliverables/milestones relating to the compilation of learning (solutions, models and results) and dissemination of these.

Regarding the PreCare 2 WPs the deliverables/milestones for the six work packages described in Section 2 are distributed over the about three-year implementation period as indicated in the chart below:

PreCare 2: Distribution of deliverables/milestones 2020-2022



As indicated by the above table the deliverables/milestones over the implementation period 2020-2022 are distributed in such a way that many of them appear more times over the three years. A detailed description of each deliverables/milestone by year will therefore be very comprehensive. For that reason, it is suggested that the reporting to be made in Phase 2 of ITHACA will take the WPs/milestones described in Section 2 as the point of departure.

It should be noted that while the work plans for PreCare 1 and PreCare 2 have been subject to careful planning and have been approved by the funding agency. Projects of this nature often require changes to the work plan to accommodate changes in the framework conditions of the projects. This may also be the case for PreCare 1 and PreCare 2.

The PreCare 1 and PreCare 2 project will overlap in time in 2020 and the first two months of 2021. This requires a high degree of coordination not only between the work packages of the two projects, but also between the two projects *per se*. It is expected that work package managers and the primary project participants will be consistent throughout the PreCare 1 and PreCare 2 projects, which helps to ensure coordination of deliveries between the two projects. The steering committee for the PreCare 1 and 2 will have the same members. The new municipalities to be added in PreCare 2 are linked to the project as contributors and thus not participating in the project steering committee. This also supports continuity and coherence between the two projects. The organisational set-up may be subject to some changes, however, as implementation progresses.

The ITHACA action plan therefore covers the period of 2020 - 2021 for PreCare 1 and 2.

4. Costs (please estimate the costs related to the implementation of action 2)

PreCare 1: DKK 20 million (EUR 2.7 million) and PreCare 2: DKK 28.7 million (EUR 3.8 million). Both amounts are inclusive of self-financing.

The costs related to Phase 2 of ITHACA (2020 - 2021) can be calculated on this basis.

5. Funding sources (please describe how action 2 will be financed. Is it through the policy instrument(s) indicated in part II)

PreCare 1 and PreCare 2 are supported by the public fund Innovation Fund Denmark. The fund invests in the development of new knowledge and better market positions for companies in Denmark.



Annex 1: Instruments governing Region Zealand's healthcare policy and strategy

The policy framework for health and care services, including innovation, principally includes:

- A. Regional Growth and Development Strategy (not relevant any more)
- B. The Health Agreement 2019-2023
- C. Strategy-based Governance system operated by the Steering Group for Innovation

In addition, Innovation Foundation of Region Zealand (FIERS) is described in Annex 1D.

A. Regional Growth and Development Strategy

As described in the project application, the policy addressed for Region Zealand is *ERDF OP 2014-2020 TO1 - Research and innovation*. Up to 2019, this was implemented through Region Zealand's *Growth and Development Strategy* referred to as *ReVUS 2015-2018*. This is only partly overlapping with ERDF OP 2014-2020 as indicated by the title. *ReVUS 2015-2018* focused on employment, business development, education, infrastructure and sustainable regional development, including innovation related to those areas. *ReVUS 2015-2018* only addressed innovation in health and care to a relatively limited extent.

A new *ReVUS* for the period 2019-2022 (*ReVUS 2019-2022*) was prepared during 2018 and approved by the Regional Council in December 2018. However, a structural reform of the business promotion system in Denmark, which took effect from January 2019, removed the responsibility for business promotion from the five Danish regions, including Region Zealand. This responsibility was transferred to (a) the National Business Promotion Board at the national level, and (b) the municipalities, including municipal business houses with specialised professional competences in business operations and development. This means that the regional ERDF Operational Programmes of the five regions in Denmark were merged and managed at the national level as from January 2019.

For this reason the *ReVUS 2019-2022* does not deal with business promotion and innovation *per se* but focuses on public transport, infrastructure, education, development in the peripheral areas of the region, environment and green transition, and cross-border cooperation. Instead, it addresses business development indirectly. Companies need easy access to new knowledge, technology and new business models that can strengthen their competitiveness and productivity. Furthermore, citizens must have the right competencies to meet the needs of businesses and changes in the labour market. The aforementioned needs related to business development are the only ones addressed by *ReVUS 2019-2022*. Not business promotion directly. Finally, according to a decision by the national authorities, *Growth and Development Strategies (ReVUS)* of the Danish regions are not any more to address innovation in health and care.

Considering the new focus of *ReVUS 2019-2022*, this policy is not any longer the relevant one for the ITHACA Action Plan to have an impact on. Instead, it will address the Health Agreement 2019-2023 described below.

B. The Health Agreement 2019-2023

The *Health Agreement* constitutes the central framework for further development of the region's collaboration with municipalities. The health agreement shall ensure that cooperation across organisations works smoothly by organising coherent interventions for those patients whose pathways go across administrative boundaries.

The Health Agreement sets the framework and direction for the collaboration between the healthcare parties in the region. Overall, the Health Agreement must contribute to realising the national political vision of the division of labour between the hospitals, the municipalities and general practice. Fewer citizens must "fall between chairs", and more must be helped in their own neighbourhood to avoid hospitalisation. The vision is popularly known as "Close and coherent health services".

The agreement is based on the vision "Together with the citizen for better health". The vision is supported by the national quality goals for the health service, supplemented by a few regional goals in the areas where the national goals do not fully address the special challenges of Region Zealand. The regional goals are:



- Together with the citizen for better health
- Security and coping in your own home
- Effective prevention - healthy citizens
- Mental health and mental well-being.

The agreement focuses on the need for cross-sectoral measures in relation to selected target groups. The target groups described in the agreement are vulnerable elderly, citizens with chronic or long-term illnesses, adults with mental illness and children and young people with challenges related to well-being. For this development, it is important that some tasks can continuously be transferred from a higher level of specialisation in the hospitals to the municipalities and GPs.

The Health Agreement 2019-2023 has been prepared by the region's Health Coordination Committee and subsequently approved in May 2019 by the Regional Council and the 17 municipalities in the region. An implementation plan is now to be prepared for the 5-year period covered by the agreement. The implementation plan must include targeted projects and other initiatives in relation to the agreement's vision "Together with the citizen for better health".

The implementation plan may include ongoing projects, but it is expected that there will be a need to launch a number of new initiatives. The implementation plan will cover one year at a time and must therefore be updated regularly, as implementation of the Health Agreement's objectives are expected to continue throughout the entire contract period. Implementation of initiatives under the Health Agreement will be financed from various sources. They include internal resources from the region and the municipalities such as resources set aside for implementation of the Health Agreement, and/or external funding from public or private sources.

C. Strategy-based Governance system operated by the Steering Group for Innovation

The region's hospitals are focused on daily operations, but need to be more development-oriented through innovation to meet future challenges, which include:

- A growing number of elderly people, persons with multiple deceases and people with chronic diseases, increase in the number of hospitalizations, a need for better treatment and patient experience of health care quality and a necessity to increase cost-efficiency;
- Lack of attention to follow up on innovative ideas from units and their staff;
- Lack of dedicated funding to finance innovation projects based on innovative ideas/solutions;
- Lack of support to project owners in undertaking funded innovation projects.

To meet these challenges a regional innovation governance and support system was introduced in early 2016. It is managed by the Steering Group for Innovation (SGI) consisting of the regional CEOs and managers of all major regional hospitals and other major organisational units.

The decisions of the SGI are governed by strategic thinking where innovation priorities are reviewed yearly based on the needs and challenges of the region. These are generally closely aligned with the above-mentioned policy instruments.

The system receives and decides on applications for funding of innovation projects submitted by hospitals and central support and administrative units. It is supported by an SGI secretariat that screens, recommends or rejects project applications and assists approved projects throughout the process steps of a so-called Discovery-Incubation-Acceleration (DIA) model. The system has somewhat limited dedicated resources at its disposal. Over the years, this has been in the order of € 0.5-0.8 million a year. Projects implemented are therefore relatively small.



D. Innovation Foundation of Region Zealand - FIERS

The many challenges that the healthcare system in Denmark and abroad faces calls for new ways to deal with prevention, treatment, care and follow-up on. This necessitates the development of new innovative solutions in technology, products, processes and organization in all relationships between citizens and healthcare. In addition to the policy instruments described above, Region Zealand has instituted a facility called FIERS that allows the region to operate as an independent legal entity.

Region Zealand established FIERS (Foundation for Innovation and Business Promotion in Region Zealand) in 2015. It is intended as a flexible framework to strengthen the region's cooperation with companies and other external partners on innovation and commercialisation of innovative products and other solutions that is not possible for the region itself as a public institution for a number of legal and other reasons. FIERS cooperates with companies as well as municipalities and GPs, citizens, patients, interest groups, knowledge institutions, other foundations, etc. on developing solutions for all phases of citizens' contact with the healthcare system. FIERS can take initiatives to develop project ideas, seek funding for them from internal and external funding sources through applications, and implement the projects as a legal entity.