

ITHACA CASE STUDY No. 8: MAŁOPOLSKA REGION

Acknowledgements

This case study was developed for the ITHACA (Innovation in Health and Care for All) Project supported by Interreg Europe. It was written by Magdalena Klimczyk in cooperation with Aneta Widak and Małgorzata Grenda from the Marshal Office of the Małopolska Region. This document is based on the study visit that took place in the Małopolska Region in February 2019 and on the feedback of delegates from the other ITHACA regions.

The authors would like to thank all stakeholders that been involved in the organisation of the Małopolska Exchange of Experience and Peer Evaluation (EEPE) Event. They also express many thanks to the participants of EEPE that shared valuable feedback and comments with the regional authorities that enabled writing this Case Study.

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1. INTRODUCTION

1.1 Background to the Case Study

The ITHACA Exchange of Experience and Peer Evaluation Event (EEPE) was organised in the Małopolska Region on 25th – 27th February 2019. The main topic of the EEPE concerned social care systems. 35 delegates¹ from ITHACA partner regions visited places where some innovative solutions were implemented such as telecare centres, welfare homes, day-care centres. The aim of the visits was to show and open to peer assessment and review existing good practices – including demonstrably commercial solutions.

The Agenda of the Małopolska EEPE was composed of three main sessions which related to three ITHACA key pillars:

1. Regional policies and strategies;
2. Implementation across the innovation cycle;
3. Ecosystems.

The hosting region chose the speakers and site visits taking into consideration the reflection of quadruple helix entities.

The EEPE concluded with a peer evaluation session with the presence of representatives of Małopolska stakeholders.

1.2 Methodology

This case study is informed by and derives from:

- documentation provided by Małopolska stakeholders before and during the EEPE event – including strategy documents, evaluation reports and information materials;
- the information and evidence presented and demonstrated during the event – including Prezi and PowerPoint presentations;
- peer evaluation feedback from visiting delegates presented during the EEPE's concluding peer evaluation and follow-up, written reports.

Stakeholders were briefed to provide information that would help the visiting delegates to understand the Małopolska Region's policy, activity and infrastructure and make informed assessments of their strengths and weaknesses.

Equally, the visiting delegates were briefed about the peer evaluation process (see section 5.1). This enabled them to act as an 'evaluation and feedback team' and to provide structured feedback to the hosts about what they saw and learnt. In this context, visiting ITHACA delegates brought their own knowledge and experience and, with the benefit of a fresh eye, they provided Małopolska Region stakeholders with an expert critique and recommendations about the region's approach. It provided a forum to engage in a mutual discussion about visiting delegate

¹ 35 delegates from 8 ITHACA regions attended the Małopolska EEPE: 7 from Noord-Brabant (Netherlands), 5 from Zealand (Denmark), 2 from Ljubljana (Slovenia), 5 from Friuli Venezia Giulia (Italy), 7 from Liverpool (United Kingdom), 4 from Nouvelle Aquitaine (France), 2 from Basque Country (Spain) and 3 from Baden-Württemberg (Germany).

perceptions and flagged up implications for policy and practice going forward. The verbal and written insights of visiting delegates emerged through the peer evaluation process and have influenced and added considerable value to the content of this case study.

1.3 Structure of this Case Study

The rest of this report sets out the approach adopted in the Małopolska Region in developing programmes and initiatives for active and healthy ageing and solutions for smart health and care along with highlighting the expert feedback from the ITHACA delegation. Section 2 outlines the regional strategies and policies that shape and drive the smart health agenda. Section 3 highlights the innovation cycle the range of initiatives and innovations in the Małopolska Region that stakeholders presented at the EEPE event. Section 4 focuses on the ecosystem. Section 5 flags up key assessments from the visiting delegates that were fed back during and after the EEPE event, discusses the key findings that have resonance and presents the case study's recommendations.

2. STRATEGIC AND POLICY CONTEXT

2.1 Overview

The Małopolska Region is situated in southern Poland and it is bordered by Silesian Region to the west, Świętokrzyskie Region to the north, Subcarpathian Region to the east, and Slovakia (Prešov Region and Žilina Region) to the south. It has an area of 15183 square kilometres, and a population of 3,4 M (the end of 2018)².



Małopolska features a great diversity of landforms, many of which have an upland or mountainous character. Over 70 municipalities (Polish: gmina) in the region have at least 50 % of their arable land over 350 m above sea level. These areas are marked by high natural value and the ensuing large proportion of areas under various forms of protection, landscape attractiveness and a concentration of varied tourist resources, including health resources. On the other hand, these areas present more difficult conditions for management and the development of infrastructure and entrepreneurship.

The value of generated gross domestic product (GDP) in the region in 2016 amounted to PLN 148 bn, which accounted for 8% of Poland's GDP. In annual terms, real GDP growth was recorded by 3.2%. The average level of GDP per 1 inhabitant of the region amounted to PLN 43.9 thousand and was lower by almost 10% than the average level in the country.³

2.2 Healthcare system in Poland

Healthcare system in Poland is free of charge – according to the Article 68. Of the Polish Constitution everyone has a right to have access to healthcare. The Polish system is a combination of the Bismarck and Beveridge models:

- a) From the Bismarck model: the way of financing medical services and rules of activity of healthcare providers (declared equality of public and private healthcare providers); possibility of choosing a healthcare provider (under condition that it signed a contract with the organisation financing medical services)
- b) From the Beveridge model: the payer is a monopolist that decides on contracts' details and on prices of medical services.⁴

² Demographic situation of the Małopolska Region in 2018, GUS – Statistics Poland, <https://krakow.stat.gov.pl/publikacje-i-foldery/ludnosc/sytuacja-demograficzna-województwa-malopolskiego-w-2018-r-1,12.html> (visited: 31.07.2019)

³ Socio-economic situation of Małopolskie voivodship in 2017, GUS – Statistics Poland, https://krakow.stat.gov.pl/files/gfx/krakow/pl/defaultstronaopisowa/918/1/1/2018_syt_spol_gosp_w_2017_pl.pdf (visited: 31.07.2019)

⁴ Marcin Kolwicz, The Polish healthcare system: perspectives and possibilities for adoption of healthcare systems from other countries of the European Union, Medical University in Szczecin, 2010

The Polish healthcare system is financed within public insurance (obligatory insurance fee is 9% deducted from personal income). The public payer of all medical services is the National Health Fund (in Polish: Narodowy Fundusz Zdrowia).

Since 2007 emergency rescue services are financed in total from national budget. Total health expenses in Poland are covered in 70% by health insurance in the National Health Fund, where the remaining 30% comes from private healthcare.⁵

As of the end of 2017, in-patient healthcare facilities in the Małopolska Region comprised: 13 regional in-patient healthcare units, operating as independent public healthcare institutions (including one operating as a company), 19 powiat-level⁶ hospitals and 8 ministerial hospitals. Additionally, there are 52 non-public healthcare institutions operating as companies, 3 non-public in-patient psychiatric care facilities and 39 public and non-public long-term care institutions, i.e. chronic medical care homes, nursing homes and hospices. The total number of beds in both public and non-public facilities in Małopolska as of the end of 2016 was 57.7 per 10 thousand residents.⁷

2.2.1 Entities that perform therapeutic activity

Therapeutic activity consist in providing health services, promoting health and carrying out didactic or research activities.

Types of therapeutic activity:

- stationary and 24-hour healthcare services:
- hospital,
- other than hospital (care and rehabilitation of patients who do not require hospitalisation and provision of care for patients in terminal condition). Stationary and 24-hour healthcare services other than hospital services are provided in the following institutions: care and therapeutic unit, nursing and care unit, therapeutic rehabilitation unit and hospice.
- outpatient healthcare services (primary healthcare, outpatient specialist services, etc.).

Therapeutic entities are:

- entrepreneurs as defined by the Freedom of Economic Activity Act,
- independent public health care units,
- budgetary units,
- research institutes,
- foundations and associations whose statutory purpose is to perform healthcare tasks and whose Articles of Association allow carrying out therapeutic activity,
- churches, ecclesiastical legal persons or religious unions (within the scope of their therapeutic activity).

⁵ Sytuacja zdrowotna ludności Polski i jej uwarunkowania (EN: Health situation of the Polish population and its conditions), Bogdan Wojtyniak Paweł Goryński, National Institute of Public Health – National Institute of Hygiene, Warsaw, 2016, <http://www.sdgs.pl/wp-content/uploads/2017/06/sytuacja-zdrowotna-ludnosci-w-polsce-2016-s.pdf> (visited: 31.07.2019)

⁶ a *powiat* is the second-level unit of local government and administration in Poland, equivalent to a county, district or prefecture. The Małopolska Region consists of 19 powiats and 3 cities with powiat status (i.e. Kraków, Tarnów, Nowy Sącz).

⁷ Województwo Małopolskie 2018, Marshal Office of the Malopolska Region, Kraków, 2018

Physicians and nurses may also perform their therapeutic activity in the form of professional practice – individual or in groups.⁸

2.2.2 Policy paper for healthcare in 2014–2020

In July 2015 the Policy Paper for healthcare in 2014–2020 was published by the Ministry of Health. It was the unique document that described the situation of the national healthcare system, especially its strengths, weaknesses, challenges and opportunities. It also set the priorities and directions for development in the future in a long time perspective. There are also operational goals defined in the document, which are as follows:⁹

-
- A. Development of health prevention, diagnosis and treatment of illness directed at main epidemiological problems in Poland.*
 - B. Counteraction to negative demographic trends through the development of care of mothers, children, and elderly people.*
 - C. Increase of effectiveness and organisation of healthcare system in the context of the demographic and epidemiological situation and support of research, technological development and innovation in the sector of healthcare.*
 - D. Support of medical education system in the context of adjustment of resources to changing social needs.*
-

2.2.3 Regional maps of health needs

The Maps of Healthcare Needs are documents which define healthcare needs of individual regions and the entire country. The Maps include demographic and epidemiological information, data regarding delivered services as well as the use of human and equipment resources. Collected data is base for forecast of future healthcare needs for individual regions and the entire country.

The Ministry of Health developed the following Maps of Healthcare Needs in the years 2015-2018:

- hospital maps – published in 2016 and 2018;
- oncological maps – published in 2015 and 2017;
- cardiological maps – published in 2015 and 2017;
- maps for 30 disease groups – published in 2017 and 2018.

The maps for oncology, cardiology, and 30 disease groups refer to three areas:

- inpatient care (including hospitals, hospices, long-term care, Separately Contracted Benefits, Highly Specialised Benefits),
- specialised outpatient care – diagnostics and treatment in scope of ASC, Cost-Intensive Ambulatory Diagnostics,

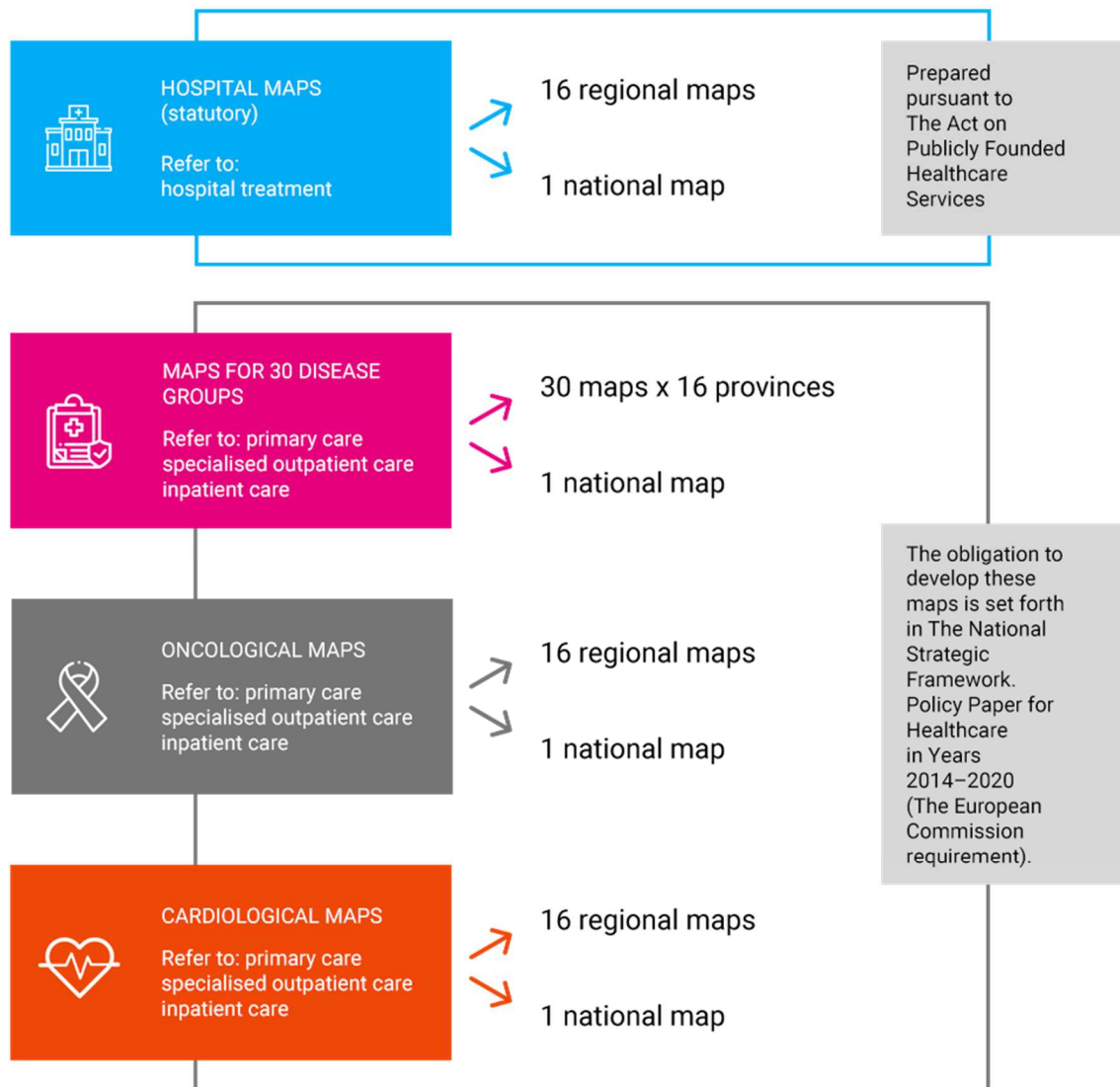
⁸ <http://www.archiwum.mz.gov.pl/en/healthcare-system/healthcare-organization/entities-that-perform-therapeutic-activity/> (visited: 1.08.2019)

⁹ Policy paper for healthcare in 2014–2020, Ministry of Health, Warsaw, 2015, http://www.zdrowie.gov.pl/uploads/pub/pages/page_846/text_images/Krajowe%20ramy%20strategiczne%20www.pdf (visited: 1.08.2019)

- primary care.

The hospitalisation maps analyse the state and utilisation of resources by hospital wards only.

Diagram of Maps released in 2015-2018¹⁰



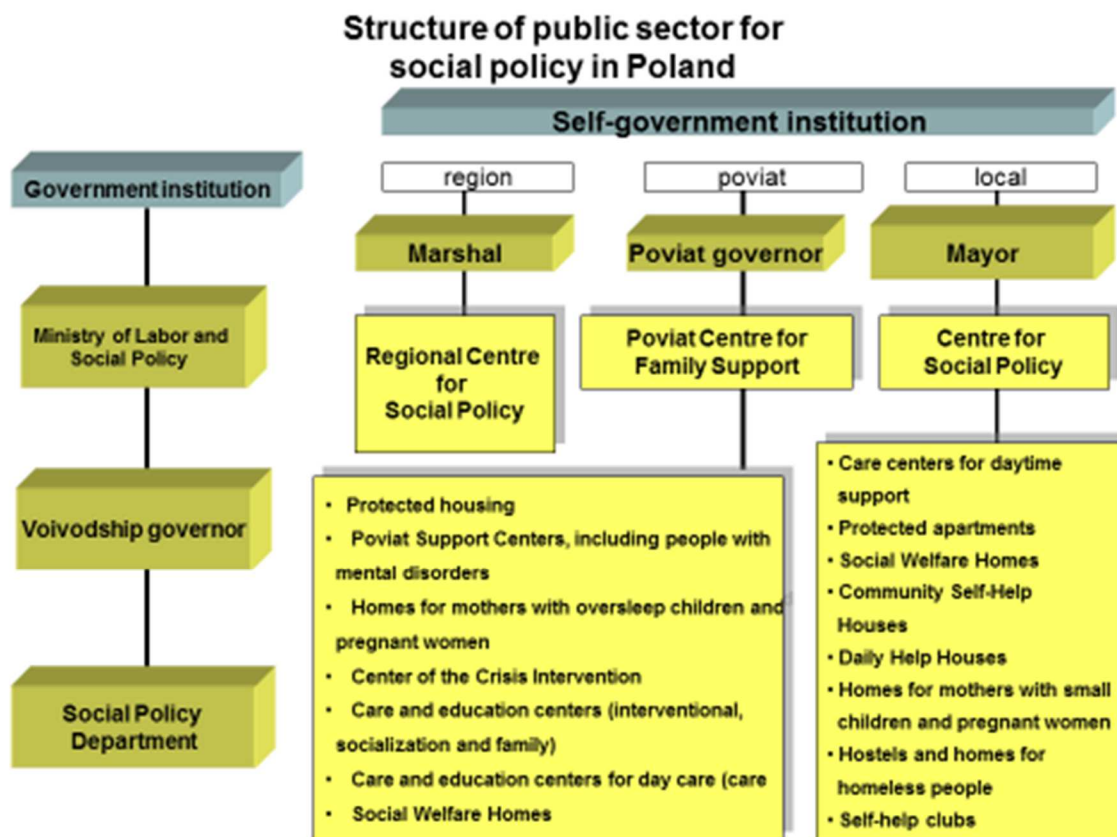
The project was realised and financed by the European Social Fund.

2.2.4 Inpatient healthcare – regional resources

In the Małopolska Region, within the framework of inpatient medical care In 2017, there were the following hospitals:

- 13 regional hospitals, independent healthcare units (including 1 acting as a company),
- 19 powiat (i.e. county) hospitals,
- 8 departmental hospitals.

¹⁰ <http://mpz.mz.gov.pl/en/> (visited: 25.09.2019)



2.4 Demographic background

In the region at the end of 2018, about 3,4 million people lived. They constituted 8.9% of the total population of Poland. In comparison to the previous year, the region's population increased by 0.3%.

At the end of 2018, the population density amounted to 224 persons. This indicator showed a large spatial diversity – the highest was recorded in Krakow (2359 persons/km²), and the lowest in miechowski county (73 persons/km²).

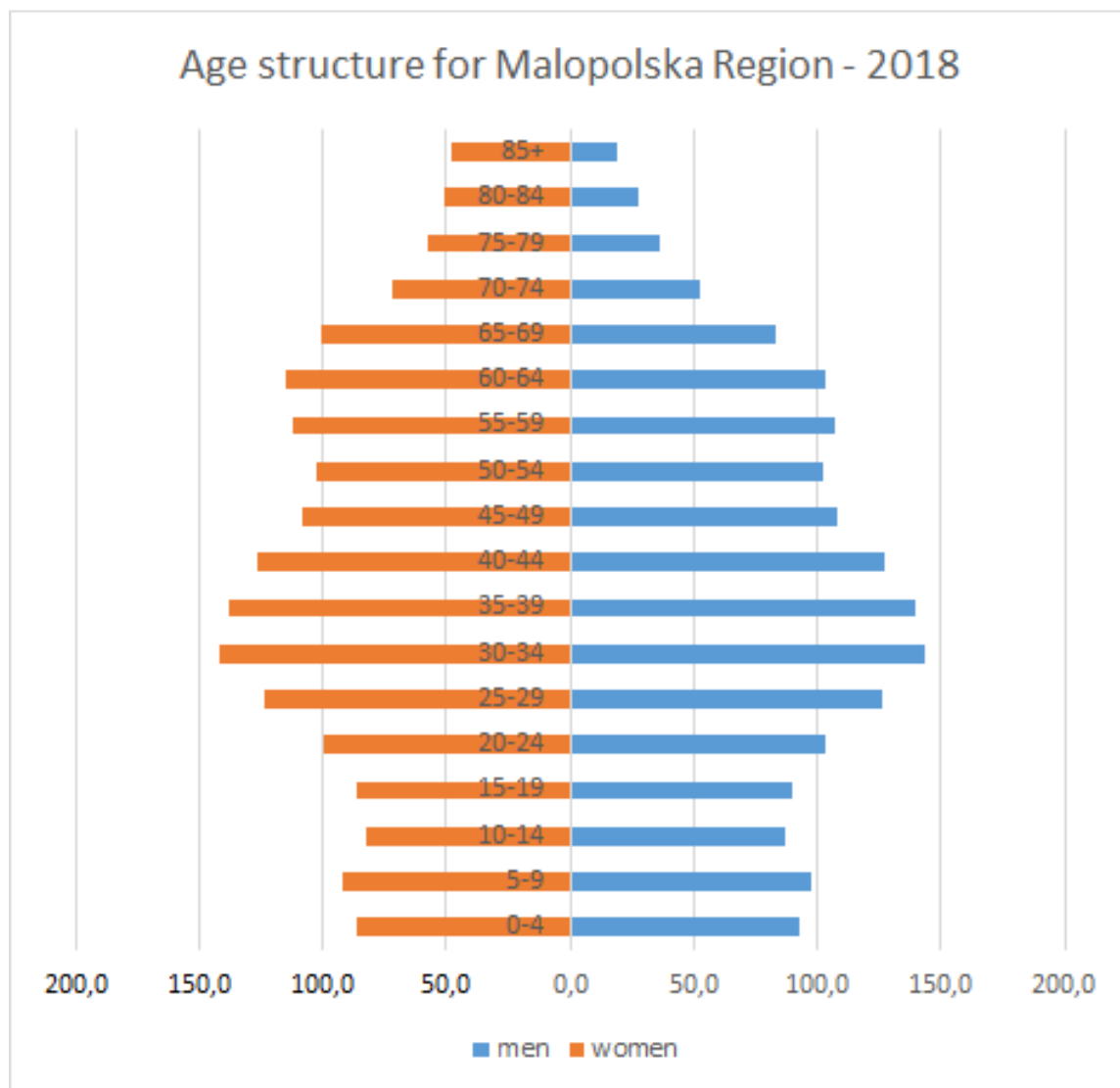
In terms of gender, most, i.e. 51.5% of the population were females. Femininity ratio was at the similar level to that in 2017 and amounted to 106.

Observed in recent years, an increasing trend of median age and ageing ratios and intergenerational support indicators continues to confirm the process of ageing of Małopolska Region's inhabitants.

At the end of 2018, the median age amounted to 39.7 years. The statistical inhabitant of Małopolska Region was 1 year and 3 months younger than the inhabitant of Poland. In the region, a statistical male was younger than a female by 2 years and 9 months. As in the previous year, the youngest inhabitants of Małopolska Region lived in limanowski county, where the median age was 35.8 years, and the oldest in Tarnow – median 43.6 years.

At the end of 2018, the ageing ratio amounted to 104 persons aged 65 and more per 100 children aged 0–14 years, i.e. by nearly 2 persons more than in 2017. The value below 100 (more children than the elderly) was observed in 12 counties, including the lowest indicator in nowosądecki county (67 persons)

The intergenerational support indicator allows for the identification of needs related to, i.a., social care and health care. In 2018, this indicator amounted to 11 persons. This means that 11 persons aged 85 and more fell to 100 people aged 50–64, compared to 10 persons in 2017. There was a large spatial diversity of this indicator – the lowest one in myślenicki county (9 persons), and the highest one in Krakow (14 persons).



According to J.W. Webb classification Małopolska Region is demographically active. The obtained type C was confirmed by the positive natural increase lower than the positive net migration.

The demographic youth (type III) of the region confirmed the typology of the Osanna triangle, taking into account the structure of economic age groups. In the analysed year, the share of children and youth under 18 was higher than the average in Poland by 0.9 pp and amounted to 19.0%, the share of population aged 18–64 was 0.01 pp higher and amounted to 64.4%, while the

- Own vision of regional development policy.

To ensure implementation of the Regional Development Strategy the self-government prepared 10 strategic programmes under DSMR for 2011-2020. These programmes serve as the basic instruments for co-ordination of the particular areas of the region's development policy until 2020. In addition to innovative economy, strategic programmes are developed for the following areas:

-
- *Intellectual capital and labour market*
 - *Heritage and leisure industries*
 - *Transport and communication*
 - *Rural areas*
 - *Environmental protection*
 - *Health care*
 - *Social inclusion*
 - *Territorial marketing*
 - *Regional co-operation*
-

The structure of the Development Strategy of the Malopolska Region for 2011 – 2020 is based on seven fundamental areas of the region 's self-government's actions i.e. areas of development policy. For every of the seven areas of the development policy, the strategic objective has been formulated, being the description of the desirable directions of change or the target state and position of the region in perspective of year 2020.

Social issues have been developed under the Area 6.3 Improving Social Safety: Integrating Social Policy.

In this area, the undertaken actions will be focused around broadly understood integration of needs and instruments – the main recipients of this policy. These actions will contribute to the prevention and elimination of symptoms of social, cultural and economic exclusion, especially among such groups as: children coming from vulnerable backgrounds, the disabled people, the elderly, multi-children families. An important element of the actions will also be the tasks supporting children endangered by various forms of social exclusion.

In response to the consequences of the on-going changes in the demographic structure it will be necessary not only to take up extensive adjustments in the area of labour market, but also to build a new offer of specialist services targeted for the seniors. This process can be an important opportunity for social integration and improvement of quality of life, but also for economic growth – as a consequence of the implementation of regional strategy of action responding to the consequences of the society's aging process, including the concept of the silver economy.¹³

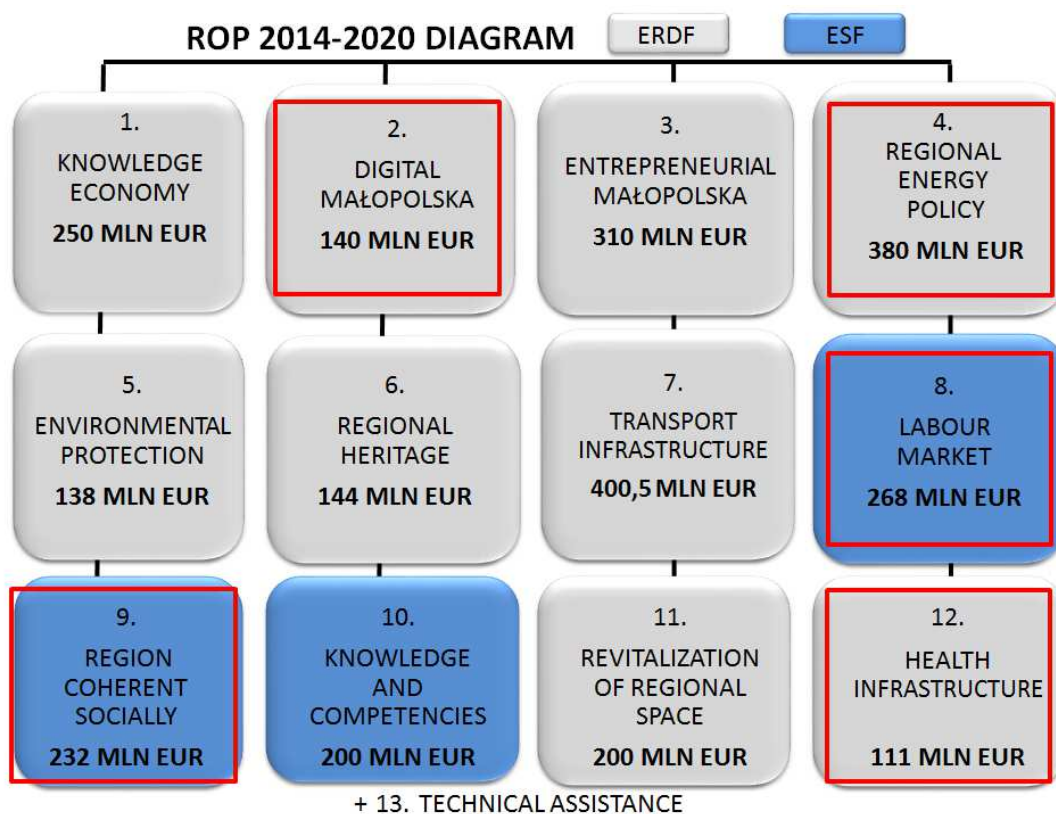
¹³ The Development Strategy of the Malopolska Region for 2011 – 2020, Marshal Office of the Malopolska Region, 2011

2.6 The Regional Operational Programme for the Malopolska Region in 2014 – 2020

The Regional Operational Programme for the Malopolska Region in 2014 – 2020 is a key document that defines the regional interventions undertaken in the current financial perspective and financed within the European Funds. The objective of this multi-fund ERDF/ESF Operational Programme (OP) is to increase the competitiveness of the Małopolska Region, ensuring in parallel the improvement of the living conditions of its inhabitants.

The EU contribution will focus on the following main priorities:

- increase of R&D activities of enterprises;
- increase of productivity of SMEs;
- increase in access to public services through information and communication technologies;
- reduction of air pollution;
- improvement of transport accessibility of the region;
- increase employment and labour mobility;
- promote social cohesion;
- improve education and training.



Within the Measure 12.1 HEALTHCARE INFRASTRUCTURE, the amount of EUR 141 M was allocated:

- Submeasure 12.1.1 Strategic healthcare infrastructure (1 project: EUR 60 M)
- Submeasure 12.1.2 Regional healthcare infrastructure (5 projects: EUR 45,6 M)
- Submeasure 12.1.3 Local healthcare infrastructure – Subregions (30 projects: EUR 30 M)
- Submeasure 12.1.2 Local healthcare infrastructure – ITI (2 projects: EUR 5M)

Scope of intervention in the projects listed above:

- Construction, reconstruction and modernisation of healthcare infrastructure
- Purchase of medical equipment
- Adaptation to the needs of elderly citizens and patients with disabilities
- IT equipment (hardware, software)

Within the Measure 4.3 Improvement of energy efficiency in public buildings and housing some interventions aimed at thermal insulation, replacing heat source and use of RES to generate heat and/or electricity needed by the building were realised – including buildings related to healthcare and social care.

Within the Measure 2.1 E-ADMINISTRATION and OPEN DATA in Sub-measure 2.1.5 E-services in Healthcare the Małopolska Medical Information System was implemented. The project with the EU funds ca. EUR 40,5 M includes the platform of electronic data exchange to improve access to and quality of e-services in healthcare (www.e-zdrowie.malopolska.pl).

Advantages of the platform:

- Standardised medical records
- Better diagnostics
- Access to medical records for patients
- Fast registering

Partnership among 38 regional and local hospitals of the region.

Within the Measure 8.6 Support to longer activity in the Submeasure 8.6.2 Healthcare programmes the national healthcare programmes (type A) and regional healthcare programmes (type B) were implemented. The type A concerned preventive programmes for early diagnosis of breast, cervix and large intestine cancers (so far: 13 projects, around: EUR 3,5 M). The Type B concerned preventive programmes important specifically for the region, such as:

- Stress-generated diseases 2019-2021
- Rehabilitation and prevention of diseases of organs of movement
- Rehabilitation to prevent heart diseases in population aged 36-55.

In type B there were 15 projects implemented so far (c.a. EUR 3 M).

Co-financing rate of those projects: 95%.

Within the Measure 9.2 Social and healthcare services in the Submeasure 9.2.1 Type D. support to TELE-CARE PROJECTS the Małopolska Tele-Angel project was financed. This has been the first project of this size in Poland.

Outcomes:

- Telecare Centre created – 24/7 possibility to call for help in case of life or safety being endangered
- Direct care services and neighbourhood care services
- Trainings for care services employees and neighbours
- Up to 10 000 residents to be protected (senior, lonely and self-reliant citizens) till 2020

Partners:

- The Małopolska Region
- Caritas of Kielce Diocese

- European Institute of Regional Development Association from Sucha Beskidzka

The total budget of the project is PLN 38,2 M (EU co-financing: PLN 32,5 M; Co-financing rate: 92,7%).

2.7 The RIS3 Strategy

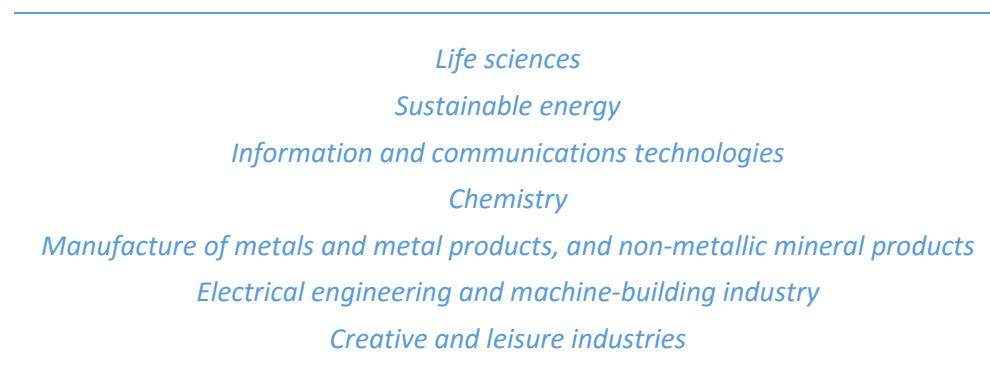
The “Regional Innovation Strategy of the Małopolska Region for 2014-2020” (RISMR for 2014-2020) is a strategic programme under the “Development Strategy of the Małopolska Region for 2011-2020” (DSMR for 2011-2020) covering the area of innovative economy. DSMR for 2011-2020, adopted by virtue of Resolution No. XII/183/11 of the Regional Assembly of the Małopolska Region, dated 26 September 2011, is the principal document stipulating the Region’s development policy which outlines the vision and directions of Małopolska’s development for the next decade.

RISMR for 2014-2020 is one of 10 strategic programmes, which are listed in the section 2.5 The Development Strategy of the Malopolska Region for 2011 – 2020. In RISMR for 2014-2020 emphasis has been put on supporting the regional specialisation (the so-called smart specialisation of the region) in Małopolska. According to the recommended scheme, the process of strategic designing of a strategy for smart specialisation should include the following steps:

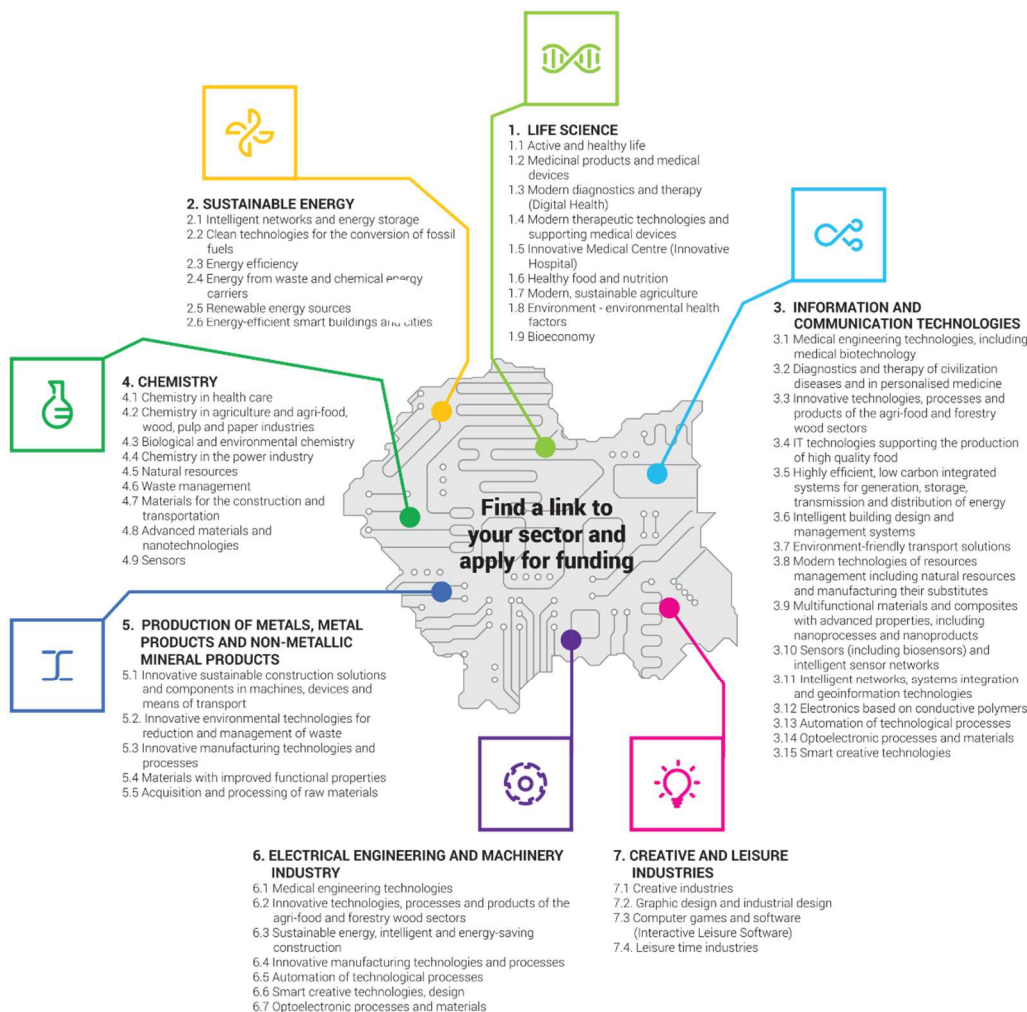
- 1) Analysis of the regional context and potential for innovation.
- 2) Set up of a sound and inclusive governance structure.
- 3) Production of a shared vision about the future of the region.
- 4) Selection of a limited number of priorities for regional development.
- 5) Establishment of suitable policy mixes.
- 6) Integration of monitoring and evaluation mechanisms.

The process of identification of the areas of smart specialisation of the Małopolska Region was conducted in accordance with the RIS3 methodology and, at the same time, was based on the already well-established, due to their having been applied for many years, principles and practices of co-operation between the key stakeholders of the region’s innovation policy. These stakeholders include Małopolska’s business and scientific entities, and supporting institutions (financing, advisory, technology transfer institutions), as well as the public government authorities. Among these the central role is played by the self-government of the Małopolska Region, which has the financial and institutional (such as the evaluation boards) instruments for the creation of the regional research and innovation policy.

The key areas for the regional specialisation have been selected as follows:



Those are presented in the graph below:



2.8 The regional programmes for health

The Małopolska Regional Self-Government, for the sake of the health of the inhabitants of the region, has been implementing **regional health prevention programmes** for years, using the region's budget resources. Those programmes are designed to promote a healthy lifestyle and appropriate pro-health attitudes among the residents, which in turn translates into increased awareness and responsibility for their own health.

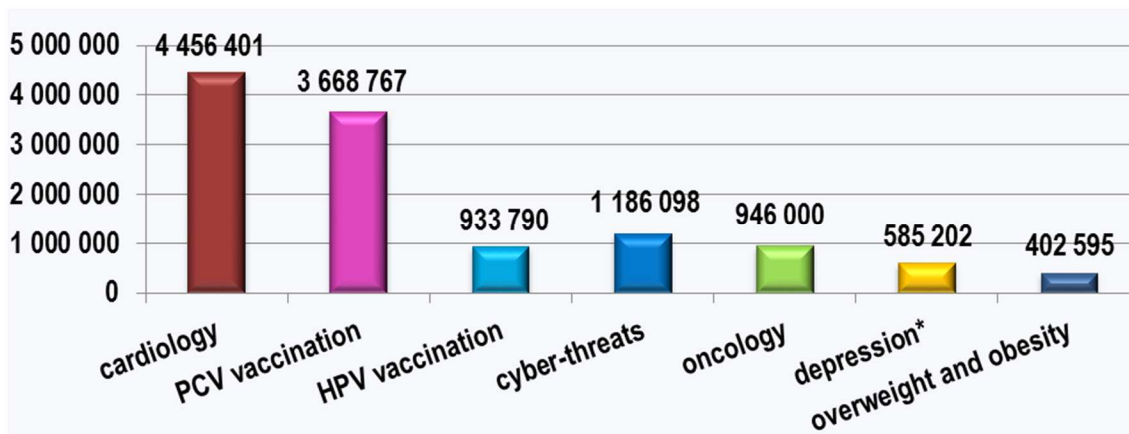
The Małopolska Regional Self-Government has been implementing prevention programmes in the fields of: cardiology, oncology, pneumococcal vaccination, HPV vaccination, prevention of overweight and obesity, prevention of depression (until 2017) and cyber threats.

The realisation of this task is in the competences of the Marshal Office of the Małopolska Region, in the Department of Family, Health and Social Policy.

A total of PLN 12 178 852,43 was allocated to health care programs of regional range in 2011-2018 upon the initiative of the Małopolska Region. In 2019, the Regional Self-Government will engage further funds amounting to PLN 2 399 000,00.

In the period from 2011 to the end of 2018, prevention programs covered approx. 503 523 citizens of the Malopolska Region – direct participants.

Division of the regional funds between preventing programmes is shown in the chart below (amounts given in PLN):



Implementation of health promotion programmes in the Małopolska Region is focused on the prevention of diseases, early detection and health education.

The Malopolska Region annually organises two social preventive actions that involve many actors from the region and are designed to promote social integration and a healthy lifestyle among the Malopolska Region residents:

- Week of the Disabled People „I love Krakow with reciprocity – Malopolska Days of the Disability” (in May),
- The Malopolska Days of Health Prevention (in September).

There is a website dedicated to prevention programmes: www.profilaktykawmalopolsce.pl where detailed information has been published and updated.

2.9 Support for people with disabilities

The Malopolska Regional Self-Government provides financial support in the field of adapting building investments to the disabled people needs, e.g. University’s buildings, special needs and integration schools for children, offices, homes or permanent living residences for people with disabilities, etc. It also funds Vocational Development and Training Centres – workplaces dedicated to disabled people designed to activate them on the labour market. These non-profit units which employ merely disabled people provide opportunities to start the job and thereby occupational and social rehabilitation. There are 10 Vocational Development and Training Centres in Malopolska which hire 325 employees. Moreover, the Region supports integration between disabled people and society and elimination of negative stereotypes in people’s perception of disability by organising events such as „Malopolska Days of Disabled People”.

The important financial mechanism of supporting people with disabilities is subcontracting NGO’s public services in education such as: workshops, trainings, conducting support groups and information desks, recruitment agencies, convalescent camps. The mechanism is based on the open competition for NGOs.

2.10 The strategic document: Challenges of Malopolska in the Context of Ageing Population

In 2009 the Malopolska Region started working on the first regional document at a strategic level that concerned the ageing population and challenges that emerged in a new demographic situation. The initiative was inspired by the PEOPLE “Innovation for social changes” project (Interreg IVC Programme) that was implemented in 2008-2011.

The key recommendations of this document are:

- The need to incorporate the silver economy model into strategic documents at all government levels.
- Introducing a long-term health promotion programme for healthy ageing.
- Improving and adjusting transportation to meet the needs of senior citizens.
- Educating physicians to specialise in geriatrics and extending the university curriculum in geriatrics in all medical majors, and training general physicians in the area of medical consultation for the elderly.
- Finding solutions aimed at supporting care at home with non-permanent caretakers and nursing help.
- Development of small local social care centres, including day-care centres.¹⁴

¹⁴ Małopolska Region Demographic Transition: Working for the Future, OECD 2013

3. Interventions and implementation across the Innovation Cycle

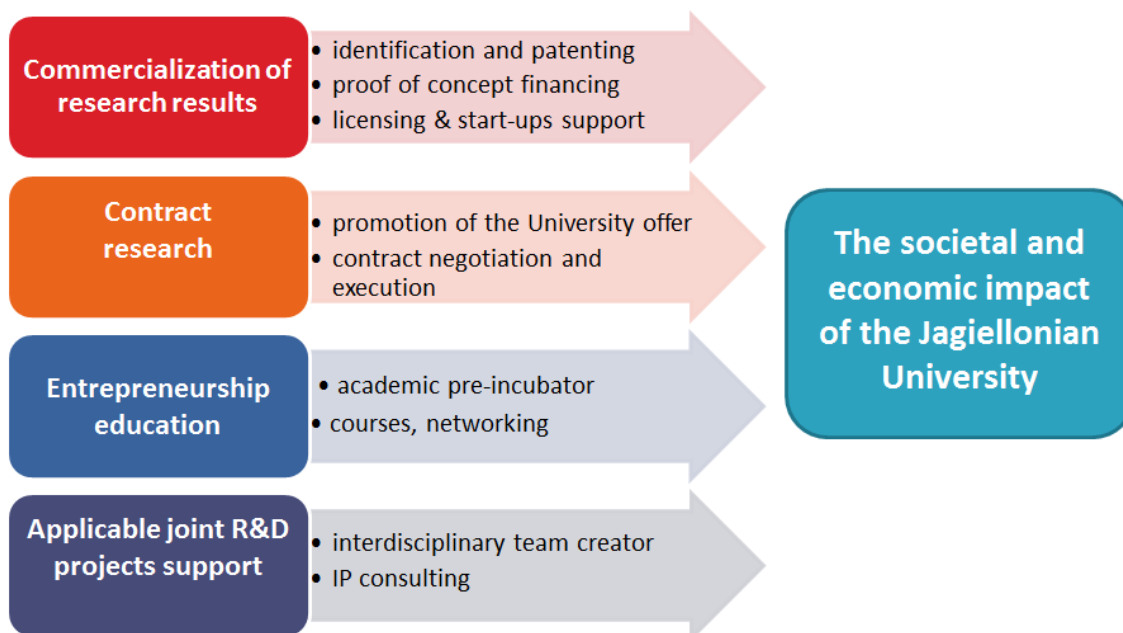
3.1 Centre for Technology Transfer CITTRU

Centre for Technology Transfer CITTRU is an institution established in 2002 at the Jagiellonian University (JU) to support the cooperation between university and business.

CITTRU is responsible for support identifying and starting business cooperation with companies: prospective buyers of innovations developed at the Jagiellonian University and clients of research services. The Centre launches cooperation between companies and the JU to commercialise innovations created at the Jagiellonian University, including – in consequence – implementation work. CITTRU also initiates industry meetings with business representatives and with international organisations to facilitate the cooperation between science with business sectors. Creation of scientific consortia with business (e.g. the US-based Unilab Inc.) allows joint research and development projects to be implemented as well as to optimise developed "scientific products" to fit the needs of the market.¹⁵

CITTRU main tasks include:

- identification of JU innovations,
- legal protection of intellectual property developed at JU,
- development of the Jagiellonian University innovation portfolio,
- coordination of the contract research performed at the Jagiellonian University,
- including the creation of contract research offers and its promotion among potential buyers and negotiation of agreements.



¹⁵ https://en.uj.edu.pl/en_GB/research/research-highlights/cittru (visited: 27.09.2019)

To ensure the effective management of intellectual property and with respect for the rights of authors, including their right to fair remuneration, and to enable the transfer of results of research performed at the JU the Senate of the Jagiellonian University adopted in 2015 the Regulations for the Management of Intellectual Property and Rules of Commercialization at the Jagiellonian University.



According to data shared by CITTRU on 26th February 2019

3.2 Jagiellonian Centre of Innovation

The Jagiellonian Centre of Innovation Ltd. (JCI) is a company founded in 2004 by the Jagiellonian University in Krakow, offering a complementary set of services for businesses and scientists working in the field of life science. JCI's offer includes e.g. research services for the cosmetic and pharmaceutical industry, cosmetic manufacturing line, rental of specialized laboratory premises and financial support for innovative companies.

In 2009 – 2013 JCI primarily offered such services as laboratory space rental, project grant management as well as providing funding for businesses within the framework of the JCI Venture fund. Since 2013 JCI has been steadily expanding its service offering to include, amongst others, contract research carried out in JCI's owned laboratories and clinical trials conducted in JCI's dedicated Clinical Trials Center. In 2018, the Company extended its offering dedicated for the cosmetics industry with cosmetics formulation and production, and was able to secure funding for new life science projects and technologies. JCI offers contract research services for both academic and business research entities, which differs from the activity presented by CTT CITTRU.

The Jagiellonian Centre of Innovation is the owner and administrator of the Life Science Park, that is a three-building complex with a total floor space of 20,000 m² and infrastructure intended for businesses and researchers engaged in the development of life sciences. The Park's infrastructure primarily comprises specialized laboratory space and office space to rent. It can be adapted to suit

any activity in the field of biotechnology, biomedicine, biology, chemistry, pharmacology, physics, nanotechnology, and environmental protection.¹⁶



According to data shared by JCI on 26th February 2019

3.3 Małopolska Centre of Biotechnology

The Małopolska Centre of Biotechnology of the Jagiellonian University (MCB JU) in Krakow (Poland) has been established in January 2014 owing to the financial support (EUR 25 M) from the European Regional Development Fund in the framework of the Polish Innovation Economy Operational Program (contract No. POIG.02.01.00-12-167/08).

The Małopolska Centre of Biotechnology (MCB) was created with the aim to carry out research of outstanding quality in the areas of structural biology, biochemistry, cell and genome biology as well as computational biology and within ten years to become a globally recognised scientific research centre, competing and collaborating with the world's leading research institutions. The mission of MCB is to stimulate scientific collaboration within the University and with other Polish, European and world research institutions. One of the main goals of MCB is also commercialising research. The International Advisory Board is responsible for evaluation of MCB performance and shaping the future of this exceptional research unit.

By offering modern laboratory space and implementing international standards MCB provides an attractive work place for the most talented Polish and international scientists. The main research areas explored at MCB are structural biology, plant molecular biology and genome biology. Currently over 20 groups are conducting research at MCB and three of them including Max Planck laboratory are led by foreign scientists. At the moment ca 20% of researchers working in the MCB are foreigners from all over the world. Now, the execution of the MCB mission will be eased by

¹⁶ <https://www.jagiellonskiecentruminnowacji.pl/en/life-science-park/> (visited: 27.09.2019)

4 core facilities organised in the fields of crystallography, genomics, proteomics and animal breeding.



EFFECTS ALREADY VISIBLE:

- APPROX. 150 MEETINGS WITH SME COMPANIES;
- 38 AGREEMENTS SIGNED WITH SME COMPANIES WITHIN SPIN PROJECT IN 1,5 YEARS (AS DE MINIMIS AID);
- 10 R&D APPLICATION SUBMITTED NEITHER TO REGIONAL OR DOMESTIC CALLS WITH MCB COMMERCIAL TEAM HELP FOR INDUSTRIES;
- 8 OTHER APPLICATIONS SUBMITTED WITH MCB COMMERCIAL TEAM HELP FOR INDUSTRIES;
- 3 INTERNATIONAL BIOTECH COMPANIES (CANADA, UK AND GERMANY) ATTRACTED TO ESTABLISH A BRANCH IN KRAKOW.

According to data shared by MCB on 26th February 2019

3.4 Malopolska Incubator of Social Innovation

Malopolska Incubator for Social Innovation is a funding space for bottom-up, widely consulted and full supported innovations in the field of care services for dependents: elderly and disabled. Believing in the potential that lies in local communities, which measure with such a challenge, Malopolska Region through the Regional Center for Social Policy in Krakow under the Operational Programme Knowledge Education Development launched a project: Malopolska Incubator of Social Innovation - pilot and an innovative project that would not have a chance to develop without adequate support.

The Incubator has been implemented by the Regional Centre for Social Policy in Krakow.

The aim of the project is to increase in the quality and effectiveness of local care services for dependents through the development of innovative and bottom-up solutions. The starting point was in awareness that some elderly and disabled that nowadays go to care institution, could stay in their own homes, but under condition of creating some support facilities for informal carers (families).

To realise the aim an experimental space and award grants were created. Since 2016, there have been discussed and developed inspiring, developing, testing and implementing modern solutions in care for dependent people. Among them 87 ideas were submitted, then 40 projects were selected that have been verified and funded: 7 products, 26 services, 7 IT solutions. Each of them is a new or improved solution that responds to the needs of dependent people in a more efficient and effective way. Each solution required cooperation, creating new opportunities and efficient use of resources. The Incubator turned out to be a place where active, stakeholders and

organizations could safely test their ideas with the financial (we awarded grants up to 20,000 €) and specialist support of experts at every stage of developing and implementing.

The selected projects were submitted by individuals, public sector, non-governmental organizations, businesses (including the social economy), churches and religious associations, partnerships. In total, 100 elderly and 40 disabled people tested 17 solutions from the first and second round of the competition.

The main result of the Incubator is the creation of an environment to which ordinary citizens apply, and innovative solutions to social problems.

The incubator has already supported 40 Innovators whom have developed, for example, models of work and support for older and disabled people, a cookbook for people with intellectual disabilities with 2nd and 3rd degree obesity, 2 mobile applications, a model for self-service shops, which supports blind people. Innovations change institutions from inside, support innovative thinking, open their eyes, motivate to a different perspective. For many people, participation in the Incubator was the first step to start working differently and changing the world around them. The project has developed a full, blank evaluation study. It is divided into 3 stages: ex-ante, mid-term and ex-post. The study is based on individual and group interviews, analysis of developed models.

3.5 Commercial researches and implementation

3.5.1 Selvita SA

Selvita is one of the largest drug discovery companies in Europe. The company has two primary focus areas: to serve the drug discovery market as a customer centric provider of high quality, integrated drug discovery services, and as a drug discovery company engaged in the research and development of breakthrough therapies in oncology.

The company was established in 2007 and currently employs over 500 scientists, among which 30% are PhDs.

Selvita is headquartered in Krakow, Poland, with a second research site in Poznan (Poland) and foreign offices located in Cambridge, MA and San Francisco Bay Area, in the US, as well as in Cambridge, UK.

Selvita's laboratories are GLP and GMP-certified.

Selvita's internal R&D department focuses on oncology. The company's most advanced R&D programme is SEL24, a dual PIM/FLT3 kinase inhibitor, which has entered the clinic in March 2017, and was subsequently licensed to Menarini Group. Currently milestones in the company research portfolio includes:

- 1H19 SEL120 IND submission
- 2019 SEL24 Phase 1 data
- 2019 clinical candidate selection from discovery engine.¹⁷

¹⁷ Presented during the EEPE in Krakow (26th February 2019)

3.5.2 Health Resort of the Salt Mine in Wieliczka

The “Wieliczka” Salt Mine Health Resort provides pulmonology, laryngology and allergy medical services. The treatments provided by the Health Resort are suitable both for adults and children. The Health Resort specialises in the treatment and rehabilitation of:

- recurrent and chronic diseases of upper and lower respiratory tract, both of allergic and inflammatory post-infection aetiology, with a particular focus on: rhinitis, pharyngitis, laryngitis, sinusitis, tracheitis; bronchial asthma of varied aetiology; COPD with bronchiectasis,
- voices disorders,
- chest wall and spine disorders, as well as neuromuscular diseases,
- post-thoracic and respiratory tract surgery convalescence (with an option to being rehabilitation before the surgery).

The “Wieliczka” Salt Mine Health Resort primarily uses the properties of the unique microclimate of the underground salt chamber and natural brine in the treatment.

The Health Resort is the only facility in Poland where treatment and rehabilitation of the respiratory system is expanded by procedures based on natural brine from local salt deposits, formed millions years ago. The brine is a medicinal water, collected from the source located in the Wieliczka Salt Mine at the depth of 255 metres.

The goals of the treatment and pulmonary rehabilitation at the Health Resort is:

- reduction of disease symptoms,
- improvement of treatment control,
- increase patient's awareness and involvement in treatment process,
- enhancement of exercise tolerance and physical endurance.

The uncommon treatment methods attract the interest of medical professionals and research centres. The “Wieliczka” Salt Mine Health Resort has a long-term cooperation with Jagiellonian University and the University of Physical Education in Krakow. The objectives of the research activities is optimisation of treatment process, supervision over therapeutic factors and providing impartial and scientifically confirmed information regarding the treatments methods used in Health Resort.

3.5.3 Comarch SA

The Comarch Capital Group consists of innovative companies that main activity concerns software development and implementation, Internet society creation and social responsibility entities.

Comarch Healthcare is a part of the Comarch Capital Group and it is a supplier of innovative Remote Medical Care solution that use its own software, equipment and medical infrastructure. The Remote Medical Care is a form of telemedicine service, which allows constant monitoring of a patient's condition and the performance of preventive and control check-ups outside the hospital environment. This form of care is made possible by the use of portable medical devices recording specific vital signs. Test results are automatically transmitted to the Remote Medical Care Centre, where they are analysed. If any irregularities are found, medical staff connect the patient remotely with their doctor or a specialist, and in the event of a health emergency or life risk, call an ambulance. Remote Medical Care services support diagnostics, complement therapies and impact the effectiveness of treatment and the patient's feeling of safety by ensuring permanent contact with specialists.

Selected services developed by Comarch:

- Reliable HIS (Hospital Information System) Comarch Optimed NXT – supports the work of medical staff. Staff at various places, whether in a doctor's office, on the ward, or in the operating theatre or laboratory, use software with a very similar and intuitive interface.
- The Internet of Healthcare Things (IoHT) – is a concept that describes uniquely identifiable devices connected to the Internet and able to communicate with each other, used in the medical area. These solutions enable, for example, localisation and real-time information about assets.
- The Medical Centre iMed24 – established in 2012. Patients have been given more than a dozen specialist clinics. Experienced doctors of many specialties, thanks to their knowledge and use of the capabilities of medical equipment available in the Medical Centre's outpatient clinics, ensure that patients regularly monitor their health. Currently, over 80 specialist doctors work at the Medical Centre iMed24.¹⁸

¹⁸ www.comarch.com (visited: 27.09.2019)

4. Eco-systems

4.1 Regional Tele-care system

The Małopolska Region has been building the regional tele-care system in order to let dependent people stay in their current environment for longer. The system has been developed within a “Małopolska Tele-Angel” project that has been implemented since February 2018 in the frame of the Regional Operational Programme for the Małopolska Region 2014 – 2020. The project will last till January 2021.

According to activities foreseen within the project, 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. “Małopolska 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.



INDICATORS BY THE END OF 2018:

3000 APPLICATIONS;

1650 ASSESSMENTS OF LIFE CONDITION – QUALIFICATION TO THE PROGRAMME

1400 CITIZENS SUPPORTED BY TELECARE SERVICES

77 CITIZENS SUPPORTED BY CARE SERVICES AT HOME AND BY NEIGHBOURLY HELP

According to data shared by the Tele-Angel Coordination Team (Marshal Office of the Małopolska Region)

During implementation of the project the Communication Strategy was prepared. Information about the project and opportunities of telecare service reached a wide range of potential beneficiaries (elderly people, patients suffering from chronic diseases, people with disabilities, dependent people) and people around them (families, doctors, care givers, NGOs, etc.). In result, by the end of 2018 c.a. 3000 applications for including to the programme were submitted. Thanks to promotion and information campaign – especially about the rules, opportunities, advantages of telecare – helped to develop social trust to telecare system. Positive image of “Małopolska Tele-Angel” was created – as a project that helps in building people’s sense of safety and that answers the social need for care service given to dependent people in the region.

The important aspect of the regional tele-care system is that it involves a lot of organisations and has been developing into an ecosystem in which all stakeholders cooperate closely for the common goal.

4.2 Centres of Seniors' Activity in Krakow

The Centres of seniors activity (CAS) run on behalf of the City of Krakow by local organizations. There are 36 Centres in the city. The Centres are open every day from Monday to Friday for 4 hours. Their offer includes foreign language courses, computer equipment support, floristic, dance and theatre classes, as well as many activities improving physical and intellectual condition. Classes are free, but we expect readiness to help the organizers in the daily activities of the CAS and to engage in even small activities for the benefit of others. We also want the Centres to be a meeting place for the local community, information about the city and district activities and all offers addressed to seniors living in Krakow and the space to learn about your views, expectations and needs.

4.3 3rd Age University of the Jagiellonian University

The Jagiellonian University of the Third Age (JUTA) is a non-departmental entity operating within the purview of the Jagiellonian University's pro-vice chancellor for Education. JUTA continues the tradition of the inter-institutional course provision introduced in 1982 by the senates of the Jagiellonian University (UJ) and the then Academy of Medicine. These senates' aim was the dissemination of knowledge among older people and the pro-active management of / positive approach to the ageing process. The Cracow University of the Third Age was one of the first educational entities in Poland providing specifically for senior citizens.

JUTA's educational programme is based on lectures conducted by eminent JU academics, but JUTA participants also take part in seminars, and workshops. Some of JUTA's participants are involved in self-taught groups, whose members share a particular interest: The Information & Communications Technology (ICT) group introduces its members to ICT and develops their existing skills. The Foreign Language groups help their members' polish-up their foreign language skills.

JUTA courses are two-year-long. During this time, participants take part in courses that cover subjects chosen to meet their interests. Lectures on the history of art are supplemented by seminars, workshops and visits during which art historians introduce JUTA participants to Krakow's art and architectural heritage. The psychology lectures are supplemented not only by seminars, but also by memory, concentration, assertiveness and negotiation skills; and relaxation training. In an accessible and understandable way, the best JU medical school lecturers introduce course participants to the latest developments in medicine. Seminars cover First Aid, looking after persons with infirmities, relaxation techniques, stress and psychosomatic self-management.

4.4 Klaster Lifescience Krakow

Klaster LifeScience Krakow (LSK) is the network of institutions from Krakow and Małopolska Region which agreed to collaborate in order to develop and deliver to the market innovations in the field of life sciences. These organisations represent six areas of interests: biotechnology and life science business, research & development, science and education, healthcare, business

support and local government actively guiding and facilitating the cooperation at the regional level. As such the LSK is the example of a Triple Helix cooperation.

Established in October 2006, LSK has been the concept of Jagiellonian University developed in conjunction with another bold decision taken in 2004 — to build first technology park in Poland be devoted to life sciences.

Since the very beginning the LSK has been considered as the research driven collaborative network aiming to pursue following mission:

- to create and sustain a life science network in order to enable effective global connectivity and the optimization of existing potential of individuals and organizations
- to support innovation and to encourage effective commercialization of research results in the life science field
- to develop the resources and competences in order to effectively explore existing and future opportunities related to development of a knowledge-based economy.

4.5 Centre of Education, Research and Development in the Babinski Clinical Hospital

Dr Josef's Babinski's Clinical Hospital in Cracow is considered to be the leading psychiatric hospital not only within its own region. It has in its dispose over 800 beds in stationary departments (6 general psychiatrics and 9 specialist wards) and 135 beds in 7 daily wards. In the structure of the hospital there are 9 teams of community treatment, 7 clinics of psychiatric health and Interdisciplinary Centre of Therapy and Professional Activation with multiple workrooms for various therapies including those preparing patients to come back to occupational activity.

Work with a patient includes medical consultation, dedicated pharmacologic therapy, psychological consultation which involves modern standardised tests, individual and group psychotherapy, dedicated occupational therapy and psychoeducation. The Wards follow the method of therapeutic community.

Occupational therapy takes place in several locations including occupational workrooms, the hospital wards and the Interdisciplinary Therapy Centre and Professional Activation. Patients can find workrooms for handcraft, pottery, music therapy and floristry. Moreover, within the Therapeutic Centre patients can join other activities like choreo-therapy, horticultural therapy, physiotherapy and art therapy.

The Babinski Clinical Hospital runs the Research Education and Development Centre where scientific research and wide range of educational initiatives are undertaken. The Centre is involved in cooperation with educational institutions, research agencies, universities and non-governmental organisations. Additionally, the hospital leads or participates in many training projects: Depression Prevention, Contact in Treatment, Psychotherapy Course, trainings for nurses, Psychiatry and Spirituality Conference.

The Centre is also responsible for coordination of educational and scientific collaboration with the Department of Medicine and Health Science at Cracow University. The hospital takes part in the process of educating future doctors, nurses and physiotherapists thanks to being the University's groundwork.

The Centre's objective is to promote the hospital, compiling and publishing the results of our research and evaluation of projects held within the facility. The Centre is also responsible for the coordination of BA and MA dissertations.

4.6 Social innovations in City of Tarnow

4.6.1 The Social and Vocational Rehabilitation Centre ZAZ „Słoneczne Wzgórze” and „Safe Haven” respite care centre in Tarnów City.

The main target of the Social and Vocational Rehabilitation Centre is to facilitate access to open labour market for disabled people, according to their individual predisposition, through social and vocational rehabilitation. This institution helps those, who have difficulty in being integrated in society. 70% workers in Social and Vocational Rehabilitation Centre are disabled people.

What's more, „Słoneczne wzgórze”/ “Sunny Hill” is a hotel with restaurant, where disabled people work as chambermaids, receptionists, waiters, cooks and kitchen helpers. They have individual work coaches who help them to increase individual skills. The hotel has got 24 comfortable rooms, which are fully adapted for people with different kinds of disability. The restaurant's activities include catering services, events organizing and conferences.

4.6.2 The Respite Care Centre founded in frame of “The Helping Hand”

„The Helping Hand” project is located in The Mościce Medical Centre providing a 24-hour, free, temporary stay for 370 dependent persons. Support within the Centre covers 30 dependents directly in the place of residence and 400 carers of informal dependent people benefiting from caring practices and training.

Services:

- the project operates a 24-hour telephone consultancy – helpline. The support is aimed at facilitating access to care knowledge and increasing the access of informal carers to information enabling navigation through various support systems, subsidies, benefits from services;
- free, one-day trainings run by nurses and physiotherapists for groups of 15 people in the form of a theoretical lecture and practical exercises. Training is carried out in the scope of: ways of organizing home care, care and methods of home rehabilitation.

4.6.3 Municipal initiatives in City of Tarnow

The City of Tarnow undertakes a lot of initiatives aimed at social care provision. The Municipality organised a specialised centre of day-care for people suffering from the Alzheimer disease, where they are surrounded by carers and facilities fitted to their needs. In Tarnow integration of socially excluded people is also implemented by the initiative of supported housing. Such apartments are foreseen for people with disabilities who want to become more independent. They not only work in Vocational Rehabilitation Centres (ZAZ) like “Sunny Hill”, but they also live in the apartments with a tutor of daily tasks and challenges (e.g. cleaning, washing, shopping, management of the house budget etc.)

The Mayor of the City of Tarnow established a municipal advisor in issues of people with disabilities. The advisor is a disabled person himself and he can consult new projects or ideas from the point of view of people who move in wheelchairs.

The challenge that is still ahead concerns modernisation of blockhouses that are owned by the Municipality – to adjust them to needs of people with disabilities.

5. Peer Evaluation Process, Feedback and Recommendations

5.1 Peer Evaluation process

The Małopolska Region EEPE event involved diverse stakeholders from across the Region's eco-system. It showcased the strategic and policy context, the shape of the eco-system and the range of interventions and innovations across, and to strengthen, the regional innovation cycle for health, care and well-being. This final section of the case study discusses the findings from the exchange of experience and peer evaluation process and sets out recommendations, for the Małopolska Region (and particularly the regional ITHACA Stakeholder Group) and for the wider ITHACA partnership, that derive from them.

Visiting delegates to the Małopolska Region EEPE acted as an 'evaluation and feedback team' who observed and provided structured feedback to the hosts about what they saw and learnt at the EEPE. This was delivered at a verbal peer evaluation feedback session in the final afternoon of the EEPE.

Visiting delegates were asked to provide feedback on one of five themes. All themes were covered by the overall delegation. The key themes were:

- A. Policies, priorities, objectives and aims
- B. Implementation across the innovation cycle
- C. Eco-systems and clusters
- D. Innovation in policy and practice, dissemination and transferability
- E. Evaluation and impact.

For each theme, delegates peer evaluation reviews focused on:

- What the host region has done;
- Strengths, areas for improvement and gaps;
- Good practices - and potential for transferability;
- Lessons learnt and their implications;
- Recommendations for the host region;
- Recommendations for other ITHACA regions.

The final sections of this case study summarise the key comments provided by the delegation. It is structured according to evaluation theme. Recommendations flowing from the peer evaluation – and the EEPE event overall – are flagged up.

5.2 Peer Evaluation Feedback and Recommendations

A. Policies, priorities, objectives and aims

During the Feedback session the delegates shared their observation of excellent operational and practice policy in relation to the alignment of the European structural funds and regional investments. The investments have been enabling good operational and practice policy. As the example of such an investment the evaluators brought the Social and Vocational Rehabilitation Centre ZAZ "Słoneczne Wzgórze" ("Sunny Hill") in Tarnow. It was about enabling citizens to get

back into the community and to bring the community into the institutions. The evaluators recalled also the activity in the Salt Mine in Wieliczka as a key example of the benefits and equal importance of non-clinical programming.

Main gaps identified by the evaluation group concerned a lack of connection between primary care and social care. Potentially tele-health could fill the gap, however it operates in small scale. The more, service policy and service models have too much of a medical/institutional focus. This results in missing some of the values that exist in relation to citizen-driven activities.

Areas for improvement:

- Alignment of primary care and social care. Service policy can be strengthened by applying it to the context of development, institutional, social, and primary care policy.
- Alignment of local health and care policy with the alignment of European structural funds and regional investments.
- Evaluate and amend the current strategy to better capture and integrate the voice of the service user.

Recommendations for the Małopolska Region:

- Scaling-up tele-health services to fill the gap of lack of connection between primary care and social care.
- In relation to the alignment of primary care and social care, there's need to take more citizen-driven approach.

B. Implementation across the innovation cycle

The delegates commented on the infrastructure that is important in creation the environment for developing innovation. That has been already done. The Małopolska Incubator of Social Innovations was found very positively, not only in terms of donating c.a. € 25,000 for testing some new ideas, but mainly in terms of developing a culture of innovation, especially the allowability of ideas to fail. The more, Centres of Seniors' Activity in Krakow (CAS) and 3rd Age University initiatives were noticed as very valuable for positive influence in the region. The strong point of the EEPE was a presentation of Centre for Technology Transfer CITTRU that allows students to develop new ideas with keeping partial ownership of intellectual property rights.

The evaluators missed the comprehensive information about the whole innovation cycle – only parts of the cycle were presented. It was also pointed out that there was a lack of information about the next perspective – beyond 2020. The sustainability of planning should be guaranteed.

Areas for improvement:

- Consider how to conceptualise and demonstrate the innovation cycle.
- Consider the potential of an umbrella agency that oversees activity related to the development of SMEs.

Recommendations for the Małopolska Region:

- Continue to build on the strength of new infrastructure by developing SMEs.
- Continue to build on the strength of these initiatives; new ideas can turn into SMEs.
- There is a need for sustainability and future planning beyond 2020.

Recommendations for ITHACA regions:

- Centre for Technology Transfer CITTRU with their activity that engenders an attitude that should be encouraged.
- The Małopolska Incubator of Social Innovations is a very important resource that suggests a culture of innovation. The allowability of ideas to fail is a key feature.

C. Eco-systems and clusters

The delegates noticed that the eco-systems presented during the EEPE in the Małopolska Region seem to be strong. In particular, the Małopolska Incubator of Social Innovations was found as interesting while this initiative is not only about distributing funds for innovative ideas, but also about cooperation between different actors and instant support of the Regional Centre of Social Policy offered to the innovators at some stages of working on the project.

The main gap pointed out was a lack of SMEs point of view and end-users' opinion. They are important part of each eco-system, so they should be represented in the policy of building such.

Areas for improvement:

- Better understanding the cluster idea. It should be about people working together with sort of different agendas but working together for that common cause.
- It's important to develop strong business environment.
- Creating business advisors for students who develop technology that may not be innovative in the global market. It should be supported by "competitor analysis".

Recommendations for the Małopolska Region:

- Creation of ecosystems and clusters has the following benefits: stakeholders work for common causes.
- The community builds strong businesses; young people with ideas will be encouraged to develop SMEs/will connect with larger organisations.
- Competitor analysis for students and innovators. Young people could become the SMEs, but they just need to be linked up with a large organisation. And linked up to the users and linked up to the clinicians.
- Use of hackathons can be an effective first step toward the creation of a cluster.

Recommendations for ITHACA regions:

- The Małopolska Incubator of Social Innovations was found as a valuable initiative, especially in terms of building a culture of innovation in individuals.
- Initiatives like 3rd Age Universities and CAS that gather end-users in a common goal of social inclusion and of keeping being active for longer.

D. Innovation in policy and practice, dissemination and transferability

The evaluators commented that there were many solutions and initiatives presented, and they have a strong potential for transfer.

What was found as a gap, was the linkage to the strategies and programmes that end in 2020. The information about the long-term strategy (beyond 2020) was missing.

Areas for improvement:

- Consider how solutions fit into the regional strategy.
- Make value visible. Use issues as a platform to shift focus to broader issues (such as with the clean air in the Salt Mine & the larger issue of pollution in Krakow).

Recommendations for the Małopolska Region:

- In the process of preparing new strategic documents, the policy makers should analyse what the aims of the Region are / should be.
- While developing new infrastructure bear in mind if people will need it (e.g. creating a new research centre for technology that has potential to be developed in the Region).

Recommendations for ITHACA regions:

- There shouldn't be a focus only on the profit side, because the value of health could be missed. Make sure that in innovation, we look on the broad value, on the total value of things.

E. Evaluation and impact

In this group the peers focused on evidence of evaluation. They commented that there were some good examples of evaluation, especially the one presented in the Babinski Clinical Hospital in Krakow, where some indicators were reported – such as a reduction in bed stay, reduction in staff stress, and increase in satisfaction of patients. This kind of evidence was repeated in a number of presentations where evaluation was more to the fore, especially in the commercial organisations who by necessity assess the impact of their products such as through publications, through patents, through commercial success and through economic models.

The evaluators missed more detailed information about the evaluation process. They underlined that in case of projects financed by the European structural funds, they're to be taken up and disseminated, then we need to see robust evidence of its success for it to be dissipated. Moreover where there was evaluation presented, there was no methodological accompaniment. So it wasn't possible to assess the validity of some of the claims that were being made.

A special case was related to the Salt Mine in Wieliczka. Although the impact of this initiative isn't transferable, the concept is potentially transferable (providing a special experience for people that is accompanied by evidence-based rehabilitative services).

The evaluators pointed out a dilemma of commercial exploitation. In terms of impact sustainability, the commercialism of innovation is important, but there's a dilemma because it prevents accessibility.

Areas for improvement:

- The collection and distribution of robust evidence can help convince a sceptical community to support an innovation or program.
- Despite solid infrastructure such as the psychiatric facility, people with disabilities are still segregated from the population.

Recommendations for the Małopolska Region:

- Including service users in the project design and evaluation can lead to the most effective services.
- Evaluation is very important part of development. It needs to be strong. It needs to be presented with the evidence.