



Action Plan for the Malopolska Region



Part I – General information

Project: ITHACA (InnovaTion in Health And Care for All)

Partner organisation(s) concerned: Marshal Office of the Malopolska Region

Country: Poland

NUTS2 region: Malopolska Region

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Part II – Policy context

The Action Plan aims to impact:	✓	Investment for Growth and Jobs programme
	€	European Territorial Cooperation programme
	€	Other regional development policy instrument

Name of the policy instrument(s) addressed: the Regional Operational Programme for the Malopolska Region for 2014 – 2020

Further details on the policy context and the way the action plan should contribute to improve the policy instruments:

This Action Plan is addressing the Regional Operational Programme for the Malopolska Region for 2014 – 2020 in the Priority Axis 9 “Socially cohesive region”, with the emphasis on the Specific Objective no. 1 – i.e. “Promotion of social inclusion, tackling poverty and all forms of discrimination”, which aims inter alia to improve the quality and accessibility of social services, including activation of dependent people, meet their needs in a way that supports their independence and social participation.

The policy instrument should be improved by more innovative way of realisation of the projects regarding both social and technological innovation. The maintained solutions include the telecare system involving telemedicine elements (PA 9, Action 9.2.1 Type D). Although there is technology and business capacity to develop telecare services in the Malopolska Region, there’s lack of methodology on how to organise and coordinate this system later on. The ITHACA project allowed the Malopolska Region to learn from good practices identified during the project lifetime how to prepare such a system to run it at the regional level in a more innovative way.

Telecare together with other care solutions needs to be developed in the Malopolska Region, as the level of quality of social care services for elderly people is quite low. People prefer to stay at their homes as long as they can. This is a challenge, because about 64% of Poles declare to live in old age in her own apartment, disability concerns about 62,5% of people 70+; 96.4% of people aged 70+ reported at least one chronic disease. It’s important to show that telecare improves safety and the quality of life of elderly and disabled people and answers their needs.

Moreover, during implementation of the project there were more areas of interventions that could be influenced by experienced gained through ITHACA. The main challenge to be answered is the support of informal caregivers and building the awareness of self-management of health.



Part III – Details of the actions envisaged

ACTION 1:

Name of the action: Supporting the implementation of the Malopolska Tele-Angel project by a set of advising meetings with the coordination team

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?)*

Tele-Angel project was submitted under the Priority Axis 9. “Socially cohesive region”, 9.2.thematic objective: “Promoting social inclusion, combating poverty and any discrimination” 9.2.1: specific objective: “Enhancing access to affordable, sustainable and high-quality services, including health care and social services of general interest”; type D: “Support for projects in the field of telecare”.

The D type of intervention was dedicated to projects that enabled dependent people to function safely in their environment and place of residence provided within the framework of the project, including at least access to the telecare centre, providing at least 24-hour information about the need to call for help in the event of life, health or safety of a dependent person.

During the call for projects opened for this type of intervention, the Malopolska Region used an inspiration taken from the good practice presented by the Liverpool City Region during the 1st EEPE event (Exchange of Experience and Peer Evaluation Event), i.e. the care centre in the Liverpool Innovation Park, where technology supported health services for COPD had been demonstrated. The good practice involved COPD services that combined community-based nursing assessment with telehealth services that included a remote clinical monitoring hub and home-based patient reporting of vital signs such as blood pressure, pulse, body weight and oxygen levels.

The Malopolska Region implements a telecare project „Tele-Angel” for dependent people. The aim of the project is to improve the quality of life of dependent people through the implementation of activities for the development of care and neighbouring services in the place of residence and using modern information and communication technologies that will enable dependent people to remain safe in their environment for as long as possible.

Dependent people can be supported by telecare service and care services at their homes carried out by the professional care givers or in a frame of neighbourly help. They have been equipped with a life wristband that has an emergency SOS button which permits the patients to contact the telecare centre and to call for help. The sensor placed in the bracelet automatically detects a fall and makes an emergency call to the Tele-Angel centre.

While the project can be implemented in the way it has already started, the important dimension of creating sustainable ecosystem was identified thanks to the ITHACA project. To ensure the durability of the telecare system and developing it by the extension of the catalogue of services provided by it, there’s a need to create more sustainable network of cooperation. The inspiration for such a cooperation model comes from the E-Health cluster that was presented by the Liverpool City Region. The practice of the e-Health cluster shows that



there's a place for the entrepreneurs in the healthcare sector, and as they can use funds by establishing public private partnership.

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

During the Phase 2. there will be organised a set of advisory meetings of the ITHACA Team (meaning the staff members that participated actively in the Phase 1 as project coordinators and the ETF member and in that way they have increased their capacity and knowledge during 3 years of the process of exchange of experience; in the Phase 2 there is no financing for this activity within the ITHACA budget) with the coordination team of the Malopolska Tele-Angel project. The aim of those meetings is to use the knowledge gathered during the phase 1 to assist the implementation of the Malopolska Tele-Angel project. This learning is a meaningful asset that should be used for improvement of initiatives undertaken in the region (instead of being lost). The other aim of those meetings is to monitor the implementation of the Tele-Angel project. The way of monitoring will be adjusted to the current status of the project – if possible it will be proceeded with a survey or interview with stakeholders involved in the project implementation.

The Malopolska Tele-Angel project was submitted within the call for projects for tele-care services opened on 28 February 2017. The results were announced on 21 September 2017. Malopolska Tele-Angel project has been implemented since February 2018 and will last till January 2021. So far most of activities in the Tele-Angel project were focused on communication campaign, patients' enrolment, trainings for end-users and relatives on telecare service and daily operation of the telecare centre. That helped to develop social trust to telecare system and to build people's sense of safety and that answers the social need for care service given to dependent people in the region.

The project aims to support dependent people by telecare service and care services at their homes carried out by the professional care givers or in a frame of neighbourly help. Malopolska Tele-Angel provides trainings for people who decide to provide care services or neighbourly help. The key element of the project is the Telecare Centre which has been operating since 1st May 2018. Paramedics answers c.a. 100 phone calls a day (c.a. 200 on Saturdays), 1-2 times per day they call an ambulance to the patient.

Although the implementing phase of the tele-care centre is ongoing, the catalogue of actions provided by the centre should be developed. However, there's still lack of medical component of the system, that results from the division of financing sources between healthcare and social care interventions. The ITHACA Team will work with the Tele-Angel coordination team on finding the way of including the medical component in the telecare centre service. It is kind of a follow up activity, yet it is crucial to demonstrate the use of the lessons learnt within the ITHACA project in order to improve the regional initiatives such as the Malopolska Tele-Angel project.

To ensure a more efficient results there will be some additional stakeholders involved in the process. For better understanding the situation, barriers, challenges in the healthcare sector and division line between healthcare and social care the academia and business environment institutions will be involved to ensure a knowledge base. That will let the working group to discuss the challenges of the healthcare sector, limits and barriers of combining medical services with the social care services. The barriers that discourage entrepreneurs to get



involved in the healthcare sector will be discussed too. The ITHACA Team plans to put the debate on more strategic level, that will let to continue the process of integrating healthcare and social care in the future, after the end of the ITHACA project.

3. **Stakeholders involved** *(please indicate the organisations in the region who are involved in the implementation of the action1 and explain their role)*

Marshal Office of the Malopolska Region – Department of Sustainable Development (the ITHACA Team – the staff members that participated actively in the Phase 1 as project coordinators and the ETF member)

- ensures the lessons learnt from the ITHACA project;
- coordinates the debate on integrating healthcare and social care on the strategic level;
- is responsible for current cooperation with the Malopolska Tele-Angel project coordination team;
- prepares recommendations for the future strategy, programmes on healthcare, social policy.

Marshal Office of the Malopolska Region – Department of Family, Health and Social Policy (the Malopolska Tele-Angel project coordination team)

- provides with the information about the needs reported by the end-users of the telecare system;
- informs about barriers of combining the healthcare and social care;
- informs about possibilities of extending the catalogue of the services provided by the Malopolska Tele-Angel centre.

Marshal Office of the Malopolska Region – Department of Management of Operational Programmes (the ROP Managing Authority)

- provides with the information about the limits according to the Programme call requirements;
- learns about opportunities and possibilities of the extension of the catalogue of the services provided by the Malopolska Tele-Angel centre;
- works on the future operational programme, which is an opportunity to ensure the durability of recommendations worked out by the ITHACA project after its end.

Collegium Medicum of Jagiellonian University – the Institute of Public Health

- provides with the expertise and knowledge on the healthcare sector, the system, challenges and barriers.

AGH Technology and Science University

- provides with the expertise and knowledge on the technology available for telecare services;
- informs about the academic offer for the business in the healthcare sector.

CITTRU – The Jagiellonian Centre for Technology Transfer

- provides with the information about possibilities of transfer technology from the University to business;
- helps in involving entrepreneurs in the debate.



KPT – Krakow Technology Park

- ensures the input from the business point of view;
- provides with the information about entrepreneurs' interest, barriers from involving into healthcare services.

Krakow LifeScience Klaster

- provides with the information about different organisations operating in the lifescience sector, especially in the social and healthcare services;
- helps to build a connection with organisations involved in the cluster.

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

January 2020 – June 2020 – forming a working group consisting of the stakeholders, organisation of an initial meeting.

July 2020 – October 2020 – research on status of healthcare and social care division, identification of barriers for the business sector, preparation of the 2nd meeting of the working group.

November 2020 – December 2020 – processing the results of the research and the discussion.

January 2021 – April 2021 – working meetings of the ITHACA Team with the Malopolska Tele-Angel project team summing up the realisation of the project and its evaluation. As a follow-up activity there teams will work on extending the catalogue of the services, basing on results of the Malopolska Tele-Angel project (the number of meetings depends on the need of the Malopolska Tele-Angel project, and it will be organised “on demand”).

May 2021 – June 2021 – 3rd meeting of the working group. Preparation of recommendation set for the strategy for the follow up activity after the ITHACA project ends.

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

- Costs of meetings:
 - o catering – € 700
 - o room rental – € 1400
 - o expert's fee – € 1200
- Costs of staff preparing and participating in meetings – € 5000

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

The action will be financed by the regional sources – the budget is provided for the Department of Sustainable Development in the Marshal Office of the Malopolska Region in 2020 and in 2021.

The cost (of work described in this Action Plan) of staff called “the ITHACA Team” will be carried out by the regional budget.



YES, the action is financed by the policy instrument indicated in Part II (Priority Axis 9, thematic objective 9.2., specific objective 9.2.1, type D)

The total project budget: 8 972 160 EUR

European Social Fund: 7 626 336 EUR

ACTION 2

Name of the action: **Delivery of training sessions to informal caregivers based on good practices identified by ITHACA partners in Denmark, the United Kingdom, France and Slovenia**

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?)*

Increasing informal caregivers' awareness of self-management of health has been identified as an important need that should be answered by the intervention dedicated to them. Therefore, in the frame of the Regional Operational Programme there was planned the action that aims to support the creation and/or functioning of temporary stay facilities for dependants who need professional care in cases of their informal carers' temporary inability to provide the care concerned and other forms of support for carers of dependent persons.

Implementation of those projects includes a part of educational support of informal carers, such as training of more effective taking care of a dependent person, information how to find a healthcare or social care service provider, etc. However, there's lack of medical carers, which was identified by one of beneficiaries, and in this case we would like to suggest to learn from the good practice submitted by the Zealand Region "Active Patient Support" how to involve professionals (i.e. nurses) in the process of increasing the informal carers' ability of taking care of their relatives. In the Danish good practice patients were the end-beneficiaries of the project. In our case the target group would consist of informal care givers.

Within the project there will be a series of training sessions provided by the professionals (i.e. nurses, medical carers). The target group will consist of informal care givers and relatives of the patients covered by the intervention financed within the Regional Operational Programme. The important part of the project is a respite centre for the dependant people, however we're going to focus on the education part that is also provided by the ROP. Basing on lessons learnt from the ITHACA project training sessions could be replaced by an individual dialogue for better understanding of self-management of health of the patients but also of the informal carers.

The second good practice that could enrich this action is "Active Citizens & Digital Champions" submitted by the NHS Liverpool CCG in a part of providing an education package on improving citizens' quality of life, understanding health condition, mental health first aid. In the good practice the activity included walking groups or visiting lonely citizens. That would be adapted to this action as a part of a training session organised by the beneficiaries of the ROP intervention.

Considering the action planned for the Phase 2, the Malopolska Region took an inspiration from the good practice presented during the EEPE in Nouvelle Aquitaine, i.e. Pôle Aidant/Aidé that offers a respite platform



for dependent people and simultaneously for their care givers. It also offers a showroom, where technical and technological equipment is installed and their functionalities are demonstrated in practical dimension. The similar solution was presented in the living lab IRIS during the EEPE in Slovenia. The delegates visited a demonstration apartment where patients can stay even for a night and test on themselves if they find the facilities suitable for them.

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

The ITHACA team (meaning the staff members that participated actively in the Phase 1 as project coordinators and the ETF member and in that way they have increased their capacity and knowledge during 3 years of the process of exchange of experience; in the Phase 2 there is no financing for this activity within the ITHACA budget) will join the training sessions organised by the beneficiaries in the frame of the ROP projects. The experts from the Marshal Office will share the Danish good practice with nurses and medical carers who teach patients and informal care givers that will let them provide more efficient training, as a dialogue is more tailored to individuals. In consequence, better understanding of a trainee will result with better quality of care provided by relatives or other informal carers.

During the training sessions there will be some information about self-management of health provided in more user-friendly way. The training will be individually tailored to end-users, depending on the support they need. In preparation and in conducting the education activities the experts from the academia will be involved to ensure knowledge base, especially in mental health and self-management of health that is crucial in supporting informal carers.

Detailed content of the training will be discussed and prepared during bilateral meetings between the ITHACA Team and the ROP beneficiaries to ensure a tailored training for each target group. The preparatory meeting will consist of short description of good practices observed during the Phase 1 of the ITHACA project and the beneficiary will decide on which ones are the most interesting for their end-users.

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

Marshal Office of the Malopolska Region – Department of Sustainable Development (the ITHACA Team – the staff members that participated actively in the Phase 1 as project coordinators and the ETF member)

- ensures the lessons learnt from the ITHACA project;
- shares solutions identified in the ITHACA partner regions – in a way of training, discussions;
- cooperates with the beneficiaries responsible for implementation of the ROP projects concerning respite centres and medical day care homes;
- prepares recommendations for the future strategy, programmes on healthcare, social policy.

Marshal Office of the Malopolska Region – Department of Management of Operational Programmes (the ROP Managing Authority)



- works on the future operational programme, which is an opportunity to ensure the durability of recommendations worked out by the ITHACA project after its end.

Beneficiaries of the ROP projects implemented within the action aimed to support informal care givers (i.e. respite centres, medical day-care homes)

- invites the experts from the ITHACA Team or/and the universities cooperating with the Marshal Office – to join the trainings as trainers to share solutions supporting informal carers;
- cooperates with the ITHACA Team on looking for possibilities of organising a showroom where some practical solutions could be demonstrated;
- provides with the end-users' feedback on solutions presented, recommendations for the future programmes.

Collegium Medicum of Jagiellonian University – the Institute of Public Health

- provides with the expertise and knowledge on self-management of health;
- cooperates with the ITHACA Team on trainings for informal carers and dependent people.

The Babinski Clinical Hospital in Krakow

- provides with the expertise and knowledge on mental health;
- cooperates with the ITHACA Team on trainings for informal carers and dependent people.

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

January 2020 – April 2020 – coordination of the training calendar with the beneficiaries of the ROP projects; bilateral preparatory meetings.

January 2020 – May 2020 – preparation of methodology and content of the training for end-users.

June 2020 – April 2021 – co-training end-users within the training sessions organised by the respite centres and medical day-care homes.

May 2021 – June 2021 – collecting recommendations and feedback from the beneficiaries of the ROP projects (i.e. respite centres and medical day-care homes).

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

- Costs of meetings
 - o catering – € 1000
 - o room rental – € 1000
 - o expert's fee – € 2000
- Costs of staff preparing and participating in meetings – € 7000
- Costs of travel to Tarnow or other cities / communes depending on the need declared by the beneficiaries – € 200



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

The action will be financed by the regional sources – the budget is provided for the Department of Sustainable Development in the Marshal Office of the Malopolska Region in 2020 and in 2021.

The cost (of work described in this Action Plan) of staff called “the ITHACA Team” will be carried out by the regional budget.

YES, the action is financed by the policy instrument indicated in Part II (Priority Axis 9, thematic objective 9.2., specific objective 9.2.3, type B)

Date: _____

Name of the organisation(s) : :

Signatures of the relevant organisation(s): _____