Innovage

Catálogo de Buenas Prácticas

INTERREG IVC
INNOVATION & ENVIRONMENT
REGIONS OF EUROPE SHARING SOLUTIONS

European Union
European Regional Development Fund

Good practices
Identifying and analysing successful experiences of innovation driven cluster, of planning policies in cluster development and local strategic partnership coordination.

Clustering
Creating a European network of companies and associated institutions (public - business - private - research sectors and end users) sharing similar interests regarding innovation policies and independent living of the elderly.

InnoHubs
Launching 14 regional innovation offices aiming to strength the knowledge and cooperation activities between actors focusing on eco-innovation and smart home for the elderly.

Policy strategies
Addressing ageing issues and devising new policy strategies that are capable of significantly improving the lives of the elderly.

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1. Introducción

La calidad de vida está determinada de forma esencial por la habilidad que las personas mayores tengan para mantener su autonomía e independencia, de ahí la importancia creciente de los productos y servicios que permitan una mayor Vida Independiente en casa. Para un desarrollo y uso efectivo de estos productos y servicios son necesarias las aportaciones de las diferentes áreas políticas a nivel nacional y europeo: por ejemplo, de políticas sociales, de regulación del mercado de trabajo, salud/cuidados, alojamiento, I+D, telecomunicaciones y sociedad de la información. El reto futuro es el desarrollo de políticas TIC integradas en políticas de bienestar, salud e inclusión social, y todas ellas adaptadas a una sociedad cambiante.

El objetivo de INNOVAge es repensar la tradicional división de competencias políticas y económicas para organizar las diferentes estrategias y agentes sociales de acuerdo con el modelo de clústers orientados a la investigación y la innovación vinculados a las necesidades de las personas mayores. Esto es realmente ambicioso. En toda Europa las autoridades públicas que trabajan de forma cercana con el sector privado y las universidades están buscando soluciones ideales para sus regiones. INNOVAge es una nueva forma de promocionar la innovación y mejorar la efectividad de las políticas de innovación regional.

Las siguientes páginas de este Catálogo de Buenas Prácticas contienen información detallada sobre excelentes experiencias identificadas por los socios de INNOVAge a lo largo de toda la Unión Europea, siendo ejemplos de clústers orientados a la investigación y la innovación como respuesta a un reto social: una sociedad que envejece.

Región Marche (Italia)
Coordinador de INNOVAge

2. Presentación del proyecto INNOVAge

INNOVAge (Mejora de la efectividad de políticas de desarrollo regional en eco-Innovación para vivienda inteligente y vida independiente, incrementando la calidad de vida de las personas mayores) busca la mejora de la efectividad de políticas de desarrollo regional en el campo de la vida eco-independiente de personas mayores a través de actividades de mentoring y trabajo en red a nivel regional e interregional. El proyecto está formado por 14 regiones y es co-financiado por el Programa INTERREG IVC.

El envejecimiento implica retos importantes para las regiones que dependan de una división política tradicional de las competencias en estas materias: las tendencias demográficas demandan un acercamiento político innovador que fortalezca una interacción creativa en el triángulo del conocimiento (proveedores de cuidados-empresas-organismos investigadores). Desde un punto de vista económico, los productos y servicios vinculados a las viviendas inteligentes ofrecen la oportunidad de implementar tecnología punta y diseñar sistemas de viviendas inteligentes eco-amigables abordándolo desde dentro del sistema.

El proyecto INNOVAge se centra en:

1. Vida Independiente, permitiendo que las personas mayores vivan de forma independiente en sus casas durante más tiempo, mejorando su autonomía y apoyándoles en la ejecución de sus tareas de la vida diaria.

2. Eco-innovación aplicada a la vivienda inteligente y sostenible promoviendo la adopción de soluciones inteligentes, haciendo que las viviendas sean más confortables y accesibles para las personas mayores, con una contribución destacada para minimizar el impacto medio-ambiental en la vida diaria.

A pesar del potencial de la vida independiente y de las soluciones eco-innovadoras (demostradas en diversas acciones piloto ejecutadas en Europa) sus beneficios y madurez técnica aún son limitados. El objetivo de INNOVAge es difundir innovación y buenas prácticas a lo largo del partenariado formado por 15 organizaciones: Marche Regional Authority (IT), SEHTA (UK), Medic@lps (FR), the Baltic Institute of Finland – BIF (FI), Sofia Municipality (BG), Region of Central Macedonia (EL), Gerencia de Servicios Sociales de la Junta de Castilla y León (ES) Geroskipou Municipality (CY), Development Centre Litija (SI), Lithuania Innovation Centre-LIC (LT), Fundación INTRAS (ES), Regional Development Agency of South Bohemia - RERA (CZ), Rzeszow Regional Development Agency RARR (PI), Netherlands Organisation for applied scientific research TNO (NL), Blekinge Institute of Technology (SE). Los socios son apoyados en la gestión diaria del proyecto por el SVIM - la Agencia de Desarrollo Regional vinculada al coordinador que actúa como Secretariado General del proyecto, supervisando su gestión, garantizando la correcta ejecución de las actividades y la coherencia de las actividades desarrolladas a nivel local e interregional de acuerdo con los objetivos y presupuesto del proyecto.

Los 14 países participantes en INNOVAge pueden dividirse en dos grupos: el primero de ellos está formado por regiones “formadoras” (Mentoring regions) con clústers experimentados (SEHTA y Medic@lps) y socios técnicos con conocimiento y experiencia en el marco de las temáticas de INNOVAge (TNO, BTH, BIF); el segundo grupo está compuesto por las “regiones de aprendizaje” (Learning regions), menos innovadoras y/o organizadas de acuerdo una división de competencias tradicional. Las actividades del proyecto se articulan entorno a un trabajo en red estructurado y el intercambio de conocimiento con el objetivo de capitalizar las Buenas Prácticas existentes en el partenariado, transfiriéndolas desde los clústers maduros (Mentoring Group) hacia las regiones menos innovadoras (Learning Group). De este modo, el grupo de aprendizaje se beneficia de la experiencia del grupo formador mejorando la efectividad de las políticas de innovación.

El proyecto comenzó con un mapeo local y un análisis DAFO como base del trabajo interregional, destacando algunas debilidades, amenazas, fortalezas y oportunidades comunes. Asimismo el análisis muestra algunas sinergias que puedan convertirse en recomendaciones útiles para las regiones participantes. En paralelo, los diferentes socios comenzaron a identificar las Buenas Prácticas, intercambiar sus contenidos y metodologías, valorar los obstáculos a evitar y concretar sus procesos de aprendizaje. Este catálogo es una selección de las BPs identificadas por las regiones socio del proyecto.

Esta selección de Buenas Prácticas está acompañada de otras actividades:

- Cinco visitas de estudio para descubrir los clústers maduros y estudiar las mejores vías para fomentar y promover el desarrollo de modelos de clústers orientados a la innovación en los temas que aborda el proyecto en los siguientes lugares: i-Live cluster-Marche Region (IT); Medic@lps cluster-Grenoble (FR); SEHTA (UK); TNO-Utrecht (NL), BIF – Helsinki (FI).

- Seis talleres de discusión sobre temas clave de innovación como metodologías centradas en el usuario, eco-innovación en productos y servicios para una vida más independiente, soluciones centradas en el usuario para mejorar la vida independiente de las personas mayores en casa,...

- Tres sesiones de formación interregionales dirigidas a responsables políticos con el objetivo de ayudarles a entender los requerimientos y facilitar la transferencia de Buenas Prácticas, mejorar sus competencias en gestión de clústers y en la coordinación de la implicación de agentes sociales locales, promoviendo así el conocimiento de instrumentos a favor de la competitividad regional.

El resultado esperado es el re-diseño de políticas y estrategias más innovadoras, más centradas en las necesidades del usuario y multidisciplinares. INNOVAge será el encargado de dirigir el futuro de los “Innovation Hubs” sobre eco-innovación, vida independiente y vivienda inteligente y sostenible creados en las diferentes regiones.

Más información disponible en www.innovage-project.eu

3. Definición de Buenas Práctica

En el marco del Programa INTERREG IVC, se entiende como una Buena Práctica una iniciativa (metodologías, proyectos, procesos,…) ejecutada en una de las prioridades temáticas del Programa, que haya sido considerada como exitosa y que tiene el potencial necesario para ser transferida a otra área geográfica. Las Buenas Prácticas exitosas son las que alcanzan un objetivo específico planteado inicialmente y que puedan ser medidas y tangibles[1].

En el contento de INNOVAge, las Buenas Prácticas están vinculadas a clústers regional en la UE ya existentes y desarrollando iniciativas activas orientadas a la Investigación y la Innovación, vinculadas por supuesto a las áreas temáticas abordadas por el proyecto: eco-innovación para servicios, aplicaciones, equipamiento, redes y sistemas que trabajen de forma conjunta en el desarrollo de casas inteligentes o conectadas de apoyo, y mejora de la vida independiente de las personas mayores. Los Clústers orientados a la Investigación y la Innovación (R&IDC) pueden definirse como “clústers que dependen predominantemente de la investigación y el desarrollo como fuente de innovación y competitividad, y de frma secundaria de otras fuentes”[2]. Habitualmente se diferencian de los clústers de tecnología e innovación habituales por el hecho de que cuentan con una base científica/investigadora más fuerte, y por su habilidad para potenciar la creación de un mayor número de empresas capaces de comercializar y explotar los resultados de la investigación. En estos clústers las

1. *http://www.interreg4c.eu/afficheGlossaire.html*
2. *K.Insogna, H.Wilhem, "Research Driven Cluster. Overview on RDC Policies, methods of characterization and examples of best practices"-Report funded by TRANSREG NCP project*

instituciones de educación superior y los centros de investigación tienen un papel clave, ya que están fuertemente influenciados por la investigación, el desarrollo tecnológico y la innovación. Estoas aspectos dependen del flujo efectivo del conocimiento y de la colaboración ciencia-industria que facilite procesos de aprendizaje específicos y actividades de innovación. Muchos actores habitualmente se implican en la formulación e implementación de políticas de clústers de investigación, lo que requiere mecanismos de coordinación eficientes para un correcto funcionamiento: por este motivo debemos concentrarnos en el papel de la gobernancia política multi-nivel y en el desarrollo de intervenciones políticas más eficientes en materia de clústers.

Los Clústers orientados a la Investigación y la Innovación maduros (por ejemplo Medic@lps, SEHTA) representan la Buena Práctica que los socios de INNOVAge pretenden fortalecer, poner en marcha, intercambiar y finalmente transferir a las regiones que aún no han comenzado a trabajar en la coordinación de agentes clave y políticas en R&IDC, promoviendo y apoyando así el desarrollo de un trabajo en red transnacional de R&IDCs

4. Metodología

Cada una de las regiones socias de INNOVAge recogieron Buenas Prácticas o bien basadas en experiencias propias de sus organismos vinculadas a la creación de Clústers orientados a la Investigación y la Innovación (R&IDC), o basadas en experiencias de sus redes tras un trabajo de investigación y benchmarking.

Los diferentes socios cumplimentaron una serie de fichas técnicas entre julio y diciembre de 2012 utilizando un formato común que ayudó a recopilar la información adecuada, así como comparar y contrastar los resultados obtenidos en los diferentes países.

Estas fichas técnicas cubrían los siguientes temas:

- Clústers orientados a la Investigación y la Innovación (R&IDC)

- Proyectos AAL o de Soluciones para la Vida Independiente ejecutados con la colaboración de agentes sociales de la cuádruple hélice

Fueron completadas las siguientes secciones de cada Buena Práctica:

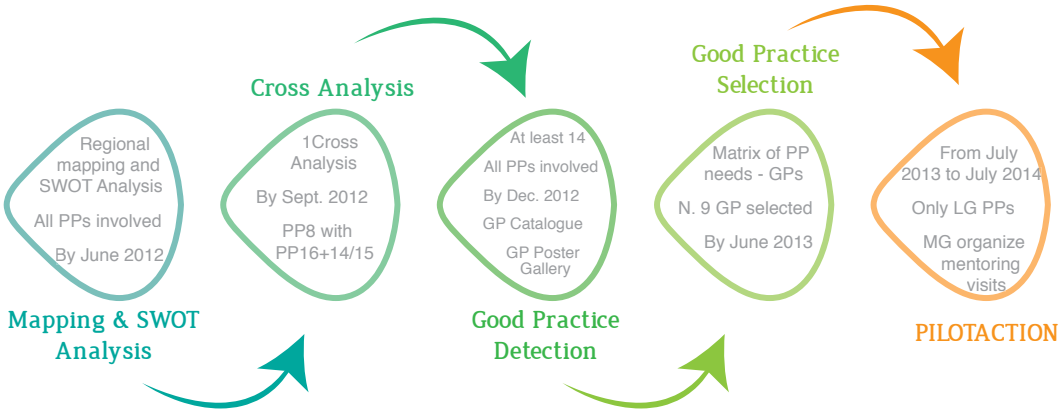
- Título de la práctica
- Tema abordado por la práctica
- Objetivo de la práctica
- Lugar
- Descripción detallada de la práctica
- Evaluación de los resultados
- Criterios de Evaluación
- Construcción del escenario
- Aprendizaje de la práctica
- Información de contacto
- Otra información interesante

El partenariado de INNOVAge presentó y discutió todas las Buenas Prácticas durante la visita de estudio de Londres (diciembre de 2012)INNOVage Study Visit in London.


A
B
C
D
E
F

5. Next steps

La selección e identificación de Buenas Prácticas es parte de un proceso general de intercambio de conocimiento y oportunidades de aprendizaje resumidas en la parte inferior:



1. Un taller y una sesión de posters en Valladolid (España) los días 17,18 y 19 de abril de 2013.

   El Catálogo de Buenas Prácticas ha servido como base de discusión en Valladolid acerca de la presentación de Buenas Prácticas y la exposición de las mismas entre el partenariado y al público en general.

2. Selección de Buenas Prácticas por el partenariado

   El grupo de aprendizaje (Learning Group) apoyado por el grupo formador (Mentoring Group) ha seleccionado las Buenas Prácticas apropiadas para la transferencia a sus respectivas áreas. Nueve transferencias de Buenas Prácticas tendrán lugar antes de la finalización del proyecto.

3. Transferiblidad

   Cada Buena Práctica seleccionada vendrá acompañada de una serie de criterios de transferibilidad. La check-list de estos criterios se muestra a continuación:

Fase I: Check list de Transferibilidad	Si	Acción necesa-ria	No
1. ¿Aborda realmente la Buena Práctica la misma problemática existente en tu región?	☐	☐	☐
2. ¿Se ajusta la Buena Práctica a la estrategia/planificación regional?	☐	☐	☐
3. ¿Se cumplen los requisitos institucionales?	☐	☐	☐
4. ¿Se cumplen los requisitos de estructura del conocimiento?	☐	☐	☐
5. ¿Existen recursos financieros disponibles?	☐	☐	☐
6. ¿Es compatible la Buena Práctica con la estructura general de incentivos de tu región?	☐	☐	☐
7. ¿Es compatible este instrumento u ofrece valor añadido con proyectos similares en tu región?	☐	☐	☐
8. ¿Se cumplen los requisitos de capital social, credibilidad y fiabilidad?	☐	☐	☐

Fase 2: Necesidades de Pre-implementación

Fase 3 : Adaptación de necesidades de las Buenas Prácticas a nivel de	
	Contenido
	Infraestructura
	Institución
	Financiero

Fase 4: Monitorización y Evaluación

6. Snapshots on INNOVAge Regions

- LP: Marche Region (IT)

The Marche Regional Authority selected two Good Practices with the support of SVIM – its RDA acting as the General Secretariat in the INNOVAge project. SVIM started the research from a detailed analysis of the technological districts list as officially recognized by the Italian Ministry of Education, Universities and Research (MIUR). In fact, Italian technological districts have the same meaning as the Innovation and Research driven Clusters as agreed by the INNOVAge partners. The list includes 24 technological districts. SVIM selected districts on the base of following criteria: 5 or more years of existence, an official website for the cluster, a focus coherent with the INNOVAge project. After this first screening, only 2 districts responded to all 3 criteria: Habitech (the Trentino Technology District for energy and the environment), the Piemonte ICT Innovation Cluster, Cluster Torino Wireless Foundation. The first one focus on green building representing a reality of excellence, comprised of over 300 companies, research organizations and public agencies, a turnover of close one billion euro and 8000 employees focusing on improving the habitat we live in. The second one, the Piemonte ICT cluster is widely regarded as an excellence at European level for what concern organized multi-player ecosystems that stimulate innovation and economic development for a given sector (ICT) in a specific territory; it has a high relevance to the ICT sector in terms of eco-innovation, smart homes and independent living.

In order to directly know Habitech and Torino Wireless and to collect information, SVIM organized 2 study visits with the representatives of the regional government and universities during which representatives of cluster were interviewed.

- PP2: Medic@lps (FR)

The Good Practice was identified through the story of the creation of the Medic@lps cluster: Medic@lps itself can be considered as a GP because it responds to an identified academic and policy need by structuring the local health ecosystem and providing economical developments. It gives concrete and durable results with information and training sessions, business club, partnering events in international exhibitions, conferences organization.

This GP is particularly interesting because it is a success story which gives example on how

to implement a new cluster and how this latter can construct a example on how to implement a new cluster and how this latter can construct a local ecosystem, filling a gap in the existing context, giving it sustainability and providing opportunities for its members.

Medic@lps offers a double contribution with the economical development of the Grenoble/ Isère area (with new jobs being created in the bioindustry sector) and the enhancement of the access to international markets for the local innovative companies (raising funding and supporting international activities).

Medic@lps uses a range of tools to support its operations with: information and promotional tools such as (newsletters, press releases, a portal of service technology, advertising flyers, film, trademark, etc.), partnering work (mapping of the Rhone-Alpes medtech companies, mindbrowser, Internet job fair) and an evaluation methodology (satisfaction survey, interview guide, working groups).

- PP3: BIF (FI)

The GP was selected on the basis of the proposal of Culminatum Ltd which is a bio/lifescience cluster facilitator in Helsinki region (the InnovAge target region in Finland). The GP material was provided by the GP responsible partner, the Aalto University.

- PP4: Sofia Municipality (BG)

The identified and selected Good Practice is a service provided by Sofia Municipality's social enterprise called "Social Patronage". The enterprise provides quality care for elderly people at their homes. The service provided respects the dignity of people and complies with their lifestyle. The users are encouraged to be part of the decision making process on all issues related to their own lifestyle and the social workers empower them by supporting the development of strengths and positive characteristics in the value system of each user.

The way the services are provided creates opportunities of development of innovative approaches in the forms of care and support to daily activities and a full participation in the public life of the target group. The information was collected through a survey among the users of this social service.

- PP5: Region of Central Macedonia (EL)

The Good Practice has been identified through the participation of the Region of Central Macedonia (Prefectural Authority of Thessaloniki before the public administrations' reform of 2010) in the project T-Seniority as a project partner.

T-Seniority has been selected as a good practice since it proposes an innovative solution exploiting new technologies in order to support independent living through digital TV. It was based on the integration of digital services addressing elders and info-marginalized audiences with an access through TV. According to the users' survey, the results of the project show a high degree of usability of the service, the satisfaction of users, a social integration factor and sustainability.

Information was collected through the T-Seniority's project outputs and results, informational material and the respective public and private interfaces of the web site as RCM was a project partner. In addition, complementary information was collected by conducting internal meetings with the RCM's T-Seniority project manager and staff.

- PP6: Junta de Castilla y Leon and PP11: INTRAS Foundation in Spain (ES)

In order to identify a transferable Good Practice in the framework of the INNOVAge project, a search for relevant information as well as some interviews (where required) were performed regarding the five existing Spanish formal or non-formal clusters in the field of Independent Living or Wellbeing. The information gathered from each cluster was compared against a set of criteria previously defined by the Castilla y León Social Services Regional Managing Authority and INTRAS' experts. Namely, these criteria were: sustainability, overall business figures, number of running projects, an increased competitiveness of the region, innovative products and services, eco-innovation initiatives, internationalization and governance models. Accordingly, eVIA Platform was eventually selected due to its greater suitability for the Innovage Good Practices selection.

- PP7: Geroskipou Municipality (CY)

In Cyprus, the insufficient care available for the third age is a major issue addressed in the social strategy and a social demand for a revision in the national strategy and associated measures. In the town of Paphos and in the Geroskipou area, there is an increasing need for improving services for people in and after a period of operation, as the Municipality has to cope with an increased number of elderly people in the age of 70 and above. At this age, as it is well understandable, elderly people very often undergoes through operations, and this, coupled with the fact that the majority of them do not dispose of the necessary care and facilities at home demand therefore for special measures to help their quality of living especially during the first period of rehabilitation. The Geroskipou Municipality, together with the support of Academia (Cyprus University of Technology) are in the process of identifying some private sector's innovative instruments and solutions and to apply them in this area of competence.

- PP8: SEHTA (UK)

In South East England, the role of a Regional Development Center is to create sustainable new businesses. In the past the majority of effort has been spent in identifying innovation within the academic sector and funding a collaboration between academia and industry through mechanisms such as collaborative R&D. This approach doesn't always result in new businesses and several reasons have been suggested including (a) time to market too long for SMEs, (b) process is too technology driven, (c) too wide a topic range to make an impact. In view of this SEHTA adopted an alternative approach which (a) started by identifying priority areas for care over the next decade and (b) took a more user centric and SME friendly approach to development. Whilst the implementation of this approach is more time consuming than collaborative R&D where it has been used it has resulted in the rapid development and marketing of new care products and services. Our ICE-T approach funded a dozen of innovative projects and services in telecare and e-health.

- PP9: Development Centre Litija (SI)

We searched the best practices amongst 'active' Slovenian clusters which are implementing activities in the field of independent living for the elderly. There are not so many clusters working in this field and we have had limited options that could be described as a GP. We believe that the selected GP fits best with the topic of the project. This GP was identified in compliance with the definition of the GP for the project (active cluster, independent living).

For the description of the GP in Slovenia, we conducted an interview with Dr. Imre Cikajlo, who is Project Manager at project partner Slovenian university rehabilitation institute SOCA, and participating in the project SAMinZDRAV. The follow-ups for the description of the GP was done by e-mail correspondence after the interview.

- PP10: Lihuanian Innovation Centre (LT)

Information about this Good Practice was gathered through meetings, telephone interviews and Skype-discussions with the cluster-representative. A group meeting was held with some cluster members. The main reason to select this GP was that it is an emerging cluster in Lithuania. This cluster is business and innovation driven; it includes end-users and relevant researchers and targeting smart homes and independent living of the elderly. No other practice in Lithuania fits as well with the INNOVAge aims and target group.

- PP12: Regional Development Agency of South Bohemia RERA (CZ)

Robo M.D. is one of eight successful subprojects realized from February 2010 to October 2011 within the Interreg IVC project Innovation 4 Welfare on which RERA collaborated as a partner. This GP, a home-care robot for monitoring and detection of critical situations to improve the quality of life of risk patients like elderly people, and also to reduce the costs

of home-care systems, shows that innovation can improve welfare by using interregional cooperation and multi stakeholder approach. This mini-program (subproject) has stimulated the creation of new solutions in the field of health related issues: demand particularly focused on rehabilitation new techniques and remote control assistance.

- PP13: Rzeszow Regional Development Agency (PL)

The search for Good Practices in the Region of Podkarpacie was performed by reviewing existing clusters, based on the theme of the Innovage project. To gather the necessary information for the identification and the selection of the Good Practice, the following tools were used: active cluster analysis, telephone interviews, meetings and discussions with the representatives.

Subcarpathian Renewable Energy Cluster - Project Intelligent Eco Housing 2020 was finally selected as a Good Practice because it suits the project INN.O.V.Age (eco-independent living, involvement of all the sectors of smart homes, the use of the latest technology in the field of ecology, innovative products and services, an increased competitiveness of the region, a model that can be applied in other regions.

- PP14: TNO (NL)

Departing from the specific status that TNO has (established by law to help innovate SME companies and solve societal challenges); it has introduced ways of transferring inventions into practical innovations. One way of doing this is, via the so-called SBIR route (Small businesses Innovation Research)

The TNO SBIR programme has been developed to address the gap between invention and innovation. Original ideas developed by TNO now have a chance to be transferred to the SME through a network event in which, when a successful match is made the invention can be developed into a commercial entity.

From an R&IDC this practice is worth mentioning as it bridges gaps between development and application meanwhile supporting local SME's. It features a competition element to enable only the best ideas to be brought into development.

- PP15 Blekinge Institute of Technology (SE)

This GP was identified for being a good example of involving so many different stakeholders of relevance. End users, relatives, staff, country council, municipality, academia, politicians and companies. Furthermore it was based on a concrete need, the building of new elderly homes where a deeper understanding of the needs and the technologies, the research front and interest from the stakeholders were of high relevance. The GP was identified based on invention of different ongoing projects within the scope within the region.

7. Good Practices Collection

This section is a presentation of all the Good Practices factsheets collected by the INNOVAge partnership. These GP are presented by alphabetical order under each topic. Topics covered range from cluster project models, funding policies, governance, independent living, smart homes or innovation policy instruments.

We have organised the GP under two categories:

- Cluster development, governance and policies.
- Innovative instruments in independent living and smart homes: systems, networks and ICT services.

7.1 Overview by topics

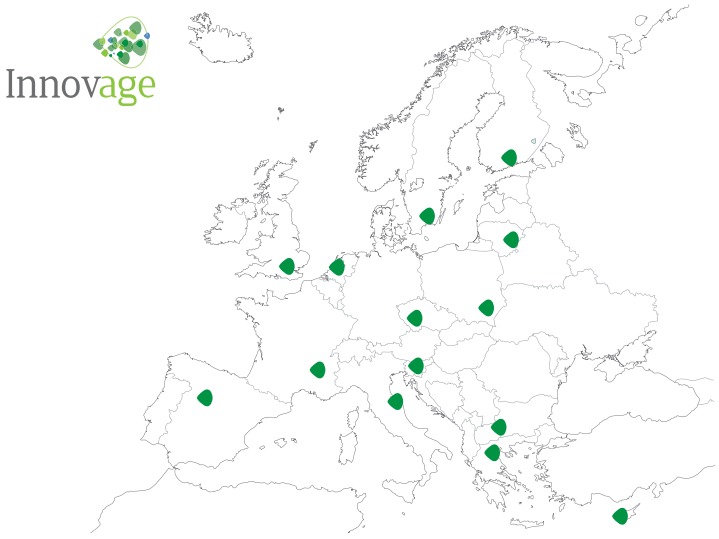
In this section, the good practices collected are grouped by the topics covered:

TOPICS	GOOD PRACTICE TITLE
Cluster development, governance and policies	- GP1: Competency Center for Biomedical Engineering (CC BME) written by Development Centre Litija - GP2: eVia written by Regional Management of Social Services - Junta de Castilla y León and INTRAS Foundation - GP3: GAC written by Geroksipou municipality - GP4: HABITECH written by Marche Region and SVIM - GP5: Health Factory Initiative written by The Baltic Institute of Finland

	- GP6: ICE-T written by SEHTA - GP7: MEDIC@LPS The Grenoble- Isère Health Cluster - GP8: MONAK2 Cluster written by Lithuania Innovation Centre-LIC - GP9: Senior well living BTH Sweden written by the Blekinge Institute of Technology - G10: Subcarpathian Renewable Energy Cluster written by Rzeszow Regional Development Agency - GP11: TNO SBIR written by TNO - GP12: Torino Wireless written by Marche Region and SVIM
Innovative instruments in independent living and smart homes: systems, networks and ICT services	- GP13: Robo M.D. written by RERA - GP14: Social Patronage written by Sofia Municipality - GP15: T-Seniority written by Region of Central Macedonia

7.2 Overview by geographical coverage

This section introduces all the regions/countries covered by the Good Practices selected.



Innovage Good Practices selected from the following countries:

COUNTRIES	GOOD PRACTICE TITLE
Slovenia	- GP1: Competency Center for Biomedical Engineering (CC BME) written by Development Centre Litija
Spain	- GP2: eVia written by Regional Management of Social Services - Junta de Castilla y León and INTRAS Foundation
Cyprus	- GP3: GAC written by Geroksipou municipality
Italy	- GP4: HABITECH written by Marche Region and SVIM - GP12: Torino Wireless written by Marche Region and SVIM
Finland	- GP5: Health Factory Initiative written by The Baltic Institute of Finland
England	- GP6: ICE-T written by SEHTA
France	- GP7: MEDIC@LPS The Grenoble- Isere Health Cluster
Lithuania	- GP8: MONAK2 Cluster written by Lithuania Innovation Centre-LIC
Sweden	- GP9: Senior well living BTH Sweden written by the Blekinge Institute of Technology

Poland	- GP10: Subcarpathian Renewable Energy Cluster written by Rzeszow Regional Development Agency
The Netherlands	- GP11: TNO SBIR written by TNO
Czech Republic	- GP13: Robo M.D. written by RERA
Bulgaria	- GP14: Social Patronage written by Sofia Municipality
Greece	- GP15: T-Seniority written by Region of Central Macedonia

7.3 Overview by User-driven approach

A user-driven innovation policy promotes to engage systematically the end-users during the innovation process. In our field of work a user-driven innovation approach is using tools such as development platforms, strategic design and service design, web-based tools for the collection and the analysis of masses information, ethnography and other methods of analysis, foresight survey of customer needs.

Have the end-users been engaged in the GP?

Good Practice	Yes	No	Partially
1. GP1: Competency Center for Biomedical Engineering (CC BME) written by Development Centre Litija	x		
2. GP2: eVia written by Regional Management of Social Services - Junta de Castilla y León and INTRAS Foundation	x		
3. GP3: GAC written by Geroksipou municipality	x		
4. GP4: HABITECH written by Marche Region and SVIM		x	
5. GP5: Health Factory Initiative by The Baltic Institute of Finland	x		
6. GP6: ICE-T by SEHTA			x
7. GP7 : MEDIC@LPS The Grenoble – Isere Health Cluster	x		
8. GP8: MONAK2 Cluster by Lithuania Innovation Centre-LIC	x		
9. GP9: Senior well living BTH Sweden written by the Blekinge Institute of Technology	x		
10. GP10: Subcarpathian Renewable Energy Cluster written by Rzeszow Regional Development Agency			x
11. GP11: TNO SBIR written by TNO	x		
12. GP12: Torino Wireless- the Piemonte ICT cluster written by Marche Region and SVIM			x
13. GP13: Robo M.D. written by RERA			x
14. GP14: Social Patronage written by Sofia Municpality			x
15. GP15: T-Seniority written by Region of Central Macedonia		x	

7.4 Overview by type of instruments

In this section, the proposition is to group the good practices collected by type of instruments

Type of instrument	GOOD PRACTICE TITLE
Innovative tool for the monitoring and rehabilitation of patients	- GP1: Competency Center for Biomedical Engineering (CC BME) written by Development Centre Litija
Sectorial referent Governance model	- GP2: eVia written by Regional Management of Social Services - Junta de Castilla y León and INTRAS Foundation
Market driven actions Innovation tools	- GP3: GAC written by Geroksipou municipality
Target setting and planning, market driven, innovation tools, SMEs incubator, cluster Internationalisation	- GP4: HABITECH written by Marche Region and SVIM
Health Factory creates a platform for research, education, innovation and start-up activity in the healthcare services and solutions industry. Its main focus is to utilize technology in healthcare. It combines technology, business and design	- GP5: Health Factory Initiative written by The Baltic Institute of Finland
Innovative method on how to prepare the specifications for a regional funded programme, SME centric and friendly to companies. Market driven action	- GP6: ICE-T written by SEHTA

innovation tools economic measures KPI (Key Performance Indicators): satisfactory surveys, financial indicators, working group with end users, etc. networking	- GP7: MEDIC@LPS The Grenoble- Isere Health Cluster
Emerging cluster: Structural Funds Cluster Support, BSR Stars project support for cluster internationalisation	- GP8: MONAK2 Cluster written by Lithuania Innovation Centre-LIC
Clustering of stakeholders and identification and evaluation of suitable technologies and research front were identified	- GP9: Senior well living BTH Sweden written by the Blekinge Institute of Technology
An interdisciplinary approach covering the technological, economic and social aspects of a model conducive to the creation of innovative construction providing improved quality of life in Podkarpacie. Innovation tools	- GP10: Subcarpathian Renewable Energy Cluster written by Rzeszow Regional Development Agency
Economic measures (societal/economic value added), innovative	- GP11: TNO SBIR written by TNO
Organizational measures, Innovation projects funding, Innovation supporting services, Inter-clustering, Entrepreneurial Training	- GP12: Torino Wireless- the Piemonte ICT cluster written by Marche Region and SVIM
Innovation tools; Interregional cooperation on a specific research project in the form of a mini-programme.	- GP13: Robo M.D written by RERA

Social added value (social measures); - Users centered; Targeted services.	- GP14: Social Patronage written by Sofia Municiplity
Innovative eServices provided to elders and info-marginalized audiences, user-centric integration of services throughout TV, integrated care eService, use of digital TV as the most widely available and preferred channel for info-marginalized sectors.	- GP15: T-Seniority written by Region of Central Macedonia

7.5 Good practices factsheets

The factsheets are presented by topics and then by alphabetical order:

- Topic 1: Cluster development, governance and policies.
- Topic 2: Innovative instruments in independent living and smart homes: systems, networks and ICT services.

GP 1: Competency Center for Biomedical Engineering (CC BME) written by Development Centre Litija

1 Title of the practice

Competency Center for Biomedical Engineering (CC BME)
project SAMinZDRAV (INDEPENDENTandHEALTHY)

2 Precise theme/issue tackled by the practice

The program of the CC BME is broadly focused on the research and development of products and applications that reduce the invasiveness of medical treatments and increase the reliability and accuracy of diagnostic procedures which are implemented through 5 projects.

The main goal of the SAMinZDRAV project is to establish a concept of independent living for elderly, handicapped people and persons with disabilities after being released from the hospital. For that purpose extensive research of daily living with unobtrusive acquirement of biomedical signals (ECG, HR, oxygenation, movement, RFID…) was carried out in order to developed novel sensors and system that can help the physician to monitor and evaluate the patients' functional health. The independent daily living and less frequent outpatient services may significantly increase the quality of life.

3 Practice content overview

CC BME is an EU regional Competency Centre for Biomedical Engineering, coordinated by Laser and Health Academy, and supported by the European Regional Development Fund and Slovenia's Ministry of Higher Education, Science and Technology. The vision of CC BME is to put Slovenia on the global map as an incubator of highly innovative companies that build the most interesting biomedical devices in the world.

The consortium's partners include key institutions of higher education, industrial representatives, and experts (cluster) in the field of biomedical engineering and medicine that wish to expand upon their existing avenues of cooperation to achieve new levels of synergy.

The CC BME is organized as a cluster (consortium of companies, research institutes and experts) who cooperates mainly on biomedical engineering industry, to achieve new levels of synergy and accelerate the development of:

- new therapeutic sources
- new or significantly improved monitoring and diagnostics sensors and
- control systems for direct or remote control and supervision of medical devices, patients or the therapeutic treatments.

4 Objectives of the practice

- 5 projects
- 12 partners
- 120 researchers involved
- 50 innovations
- 15 registered patents
- 17 new products
- Increased investing in R&D
- New investments (new products & services development)

5 Location

- Slovenia
- The partners involved are from all over country (Ljubljana, Velenje, Maribor, Solkan), the coordinator of the CC BME headquarter is located in Ljubljana.

6 Detailed description of the practice

- Background info (history and basic data) bodies involved / implementation

Strong research in the biomedical field has been established in Slovenia at Josef Stefan Institute, University of Ljubljana and some particular companies (Fotona…). However, the efficient and cooperative work in the CCBME may bring together the basic research and biomedical applications resulting in new products and services.

- Process and detailed content of the practice

The Ministry of Higher Education, Science and Technology of Slovenia published the public tender for setting up the Competency Centres in 2010. The LP - The Laser and Health Academy joined 12 partners who work in the development of biomedical equipment and devices. They applied with 5 projects and succeeded. The KC BME was set up in December 2010. The development phase is mainly finished at all project, at the moment product are in testing phase and at the end of next year the results will be available for the public.

- Legal framework

The partners in CC BME are organised as a consortium of industrial representatives (companies), universities, research institutes and hospitals. The applicant to the public tender was The Laser and Health Academy (LAHA) who is managing the project. The consortium's partners are responsible to the applicant and not directly to Ministry.

The Laser and Health Academy (LAHA) was set up by one of the companies involved (Fotona JSC) to manage the cluster (5 consortiums). Their task are: internal flow of information, management all 5 project towards the Ministry, financial reports, PR of the CC, ...

- Financial framework

The GP was/is funded by European Regional Development Fund and Slovenia's Ministry of Higher Education, Science and Technology. The operation is executed according to Operative Programme of Strengthening Regional Development Potentials for the period 2007-2013 within 1. Development Priority.

Beneficiary: LAHA, Stegne 7, 1000 Ljubljana, Slovenia

Total Operation Value: EUR 9,071,937.00

Co-funded: EUR 6,399,863.00 (85% EU, 15% SLO)

Start Date: 15. Dec., 2010

End Date: 31. Dec., 2014

LAHA is a coordinator of the CCBME and is responsible for all financial transaction among the partners in each project.

Important CC BME's mission is also reflected in the intention to be a strong support for university education field of biomedical engineering. In this way, a new generation of experts will learn about the basic principles in R & D environments, the best Slovenian research institutions, while they are studying included in R & D activities of industrial partners CC BME. Such synergy will be accelerated transfer knowledge in industrial development, the new accelerated development and production cycles, you will be the very high added value in the field of biomedical engineering improve the socio-economic situation.

7 Evaluation of the practice

Possible demonstrated results e.g. through indicators such as:

Number of public-private initiatives 5.

Nr. of consortium between public-private research bodies 5.

Nr. of official companies involved 12.

Nr. of end-user representatives 3.

120 staff involved in cluster.

The CC BME is public-private initiative, organized as a consortium, 5 projects have 5 specialised consortiums. Involved are 5 private companies (JSC, LTD). The hospitals and institutes are involved in the research, testing and evaluation of the developed novel products.

- Success factors

The managing partners of each project are private companies who have big interest in the development of new products and are working hard to achieve valuable and useful results.

- Weak elements

Due to the fact that Slovenia is a small country good former cooperation experiences between the involved partners is one of the major advantages in such consortium. The weakness is that there are not many organisations working in the field of biomedical engineering.

8 Criteria for evaluation (Aspiration list)

- Transferability (see the annexe called transferability)

The system of financing instruments and processes for developing the new products in the biomedical engineering is innovative. The system can be easily transferred to other EU countries.

- Feedback into policy

The feedback into the policy documents at the regional/state level is poor.

- Quadruple helix

The private companies, research institutes and hospitals are very much involved in the project. Beside the creation of the idea of a product they are also the testing ground for the end-users. In the project SAMinZDRAV the household appliances with the installed instruments for measuring the health indicators of a user are placed in the smart home Dom iRiS in University rehabilitation institute to be tested by users (patients).

The government (policy-makers) is not involved in the project implementation. The transfer of findings into the national policies is not the goal of CC. The findings will go directly to production.

The criteria for evaluation the project SAMinZDRAV:

- The use of household appliances to measure health indicators.
- Reducing the cost for health system (less visits in health institutions and hospitals).
- Usefulness of technology by the elderly.
- Increasing supervision of health of elderly.
- Keeping the elderly independently longer at home.

9 Scenario Building

The companies and partners are committed to using the results of the project, to develop prototypes try to introduce them into practise after the project end.

10 Contact information

For Competency Centre:

http://www.bmecenter.com/en/

- Zore Lukin, M.Sc. zore.lukin@fotona.com

The interview with LP representative in SLO :

http://kr-og.sta.si/2012/06/kc-biomedicinska-tehnika-z-ambicioznimi-nacrti/

For project SAMinZDRAV:

- Gorenje: dr.Konrad Steblovnik
- URI-Soca: prof.dr.Imre Cikajlo, Imre.cikajlo@ir-rs.si
- University of Maribor, FERI: prof.dr.Damjan Zazula

11 Other possible interesting information

http://www.bmecenter.com/en/

Various documents (reports, presentations, etc.)

There are internal documents, but are not public due to obligation in the consortium agreement.

GP 2: eVia written by Regional Management of Social Services - Junta de Castilla y León and INTRAS Foundation

1 Title of the practice

eVia: Spanish Technological Platform of Health technologies, Welfare and Social Cohesion.

2 Precise theme/issue tackled by the practice

Scientific and technological Cooperation Network. This platform covers Health, Welfare and Social Cohesion areas. Leaded by the industry, it mobilizes an important critical mass of research, development and innovative effort.

3 Practice content overview

This Technological Platform, eVia, aims to include the use of the technology in Health, facilitates independent living for people who suffer disabilities, improves the standard of living and autonomy of the elderly, supports the integration of minorities and immigrants, and assists the generation of new models of rural development and the non-exclusion by technology.

eVia has a commitment to innovation in the use of technology, with a converged view of the socio-sanitary field and territory.

This cluster use IT to promote the innovation focused on people as an integration way of those groups in risk of exclusion and the transformation of the social and health system, paying attention to the actual demographic change in Europe.

eVia has become a national forum that offers a view of the Spanish position on the

application of R&D&i for all topics that affect the society; and that in an economic and political crisis context are essential: the improvement in health and standard of living for all the citizens.

4 Objectives of the practice

- Achieving a positive impact of public and private investment in R&D&i. This would affect very positively the standard of living, generation of quality jobs, increase of business competitiveness, GDP growth and sustainability of the welfare state.
- Keeping an active link with European Institutions to influence policies and programs and facilitate the participation of the members of this cluster in committees, panels and European projects.
- Promoting R&D&i strategic projects for real solutions of identified problems.

5 Location

- Spain
- National

6 Detailed description of the practice

eVia was born in December 2007. Led mostly by institutional agencies, user associations and industries, but also with the participation of public research organizations. 388 organizations and more than 500 experts integrated eVia.

To ensure the commitment of each member, this Cluster is composed by several organs structured as follow:

- General Assembly (supreme organ).
- Management Committee (president, vice-president and vocals).
- Secretary (it is the R&D&i department).
- Workgroups (e-Accessibility, e-Health, AAL-ambient assisted living, Eco-Lab, Multicultural, Management of the knowledge, Active ageing).
- Observers (CDTI, Ministry of energy, industry and tourism).

Being part of the eVia Cluster make them possible to:

- Establish a wide contact network with different profiles.

- Contribute and participate of a strategic overview with a national and European scope.
- Collaborate in workgroups proposing ideas, coordinate or participate in several initiatives.
- Receive support for the launch and development of projects: search of national and international partners, provide advice, strategic orientation, dissemination, …
- Receive the most relevant information about news, events, seminars, etc.

The main objectives are:

- Creating a positive impact in public and private investments in R&D&i.
- Being an active link with European institutions.
- Raising awareness of the need to incorporate the "design" for everybody (IT developments).
- Promoting a unique view of people when we develop technologies.
- Creating R&D&i strategic projects.
- Promoting social innovation.
- Facilitating the access to market to SMEs.
- Disseminating actions and activities of the Platform.
- Financial framework: 2008 to 2011, eVIA Platform has been both privately and publicly financed. In the private sector, it has been supported by Fundación ONCE and AMETIC (former AETIC). In the public sector, it has been supported by means of the call for proposals "AVANZA I+D+i/Competitividad" within the Spanish National Action Plan for Research, Development and Innovation 2008-2011. In 2012, the activities carried out by eVIA have been fully financed by Fundación ONCE and AMETIC. However, both, the Ministry of Industry, Energy and Tourism and the Ministry of Economy and Competitiveness do support and back the work of eVIA Platform.

7 Evaluation of the practice

- eVIA was born in 2007. Since then, the Platform has organized and collaborated on the launch of plenty of initiatives in order to promote effective Spanish participation on research, development and innovation programmes as well as to facilitate the introduction of Health solutions on the market. Some of the most significant initiatives are the following: EU SME eHealth Competition (2nd edition), Innovation ICT Health Tour (1st Edition), Conference on Social Spaces for Research and Innovation (5th Edition), eVIA Annual General Meeting (6th Edition) and AAL Forum (eVIA belongs to the AAL Forum Programme Committee since 2010).
- eVIA gathers more than 600 experts on Health, Well Being and Social Cohesion and

more than 400 entities belong to this network, being 43% companies (large and SMEs), 23% Universities, 13% Private Research Centres, 13% Associations/Foundations and 8% Public Institutions:

  - eVIA's Secretary works together with national and European institutions in order to help designing the content of the different scientific and technological programmes related to this subject. We also cooperate to promote the participation of Spanish entities in these programmes. Some of the institutions we usually collaborate with are, at national level: the Spanish Ministry of Industry, Energy and Tourism, the Spanish Ministry of Economy and Competitiveness, the Centre for Industrial Technological Development – CDTI, several Autonomous Communities, such as Madrid, Junta de Andalucía, Comunidad Valenciana, Extremadura, Galicia or Cataluña. And at European Level: the Directorate General for Communications Networks, Content and Technology (DG CNECT, European Commission), the Directorate General for Health and Consumers (DG SANCO, European Commission) and the Ambient Assisted Living Joint Programme Central Management Unit (AAL JP CMU).

- National and International Projects: eVIA has awarded so far 73 quality labels to different projects and proposals. The Secretary has also helped to build international and national consortiums and has advised regarding different aspects of the proposals and targeted programmes.
- Acknowledgements:
  - eVIA has been awarded in 2010 by the Spanish Health Informatics Society (SEIS) the National Prize for Computer Science in Health due to the dissemination work developed in order to promote the development of Information and Communication Technologies in the health sector during this year.
  - eVIA actively works and promotes the participation in the following European Initiatives: Ambient Assisted Living Joint Programme, Competitiveness and Innovation framework Programme – ICT Policy Support Programme, 7th Framework Programme – ICT Challenge 5, European Innovation Partnership on Active and Healthy Ageing.
- eVia counts with the "Strategic Research Agenda" as guideline with all the European programs interesting for the members and the definition, actions, research fields of each workgroup integrated in this cluster/platform.
- One of the goals of eVia is to disseminate and give visibility to Spanish projects in the sector of technology for Health, Welfare and Social Cohesion. Suplai is the tool for it. Suplai – SUPPORT PLATFORM FOR OPENING INNOVATION is an online observatory where all the current or finished projects and future project initiatives for national or international calls are visible, always in the frame of Health Technologies, Welfare and Social Cohesion.
- eVia counts with a Quality stamp that certificates a particular project is in line with

the priorities of the Strategic Research Agenda. The project awarded with this quality stamps includes knowledge areas and technologic development plans about some of those priorities. Obtain this stamp is voluntary and the Coordinator of the project will have to fill in a form.

- Success factors:
    - The existence of a robust Science, Technology and Innovation system with Technological corporations and a solid core of technological centres with capacities in key technologies for the impulse of the cluster.
    - There is a diverse group of agents coming from different sectors (health care, technological centres, enterprises, etc.) that form the cluster.
    - The observatory, as dissemination tool and place to know researches and project, finished or current ones.
    - The division of the members of the Cluster in different workgroups depending on the activity of the subsector. These specialised groups are important contact and project networks, and other performances.
- Weak elements:
    - Companies (both large and SMEs) make up the highest percentage of eVIA's members. The Secretary is trying to attract more end-user organizations, which are vital in defining user needs, and therefore vital for the success of a project. Right now, the Secretary is collaborating with RED ITEMAS (a network composed by Spanish Hospital Innovation Units) and will sign a collaboration agreement with them soon.

8 Criteria for evaluation (Aspiration list)

- Feedback into policy: In 2012 eVIA and AMETIC have been consulted when defining the scope and content of the Spanish Strategy for Science, Technology and Innovation, the 7th Framework Programme, the Competitiveness and Innovation Programme, the Ambient Assisted Living Programme and the Horizon 2020.
- Quadruple helix: Due to the nature of the sector of application, eVia emphasizes the inclusion of the final user. This is very clear not only for the presence of institutions as Once Foundation, Red Cross, in charge of the presidency and vice-presidency but also in the development of specific methodologies to involve the users, such as living labs and open space for innovation.
- Higher quality of services and saving public healthcare money / Keeping the elderly independently longer at home:
    - The improvement of quality of life, health care, educational level, etc. are creating an antagonistic effect to that expected. Despite having older people, the number

of disabled people does not seem to grow to the same extent. As a result, more and more elderly people will live alone, independently and for longer time in their homes. There are two consequences of this situation:

  - » Governments will be able to reduce the relative expense of hospitalization for elderly people.
  - » Elderly people will be able to live in their environment for a longer timekeeping the elderly independently longer at home.

- National and European public policies promote the development of assistive technology because it greatly reduces their relative health care costs and provides a better quality of life for older people by living independently for a longer time.

- Minimising energy, contribute to sustainability: eVIA promotes effective research, development and innovation projects and increases the visibility of existing health solutions at national and international level. One of the goals is to help them reach the mass market.
- Degree of Innovation (in governance, fundraising, financing instruments, marketing, internationalisation, processes, services, etc): AMETIC represents the Secretary of eVIA and the Presidency belongs to Fundación ONCE. eVIA has been publicly and privately financed. The Platform uses different media for information dissemination: eVIA and AMETIC webpages, Linked IN Group, Twitter, Flickr, RSS. eVIA organizes and is present in numerous national and European events where eVIA's purpose and activities are presented.

9 Contact information

Estefanía Olmos: eolmos@ametic.es

10 Other possible interesting information

http://evia.imasdtic.es/

GP 3: GAC written by Geroksipou municipality

1 Title of the practice

GAC – Support Health services for daily care in a period after operation in a smart home

2 Precise theme/issue tackled by the practice

Innovative solutions in services sector to help adults to accommodate their needs in GAC smart home, especially in a period after an operation.

3 Practice content overview

The Geroksipou Adult Care Center is a day-care service for adults in the Geroskipou Area. The Center currently takes care of about 180 persons in daily basis providing mainly medical, homecare services and social inclusion services. It was created as a mean to support the older population to cope with their daily needs. The institution started its operation in 2002.

4 Objectives of the practice

The objectives are:

- To study the needs and requirements of the elderly with health problems in a smart home and mainly after undergoing an operation.

- To identify the potential instruments for improving tools and services for that period.
- To create the basis for further R&D development on this issue.
- To influence strategic policy by suggesting specific measures.
- To specify methods and services to be developed in smart homes.
- To have the Academia involved in research and development matters for Health issues and make use of its expertise in identifying new solutions.

5 Location

- Cyprus
- Geroskipou Municipality/ Paphos area

6 Detailed description of the practice

- The efforts are oriented in gathering solutions for implementing new methods and services on how to improve life and living conditions of adults who underwent through an operation. The focus of the examination is the Geroskipou Adult Care Centre, where professionals from health and ICT sector examine the daily behaviour and needs of adult persons suffering from health problems and who went through an operation recently. The professionals participate in the activities of the Center and also on policy issues.
- To this end, a number of professionals, companies from the ICT private sector and individuals from the health sector, were invited to participate in this activity so as to provide solutions for innovative services and methods, which will allow a more independent living of people after an operation. The companies are mainly specialised in the implementation of advanced facilities (instruments and services).

7 Evaluation of the practice

- The GAC Good Practise focuses on the potential expertise of the academic research and on the professional approach of the private companies.
- A number of companies dealing with hospitals and private clinic services have been approached and these are expected to help to implement some new elements for the Geroskipou Adult Centre.
- The suggestions that will be put forward after the in-depth examination of the current

requirements and needs in an after-operation period setting in smart homes is expected to form the basis for changes and improvements in the provision of services. To this end a strong consortium of participants, especially from the research sector (Academia) is of a particular importance, as well the contribution of the private sector in terms of end user's requirements satisfaction.

- To date the Geroskipou Municipality alongside the Paphos Chamber of Commerce and Industry and the Liaison Office of the Cyprus University of Technology are in contact with approximately 9 companies which could contribute to identify solutions.

8 Criteria for evaluation (Aspiration list)

- We can count on the following criteria:
  - The Geroskipou GP makes use of existing know-how and Academic knowledge and expertise. The size of the Academia contribution determines the research with empirical driven activities with documented results.
  - The involvement of the private sector, which determines the customization of the specifications to the requirements of needs.
  - The implementation of environment friendly methods.
  - The degree of innovation in the processes and results.

GP4: HABITECH written by Marche Region and SVIM

1 Title of the practice

HABITECH, a Green and Smart R&IDC: when research, industry and public administration jointly cooperate to build up a multidimensional eco-system that enhances innovation, business and eco-friendly policies.

2 Precise theme/issue tackled by the practice

Governance model – stakeholders involvement – Innovation boosting methods – fundraising strategies – knowledge and technology transfer techniques – Internationalization of Innovation.

3 Practice content overview

Since 2007 HABITECH is a solid and successful reality within the landscape of the Italian Technological Clusters. HABITECH is based in the north-eastern Italy, near Trento, a province that by the Italian Constitution enjoys the status of autonomous territory and thus send to Rome only 10% of taxes. Its fields of action are energy, mobility and sustainable building. HABITECH is a consortium of 300 entities, mostly privates, which operates on the market as service provider for partners and external clients. The renowned University of Trento, one of the most innovative and research-intense knowledge institution in Italy, is also member of HABITECH. HABITECH activity as cluster managing body allows for an enhanced cooperation among members and stakeholders and provide support for technological transfer, environmental policy-making at local and EU level, innovative projects, IPR issues, joint ventures creation, co-marketing, business internationalization and European funds attraction. However, the core business of HABITECH is to mainstream

international green buildings quality standards (LEED, ARCA, GBC HOME) and to provide guidance to architects, urban planners and construction companies for realizing greener buildings. HABITECH has been raised under the clear strategic mission of being business oriented and not ruled by political bodies: by statute HABITECH cannot be publicly owned for more than 50% of its shares. As of 2012 the private-public balance is 85%:15%.

HABITECH is highly relevant for the INNOVage good practice exchange for several reasons:

- The clear overlapping between HABITECH areas of intervention and INNOVAGE scopes, namely Green Building and Energy.
- The high capacity of HABITECH to gather the most advanced companies and knowledge institutions of the territory and then to act proficiently as Eco-Innovation facilitator.
- HABITECH represents a virtuous example of public-private partnership. Even though HABITECH capital stays largely in private hands, the strong cooperation with the Province of Trento allow them to take part to the drafting of all energy, transport or construction related laws and strategic plans (e.g the 2012-2020 energy plan).
- HABITECH is managed through a clear but non-conventional governance (private actors count more than public actors), that proved to be an efficient model that prompted a fruitful cooperation with local administrators, the Trento University and all other stakeholders.
- The business model they propose is successful, as witnessed by the great performance on the market they have enjoyed since inception.
- HABTECH is one of the most highly regarded Consortia in Europe for eco-innovation and environmental sustainability.

4 Objectives of the practice

The objective of the practice is to understand and highlight the fundamentals of HABITEC success factors (such as the clear and well balanced public-private partnership, the ability to raise interest toward sustainability issues in all relevant stakeholders, the effective governance model they have adopted) and translate them into practical guidelines for decision-makers and cluster managers of other countries, so as to make them able to adapt and re-use these elements into their own economic and political context and, by doing so, to develop a R&IDC able to emulate the positive results achieved by HABITECH.

5 Location

Rovereto, Autonomous Province of Trento, Italy

6 Detailed description of the practice

Background Info (history and basic data)

The very first idea of developing a RDC dated to 2004-2005, when the development agency of the Trento Province, Trentino Sviluppo, stimulated by the Province Government itself - which at that time had inserted smart clustering as a key priority of their economic development plan - performed some industrial analysis and feasibility studies which suggested the opportunity to establish a local cluster on energy and sustainable building with good market potential.

Following these preliminary works, in 2006 HABITECH was officially born, as a result of the framework agreement signed by the Province of Trento and the Ministry of Research and University (MIUR), that established a Technological District in the provincial territory. Since then, HABITECH has been included in the list of Research Driven and Technological Clusters certified by the MIUR (as of 2012, there are 24 recognized clusters). However, it was only 1 year later (2007) that HABITECH became a Consortium with its own statute and juridical personality. In 2007 there were 4 only founding members, all of them of public nature (2 local research foundations, Trentino Sviluppo and the University of Trento). Currently there are 171 members, with an overwhelming majority of private entities (85%-15%).

Detailed content of the practice

Since the beginning HABITECH has chosen quality standards as its core field of activity. HABITECH has introduced in the Italian building sector the American certification for sustainable buildings LEED, that have already been applied to 120 public buildings all over Italy. Nowadays, they inform and train constructors, architects and material suppliers on how to meet LEED quality criteria and thus gain LEED credits for their buildings or products. HABITECH is also promoter of a brand new wooden buildings certificate called ARCA. Beside quality certification, HABITECH acts also as:

- Strategic partner for the local policy-making body (the Province of Trento), by supporting the drafting of strategic plans and regulatory acts on energy, transport, constructions and urban planning.
- Facilitator of Technology/knowledge transfer and best practice sharing among members and non-members through seminars, study visit, staff exchanges, training courses, thematic workshops and so on.

- Innovation Consultancy, by helping develop and assess innovative projects.
- Creator and leader of several Joint Ventures, involving members and non-members, purposely established in order to participate to national/EU tenders and call for proposals and offer all-inclusive packages for green and energy efficient buildings.
- Facilitator of Internationalisation processes for members and non members, addressing emerging markets through the brand HABITECH International. The most significant experiences so far are related to big energy requalification projects in Romania.
- Start-ups incubator.
- Sponsor of new education curricula specifically focused on sustainability issues at the local university and at VET institutions of the Trento province.
- Attractor of International funds for the partners through JTIs, EU-funded projects (FP7, IEE) and cross-border strategic initiatives (i.e Green Corridor).

At present, HABITECH staffs full time 19 people, with an average age of 30. The aggregate turnover of HABITECH members is 1B □. Overall, they give a job to 8000 employees.

Legal Framework:

HABITECH is a for profit consortium of public and private entities with limited responsibility ruled by private law. By statute, private organizations must own more than 50% of the consortium capital. Each private company can have up to 5 quotas, in order to prevent a cartel of big investors from taking over the consortium. A capital quota costs 1000□, while a yearly fee is 500□.

Financial Framework:

HABITECH started up thanks to 1,8 M□ granted by the Autonomous Province of Trento. This grant has been transferred for 5 years by yearly instalments, from 2007 to 2011. Since Trentino Sviluppo (Trento Province in-house organ) has been HABITECH main promoter, it was natural for the Cluster to access this public financial support. However, over the same 5 years period HABITECH produced 4.8 M □ turnover, mostly by selling Innovation support services and just residually through EU funds and membership fees. That means that by now they have achieved full financial independency from local public funds. Currently up to 90% of HABITECH incomes come from the market, as a result of the services they sell to partners and external clients, with customized pricelists. 2012 expected TO will be around 1.5 M □.

Success Factors:

- In just 5 years HABITECH has been able to bridge the gap between offer and demand of Innovation, by matching market needs with companies and research potentials. HABITECH success is built upon a wise economic analysis of weaknesses (low innovation rate of the building sector), strengths (traditional attention to environmental issues by local PAs, firms and civil society; no dominant industrial districts, which meant no preventive preclusion to changes from local key actors) and opportunities (early understanding of the rising of the green economy as future leading economic field in the EU).
- The capacity to overcome mutual mistrust amongst innovation players (university vs companies, SMEs vs big firms, and so on) and to lead them toward common goals in a cooperative way of working. This result has been achieved by convincing them that sharing knowledge and resources is incremental and not detrimental to business and technolgical advances. Selection of members has been another key success factor: not every stakeholder are an added value to improve projects' quality if they are not wholly committed to the cluster's vision and objectives. HABITECH representatives do not present themselves to new members as problem solvers, but just as facilitators of synergies that produce positive developments for all.
- HABITECH is a solid and trusted partner of the local PA (Trento Province) for all strategic planning regarding energy and environmental issues. They are seen by legislators as real experts on these matters, as well as legitimate carriers of the interests of all Innovation actors. That is why they have such good feedback into policies.
- The Province of Trento is member of the Consortium, through the development agency Trentino Sviluppo, with much less than 50% of quotas. This means that politics counts within HABITECH, but still do not rule any decision, which has to be firstly negotiated and agreed with the majority of private partners.
- HABITECH has been able to create a positive relationship with local financial institutes: banks and investors are usually keen to lend great amount of money for big plans on green transports and building requalification, because they consider HABITECH a reliable business partner that implement rentable projects.
- Right market choices: since the beginning, HABITECH understood that the promotion of quality standards in sustainable buildings (LEED and others) was a key factor to gain broader market niches.
- A successful business model that provides for financial self-sustainability and thus gives independency from political interests.

Weak Elements:

- End-users are a quite left aside and their involvement into HABITECH is still low. Only members on their own take initiatives that ask for end-users involvement. Schemes such as Innovation Labs haven't been stimulated so far, while an Innovation Driven Cluster managing body should continuously try to promote new Open Innovation approaches.
- HABITECH may be too market-driven: its business orientation has given HABITECH a very good economic performance that has freed them from public support dependency. However, such business model may be too tied with market trends, that by definition bring along periodical revenues slowdowns. A bigger attraction of EU funding may mitigate these market disruptions. Also, private interests may not always collide with public goals. What if a green building regulation becomes too strict for HABITECH shareholders? In this scenario, would HABITECH act as a lobbying body against better environmental construction standards? What is the real main driving aim of HABITECH, eco-sustainability or financial profitability?

8 Criteria for evaluation (Aspiration list)

Qualitative evaluation scale applied, ordered in ascending rank of value: Irrelevant – Insufficient – Satisfactory -- Good – Very Good - Excellent:

- Transferability (see the annexe called transferability).
- Feedback into policy VERY GOOD: effective co-strategic planning with Trento Province; pro-activity in European sector platforms that make lobbying toward EU institutions for greener regulations.
- Quadruple helix INSUFFICENT: good involvement of public, private, financial and research sectors. However, HABITECH cooperation is scarcely end-users centred.
- Higher quality of services VERY GOOD: the quality of service provision is very high, as proven by the increasing cluster financial turn-over.
- Saving public healthcare money! INSUFFICIENT: assistive smart homes are not directly tackled by HABITECH actions, so their projects have little positive impact on public spending for healthcare.
- Keeping the elderly independently longer at home IRRILEVANT: no specific projects have been undertaken regarding ageing-related issues.
- Acceptance by the elderly of technology and policy IRRILEVANT: see above.
- Minimising energy, contribute to sustainability EXCELLENT: s safer and greener energy and eco-sustainability are key goals of the HABITECH's mission.

- Degree of Innovation (in governance, fundraising, financing instruments, marketing, internationalisation, processes, services, etc) VERY GOOD. Most innovative aspects are related to:
    - the governance structure, lead by private organizations, yet with a significant presence of the public sector, a structure that bring along positive synergies;
    - the core of the offered services, based upon the green building quality certification, an area with high commercial value that in Italy still did not have a unique officially recognized standard;
    - the stakeholders aggregation process, which entails no aggressive cluster promotion associated with no geographical boundaries (even non-Trento based organizations can become member);
    - the marketing strategies: effective co-marketing actions are carried out along with cluster members;
    - the internationalization process: emerging markets are detected and then approached with all-inclusive service packages proposed by aggregations of companies set up by HABITECH, under the brand HABITECH INTERNATIONAL.

9 Lessons learnt from the practice

Public initiative is fundamental to start up a cluster, but then a durable successful business plan has to be implemented in order to grow over time, gain freedom of action from politics, gather all kind of stakeholders and brought in real Innovative projects. Local and national PAs are partners toward whom the cluster must act as strategic planning consultant and law-making lobbying body for the matters of interest. The PA-Cluster ideal relationship is made of: mutual trust, common goals and coordinated work, with clearly separated governances.

Look outside your garden is another milestone of a successful R&ID Cluster: in a globalized world that feature strong emerging foreign competitors and a context of decreasing state help, diversification and Internationalization of actions (i.e. HABITECH INTERNATIONAL, cross-border joint ventures) and transnational cooperation for research and innovation projects, at EU or worldwide level, are strategies a healthy Cluster cannot do without.

10 Contact information

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11 Other possible interesting information

- the HABITECH Yearly Activity Report is downloadable from www.habitech.it).
- HABITECH Presentation, Brochure and other informative materials are available at www.habitech.it.
- For promotional videos, please visit the HABITECH channel on Youtube.

GP5: Health Factory Initiative written by The Baltic Institute of Finland

1 Title of the practice

Health Factory Initiative

2 Precise theme/issue tackled by the practice

Health Factory maintains tight focus on health technologies and service development. It has focus on well-being, sensoring, communication, security, health supervision and prevention. It narrows down practical applicability threshold of new technologies and services.

3 Practice content overview

Health Factory creates industrial breakthrough in the technology based healthcare services and solutions industry. This breakthrough will contribute to resolving domestic healthcare challenges and initiates new export sector for Finland. Health Factory becomes internationally recognized hotspot for healthcare technology innovations.

Health factory combines strengths of its research partners to develop and launch operational solutions in healthcare services provided by its operational partners. It brings solutions from basic research into innovations and applications.

4 Objectives of the practice

Health Factory will bring together stakeholders in the healthcare sector into the platform that creates inventions, applications, solutions, services and pipeline for start-up firms for international growth.

Health factory provides new practical technology-based solution concepts for the Finnish healthcare sector to address its challenges.

Success of Health Factory will be measured as the level of revenues from commercialized innovations through created start-ups. Secondary measure for success is the number of employees in Finland employed by the start-ups initiated within Heath Factory. Other direct results include new research and education provided in the healthcare technology industry.

Indirectly Heath Factory aims to have impact on general healthcare condition of people living in Finland.

5 Location

Finland, City of Helsinki, City of Espoo

6 Detailed description of the practice

Health Factory in practice:

1. Identifying problems worth solving through networking with industry, start-ups, and healthcare providers, and insurance industry.
2. Funding new innovative solutions and enabling pilot programs
3. Managing, supporting, mentoring and networking the teams
4. Spinning out new companies
5. Disseminating research results
6. Creating a hub for the healthcare innovation ecosystem
7. Providing innovation management education for students and industry

Health Factory creates a platform for research, education, innovation and start-up activity in the healthcare services and solutions industry. Its main focus is to utilize technology in healthcare. It combines technology, business and design.

Health Factory platform serves as an anchor for healthcare technology ecosystem by providing systematic co-ordination activities, events and facilitation. It provides access to living lab environments in hospitals and other healthcare facilities in the capital region in Finland.

Health Factory provides systematic pipeline for start-ups to be developed as internationally recognized healthcare innovators that generate revenues and employment in Finland. Health Factory works with identifying practical business logic for solutions, making complex concept easy and concrete, understanding and creating new value networks,

helping companies with their body of operation and testing practical concepts expecting time to market maximum of two years.

PARTNERS:

- Aalto University
- VTT
- Helsinki University
- City of Helsinki
- City of Espoo

IMPLEMENTATION:

2012:

- Health Factory planning and partner discussions
- Health Forum Studia Generalia Lectures
- Financing for planning

2013:

- Initial partners create framework for ecosystem
- Lectures, research, seminars and other activities
- First start-up cases
- Financing for operations

2014:

- Framework for ecosystem established and more partners involved
- Lectures, research, seminars and other activities
- 10 start-up cases
- First start-up generates revenues
- First start-up gets external funding
- Financing for operations

2015:

- Ecosystem established in Finland and it is internationally recognized
- Lectures, research, seminars and other activities
- 10 start-up cases
- 5 start-ups generate revenues
- 5 start-up gets external funding
- Financing for operations
- Financing is being

7 Evaluation of the practice

Health Factory Initiative started in 2012, so it is too early to evaluate its results. Below is some information on some success stories that have already been/are being utilized in the implementation of HFI.

Success Stories (utilized and further developed in current HF cases/projects):

Elsi Safety Floor:

- An underfloor motion tracking system
- Developed to detect fall cases in care homes
- New features during piloting; personal alarms; wc time, leaving the bed, exiting room
- From fall detection to proactive care – making sure assistance is always where it is needed
- A start-up founded in 2005, exiting 2009.
- Elsi has become one of most effective safety systems in care homes in Finland, Currently owned by Marimils Oy, over1000 rooms covered

Beddit Sleep:

- Original idea, vitals monitoring in hospital beds
- FinsorLtd. founded in 2006
- VentureCup winnerin 2007
- Development process turned the solution into a wellness service, Bedditltd.
- Smartsensor and online service for sleep quality analysis
- Detecting lifestyle issues that affect sleep quality
- Applications also for sports, elderly care

8 Scenario Building

Solutions and new businesses that enable true social, economic and health impact

Significant effect on the development of Finnish health technology and service industry

Innovative Cities (INKA) programme for the years 2014-2020 by the Finnish Ministry of Employment and Economy:

- Regional innovation clusters are formed based on the competencies of different cities in Finland.
- Health domain is seen as one potential cluster for the Helsinki area.
- Health Factory is proposed as a key project/platform for realizing the co-operation of different players.

9 Contact information

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10 Other possible interesting information

http://elec.aalto.fi/en/research/health_factory/

GP 6: ICE-T written by SEHTA (South East Technologies Alliances)

1 Title of the practice

ICE-T (International Centre of Excellence in Telecare)

2 Precise theme/issue tackled by the practice

Supporting the development of ICT-based market driven products and services in assisted living.

3 Practice content overview

- The International Centre of Excellence in Telecare (ICE-T) is a grant-funding, mission-oriented model designed to accelerate innovative near-market product and service development in the telecare sector.
- For SMEs the Research Oriented Cluster model has weaknesses. In response, SEHTA developed the ICE-T Mission Oriented Cluster model to drive much more policy-oriented and near-market development. Domain experts in the selected three thematic areas helped to write the specification and funding was obtained from Regional Government.

4 Objectives of the practice

- To provide funding, commercialization, technical and administrative support to 10 near market product and service development projects selected through open competition.

- The role of ICE-T was to:
- identify and develop new sustainable market and business opportunities
- understand and articulate user and provider need
- promote collaboration and bring together appropriate consortia
- provide support and seed funding for collaborative R&D projects developing innovative telecare products and services
- provide academic evaluation, technical monitoring and business planning support
- introduce new assisted living products and services to a wider audience and to act as a route to market

5 Location

- England
- South East of England

6 Detailed description of the practice

- In 2008, SEHTA took an alternative strategic approach looking at the priority areas for healthcare over the next decade. One of those identified was the delivery of care at home to support people to live as independently as possible - now commonly referred to as assisted living.
- SEHTA decided to focus its efforts around the development of new products and services in assisted living. But it also decided to take a more user centric and company (and particularly SME) oriented view of product development. In so doing it moved from being a research orientated cluster to a mission orientated cluster. This transition meant that the high level objective of "creating sustainable new businesses" could be re-stated as "helping companies bring to market new assisted living products and services that address an identified need".
- This new cluster way of working was supported by the South East England Development Agency (SEEDA) with a grant of £1million. Following further research SEHTA identified three themes for new product and service development namely:
  - Private Care Homes and Domiciliary Care
  - Support for Fragile Individuals or Groups
  - Support for People in Work or Returning to Work with a Long Term Condition
  - A more precise description of the need in each thematic area was provided by a

domain expert in a workshop with SEHTA member companies. SEHTA then put out a call for proposals for consortia to develop such focused near market products and services. There was no requirement to work with a University to develop their ideas but rather an expectation that consortia would select existing or nearly finished best-of-breed products and use the development funds to bring a product to market or closer to market. Ten consortia were funded under this initiative (referred to as ICE-T) for a period of six months.

7 Evaluation of the practice

Summary

- By adopting a mission oriented cluster approach SEHTA has been able to target funds more precisely, create benefit for a number of SMEs and have an impact on the market. The ICE-T funding model can be easily replicated. The key is to identify a strategic direction in policy terms, how this can be re-stated in terms of need and to attract funding to allow small consortia to develop near market solutions that meet that need.
- More rapid introduction onto the market of products and services that have been developed as a result of clearly articulated policy and user need benefits all stakeholders – end users, formal and informal carers, care provider organisations and industry. There is also a benefit to policy making since a demonstration that policy can be implemented allows policy makers to refine and extend that policy.

Evaluation of the ICE-T Model has shown this approach to be:

Targeted

- The Mission Oriented cluster approach embodied in the ICE-T model enables funding to be targeted more precisely at those SMES with near-market solutions who are willing to match-fund their further development.

Functional

- The ICE-T model is a functional model for project specification, funding, evaluation and commercialisation. It is transferable and adaptable, as well as being deployable in its entirety or in modular form. For example, market opportunity identification, or user / provider need definition can be offered as stand-alone activities, as can Call specification and management of grant-funding programmes.

Flexible

- The ICE-T model is flexible and professionally managed and appropriate for statutory and private care providers, public funding agencies, venture capitalists, large company open-innovation programmes, commercial collaborations, etc.

Responsive

- The ICE-T model has been built around the concept of 'market pull' rather than 'technology push'. Solutions developed as a result of the ICE-T methodology are responding to identified market needs and, as such, even though further funding may be required to support the commercialization process, it is envisaged that the solutions will find a ready market awaiting.

Rapid

- The ICE-T model enables more rapid introduction into the market of products and services that have been developed as a result of clearly articulated needs.

Transferable

- The ICE-T model for understanding, articulating, defining and specifying user and/or provider need is applicable across not just the health, social care and wellbeing sectors, but also the health technologies and life sciences sectors and other associated industries who wish to become involved in health and care. The ICE-T model is location independent and can be easily applied to different regions and countries.

Adaptable

- The ICE-T platform can be adapted to produce specifications for CR&D Calls for proposals, pre-procurement programmes, near-market commercialisation, open-innovation programmes and commercial partnerships.

8 Criteria for evaluation (Aspiration list)

- Since the Regional Development Agency contributed £1m of funding, very specific outcomes and outputs were specified and monitored on a quarterly basis. In addition, the projects funded through the ICE-T Model were subject to quarterly technical and financial monitoring. Final post-project evaluation of the funded projects is still ongoing.
- Criteria (specific outcomes) against which the ICE-T model was evaluated (all met or exceeded by ICE-T model):
  - Investment leveraged from both public and private sector: includes matched funding from projects and other funding into the sector.
  - Cluster collaboration and consortia development through: establishment of regional showcase (university-led) sites contributing over 50% funding from partners; businesses engaging in new collaborations with the knowledge-base; establishment of regional partnerships (involving businesses – knowledge-base collaboration).
  - User and provider need understood and articulated through market led workshops aimed at clinicians, academia and industry held to establish needs.

- Seed funding and support provided for collaborative R&D projects developing innovative telecare products and services as a result of commissioning a minimum of 7 match-funded collaborative R&D projects which met the challenges identified by ICE-T.
- Contribution to the regional economic development through additional jobs created or safeguarded and businesses assisted to improve their performance.
- Promotion (nationally and internationally) of the ICE-T model, funded projects, and regional support for businesses through a PR programme.
- Academic evaluation, technical monitoring and business planning support provided to funded projects.

9 Lessons learnt from the practice

The success of the ICE-T model has meant that it can be proposed as an example of Good Practice because:

- It engages the stakeholders/member of the cluster
- It is focused on an outcome (in this case products to market but it could be rapid policy development)
- It is quick
- It is efficient (in that it leverages other funds)
- It increases the level of cluster activity

10 Contact information

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11 Other possible interesting information

www.sehta.co.uk
Final report to SEEDA

GP7 : MEDIC@LPS the Grenoble –Isere Health Cluster

1 Title of the practice

MEDIC@LPS the Grenoble –Isere Health Cluster

2 Precise theme/issue tackled by the practice

- Accelerate the time to international market for innovative companies
- Enhance connections within the local health ecosystem

3 Practice content overview

MEDIC@LPS is a Grenoble – Isere major player of the international economic development of the health industry - biotechs, medical technology and services for healthcare, well being and autonomy:

- By bringing together and representing all players, both public and private
- By fostering the economic development of companies
- By working with other existing structures to ensure the promotion and development of the region's attractiveness
- By coordinating the community of these ecosystems
- By assisting new companies of these ecosystems in the various stages of their development

Medic@lps' key figures are:

- 12 years of existence
- 70 members
- 70 EU/international partners

4 Objectives of the practice

- Communication: development of a "common label" for a unique site through its potential for research and innovation and through its technological, industrial and clinical environment;
- International development: provide specific assistance to companies willing to develop on international markets;
- Collaborative projects: promote and support the participation of companies in multi-partner projects at EU level;
- Value enhancement of technological platforms: facilitate their use by companies; facilitate companies development through links with the platforms.

5 Location

France , Rhône-Alpes Region, Grenoble – Isere

6 Detailed description of the practice

- Medic@lps is an association created in 2000 to initiate and support the economic development of the Grenoble –Isère health sector.
- Medic@lps represents:
    - 4 universities and research centers
    - 1 university hospital
    - 55 companies and start-ups
    - 5 major diagnostics companies: BD, Roche Diagnostics, bioMerieux,ST Ericsson
    - 1 social protection group: Prémalliance
    - 2 major European facilities: European Synchrotron Radiation Facility and Laue Langevin Institute
    - 2 local authorities: Grenoble Alpes Metropole, Isère General Council
- Process and detailed content of the practice:

  MEDIC@LPS provides services and tools to its members:
    - activity and training workshops
    - BioBiz Club, club of industry entrepreneurs
    - access to local, European and international (Canada and the United States) networks for members (Boston Delegate, explorative mission in Japan, trade fairs and business partnering)

  - monitoring of national and European calls for proposals and support in preparing collaborative projects at the national and European level (Alps Bio Cluster, JADE project, INNOVAge project, IDeAll and TN_G project)
  - website and e-newsletter
- Legal framework

  Association according to the 1901 law (Non-profit organization)
- Financial framework:
  - Membership fee
  - Grants from local authorities and from EU (collaborative projects)

7 Evaluation of the practice

- Economical development contribution to the territory and the companies: weight of the bio industry sector (number of employees, turnover), sub sectors segmentation, growth of the companies from start ups to SME's size
- Market access: Transformation rate (networking/ collaborative projects), number of member companies taken part in European projects, time to go to market, business generated, Medic@lps organized 123 events since 2000
- Our current indicator is limited to the measurement of the satisfaction of our members

8 Criteria for evaluation (Aspiration list)

- Transferability: Medic@lps with its experience in the health sector for over 12 years has multiple transferability levels from generic ones (emergence, stakeholders federation and animation, interclustering, international development) to tailored ones (international market access support, summer school, etc.).
- Feedback into policy:

  Contribution to the Green Paper "From Challenges to Opportunities: Towards a Common Strategic Framework for EU Research and Innovation funding" – 20th May 2011.

  How could MEDIC@LPS (formerly ADEBAG) contribute to the achievement of EUROPE 2020?

  MEDIC@LPS (formerly ADEBAG) with its acute knowledge of the biotech/medtech ecosystem in Grenoble area and its close interaction with its SMEs could not only inform actors on European projects but:
  - support them to maximize the return on investment of their implication in European projects;
  - help them in the day-to-day intercultural management of these projects;
  - integrate European projects run by its members in the e-Care Living lab approach.

Free contribution to the Public Consultation on the eHealth Action Plan (eHAP) 2012-2020: Implementing large scale e-Health solutions in European mountains areas – 23th May 2011.

This contribution was issued from a roadmap elaborated by an Alps Bio Cluster leading group set up in the framework of the pilot network: "Autonomy and Healthcare" of the Alps Bio Cluster project launched in October 2008 and ended in September 2011 (Priority 1 of the Alpine Space program and led by Medic@lps).

Some global recommendations were made concerning the need to have a common technological European initiative: integrated platform open source & interoperable, (development of technologies: low energy, self adaptive system and data fusion software) to enable the cooperation between companies and share skills and the involvement of the big companies of the medical device field to deploy the solutions at a large scale and thus access to the market.

One specific axis of this roadmap is to list some recommendations at European level on e-Health solutions in order to take into account the specificities of mountains areas and their exemplarity for a faster implementation of those solutions.

- Quadruple helix:Medic@lps is the manager of e-Care Living Lab, a Living Lab accredited by ENOLL in 2010. The Living Lab methodology developed to promotes the Living Lab approach in the healthcare sector through an operational co creation platform for the uptake of healthcare innovative solutions. e-Care Living Lab is at the interface between care organization ("patient follow-up") and medico-social technical procedure ("related medical device"). e-Care Living Lab develops a territorial user-driven approach of innovative care solutions, embracing both collective and individual dimensions in the three following areas of major pathologies' categories: cancer; chronic diseases and diseases of ageing people; neurological diseases and handicap. It includes an inclusive and integrated approach of the care process: prevention, early detection, diagnosis, treatment and monitoring.
- Higher quality of services and saving public healthcare money: The IDeALL (Integrating Design for All in Living Labs) project is to connect two user-centered communities – Living Labs and Design for All professionals. Through this project, ADEBAG will evaluate the added value provided by a project engineering methodology combining both design and e-Care Living Lab approaches in terms of medical risk management (acceptability, usability) from the end-user point of view but also from the medical practitioner point of view.
- Keeping the elderly independently longer at home: Medic@lps is involved in many projects with the aim to keep the elderly independently longer at home. The European project JADEaims at helping older people to live independently for longer, boosting development policy initiatives towards innovative and affordable technologies and services to improve the quality life of the elderly. The T-NG project aims to propose new kind of tele assistance services and set up an experiment in real conditions for the use of technology dedicated to autonomy of elderly.

- Acceptance by the elderly of technology and policy: Medicalps is involved in a collaborative project which is to set up an experiment in the elderly. ADEBAG implement the e-Care Living lab methodology through T-NG project which aims to propose new kind of tele assistance services through the development and the reliability of a tele assistance offer based on ADSL and a new package of services (visio, mobile assistance and home automation). This includes the adaptation to care services and accompanying measures for care givers to get over this technological gap. These new services are experimented in real life conditions in the city of Bourgoin Jallieu.
- Minimising energy, contribute to sustainability is not yet taken into count for our cluster. We are aware that in the future this part will become increasingly important for our members and for our future projects. Nowadays, we have not yet addressed the issue, but the project Innovage is a perfect opportunity for us began the study of the energy and sustainability issues and learn for the future.
- Degree of Innovation (in governance, fundraising, financing instruments, marketing, internationalisation, processes, services, etc) : Change of governance:
    - From a research driven cluster to an industry driven cluster.
    - From public to private funding.

9 Scenario Building

In 2000, a focus group with stakeholders in the area of life sciences as the University Joseph Fourier, the CEA, the Grenoble Engineering school (INPG), Grenoble Alpes Métropole, was created to implement actions to promote economic development science of living in the Grenoble area. The driving for at the origin of this focus group was based on the statement that high qualified students arising from our universities/engineering schools, especially our life sciences graduated student, hadn't the possibility to remain on our territory because of lack of employment in this field.

ADEBAG is born in the idea of creating a structure that can bring together research organizations, companies and local authorities in order to structure the health and life sciences sector. The purpose of this structure is to develop the exploitation in laboratories and promote the reconciliation of these laboratories with the world of business, to develop a network of companies to make attractive the Grenoble area in terms of location companies and finally bring employment to Grenoble students trained in the health sector.

After 12 years, ADEBAG became Medic@lps and the Grenoble health sector became structured and with a strong and growing economy. Medic@lps represents three lines of companies such as Biotechnology, Medical technology and Technology dedicated to independence and health. Medic@lps changed its governance, from a research driven cluster to an industry driven cluster and from public to private funding.

Since the early stage of its development, Medic@lps demonstrate its willingness to enter into an internationalization process by increasing collaborations and connections with

international, as with European Bio Alpine Convention which allowed to establish links with the Italian cluster BioIndustry park of Torino and the Swiss cluster Bioalps. These efforts led to the emergence of transnational collaborative project Alps Bio Cluster with other European partners. Medic@lps now involved in several European projects like JADE and INNOVAge but also signs interclustering agreements with other clusters as the CTS of Montreal.

10 Lessons learnt from the practice

- Be pioneer, Be creative, Be innovative: “An intermediary in innovation has to be innovative itself”
- Define a clear positioning within an innovation intermediary landscape (incubators, tech transfer structure etc.)
- Work on your “double contribution” KPI and consequently on a sustainable business model (from public to private funding)
- A smooth transition from a public research governance to a private driven one is key for the maturity of the cluster

11 Contact information

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12 Other possible interesting information

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GP 8: MONAK2 Cluster written by Lithuania Innovation Centre-LIC

1 Title of the practice

MONAK2 Cluster: Smart Homes for elderly

2 Precise theme/issue tackled by the practice

Cluster development for solutions for elderly

3 Practice content overview

A group of construction companies got together to start developing new products together. They invited ICT company and researchers to think together about new product/services. Next they started thinking and developing smart home solutions specifically for the elderly. They do this in collaboration with international partners for international markets.

4 Objectives of the practice

Cluster development for new products and solutions for elderly.

5 Location

Alytus (with partners from Vilnius and Kaunas), Lithuania

6 Detailed description of the practice

The origin of this cluster was when several companies in the sector of construction of wooden houses started collaboration when a foreign order was too large for each individual company to handle. From sharing the same order, companies started to work together and think about possible future collaboration. This resulted in a new cluster for common product development.

The cluster is now organised as a single legal entity MONAK2

7 Evaluation of the practice

The MONAK2 cluster has now a common website, common legal entity, and they participate in international projects and do common developing of prototypes and demonstration projects

One of the main success factors of the cluster was the building of trust between the different companies and this was attained by starting to implement activities together. One of the lessons is that is still remains a challenge to develop common products together with competing firms.

8 Criteria for evaluation (Aspiration list)

- Transferability: The cluster may function as an inspiration, difficult to replicate: the emergence of a new cluster is based on the role of individual people and accidental events.
- There is no feedback into new policy making. There is an ongoing dialogue with the Ministry of Economy on cluster development, but no specific input for policy development has been made.
- Quadruple helix: The cluster involves research and industry, and started talking to end-users about their needs. Public authorities are not yet directly involved in the cluster development.

- One of the main goals of the cluster is to develop solutions that enable elderly to live independently longer at home through new Smart Homes
- Degree of Innovation: Following experiences from other cluster development, but innovative in the inclusion of end-users (first steps)

9 Scenario Building

The cluster was initially formed after a group of competing building companies were each to small to handle a large order from abroad and decided to collaborate to deliver the order. After this initial collaboration, the companies started talking and working together and decided to do common branding and product development. Now the cluster includes researchers and IT companies and is actively searching opportunities for both Smart homes and solutions for the independent living of the elderly.

10 Lessons learnt from the practice

Learning by doing is important and by working together partners start talking and building trust that is required for common future collaboration on sometimes confidential topics like product development and strategic market choices.

11 Contact information

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12 Other possible interesting information

Please visit the website: www.monak.lt

GP 9: Senior well living written by BTH Sweden

1 Title of the practice

Senior well living - the BTH Sweden Good practice

2 Precise theme/issue tackled by the practice

- Investigations of elderly needs for eco-sustainable living.
- Involvement of end-users, staff, politicians and relatives and education for these groups in approaches and technologies for independent living.
- Displays and demonstrations of relevant technology for elderly, relatives, politicians, senior citizens group and staff by service and product providers.
- Enhancement of connections and communication within the local elderly organizations and health ecosystem.
- Innovation incubators, in collaboration with elderly organizations Focus groups, specific technologies selected for small number of elderly and relatives to try out.

3 Practice content overview

Senior well-being is a project focusing on understanding elderly needs and possibilities for eco-sustainable living by displaying technology and services for healthcare, informing and educating elderly, politicians, relatives and staff and cultivating a dialogue with and between these groups around technological solutions and approaches to well-being and independence, thus:

- Bringing together and representing relevant players, both public and private.
- Enhancing understanding of elderly people's needs and interests .
- Cooperating with companies in the building sector, in sensor networks, mechanics, information infrastructure and ICT, regional authorities and other existing structures to ensure the promotion and development of the region's attractiveness.

4 Objectives of the practice

- Investigating possibilities to support safe and comfortable independent living combining best knowledge and latest technology in developing a new care and welfare living Identifying safe, convenient and sustainable technical solutions Comparing different products as a basis for decisions for investing in technology for the new elderly home.
- Cultivating a dialogue and design space about technical solutions with end users, relatives and staff in elderly care.
- Participating in technology day for staff in elderly care with focus on safety and comfortable living for the elderly.

5 Location

- Sweden
- Blekinge

6 Detailed description of the practice

- Senior well-being is a project in cooperation between the municipality, country council and university. The project is also cooperating with related on-going projects involving elderly organisations, innovation clusters and local authorities and initiatives in the region.
- Process and detailed content of the practice:

  Senior well living provides services, knowledge, technologies and tools to its members:
  - Focus groups, gathering and focusing on specifically selected technologies
  - Lectures with elderly, staff, relatives, politicians
  - Exhibitions of technologies
  - Innovation discussions with staff, elderly and relative organisations.
- Legal framework

  Elderly organisation in Karlskrona, BTH Innovation financed by Hjälpmedelsinstitutet, Bo bra på äldre dar i.e. Live well in elderly days.
- Financial framework:
  - Grants from national knowledge centre for persons with disabilities

7 Evaluation of the practice

- Project finance.
- The project has resulted in increased cooperation between the different parties in different project constellations, with elderly, relative organisations, politicians, staff, academia, municipalities, country council, companies etc.
- Lectures and technologies were evaluated by staff and elderly.

8 Criteria for evaluation (Aspiration list)

- Relevance: The focus of the activities so they are suitable for the end users, elderly and other relevant stakeholders.
- Feedback into policy: The information spread in the organisations about the project and the national funding organisation.
- Quadruple helix: All quadruple helix parties are involved, public/private sector, end users, relatives, government, companies, politicians.
- Higher quality of services and saving public healthcare money: The approach is on well living for the elderly. If there are services, technologies and approaches that save public healthcare money this is a bonus. Higher quality of services is aimed for.
- Supporting independent living at home longer for the elderly: This is one of the goals for the project. Including companies to meet elderly, staff and relatives in order to understand needs and opportunities.
- Acceptance by the elderly of technology and policy: At least 25 different technologies were displayed including smart home technologies and different services for elderly.
- Minimising energy consumption, contributing to sustainability: The different technologies can increase possibilities for distance cooperation.
- Degree of Innovation (in governance, fundraising, financing instruments, marketing, internationalisation, processes, services, etc) :
    - Projects and project constellations.

9 Scenario Building

Cooperation in different project forms had taken place earlier, but this specific best practice cooperation between municipality, country council and university was established in 2011. Further projects are currently under way and a more extensive six year project with companies focusing on smart homes has been initiated.

10 Lessons learnt from the practice

- Important to cooperate with multiple stakeholders having different competences.
- A lot of work, involving different perspectives and understandings.
- Training, maintenance and achieving maturity of technology takes time.

11 Contact information

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12 Other possible interesting information

www.bth.se
http://www.hi.se/sv-se/Arbetsomraden/Projekt/bobrapaaldredar/
http://www.hi.se/sv-se/Arbetsomraden/Projekt/bobrapaaldredar/Pagaende-projekt/Pagaende-projekt-om-forstudier/Senior-Bokvam-i-Karlskrona/
www.seniorbo.nu

G10: Subcarpathian Renewable Energy Cluster written by Rzeszow Regional Development Agency

1 Title of the practice

Subcarpathian Renewable Energy Cluster

Intelligent Eco Housing 2020

2 Precise theme/issue tackled by the practice

We want to give people ideas for better, healthier life – smaller carbon edition because of using green energy.

3 Practice content overview

- The most important assumptions of Subcarpathian Renewable Energy Cluster are: creating networks of cooperation between universities, business support institutions, administration and entrepreneurs of renewable energy sector; RD;
- stimulating the development of new technologies together with analytical and scientific support in innovative products and solutions;
- supporting actions related to sustainable use of renewable energy sources using of the Subcarpatian Voivodeship potential.
- Project Intelligent Eco Housing 2020 will help elderly in eco-independent live. Innovations solutions which one we will use inside houses will help elderly live easier. The idea and initial assumptions were made based on the experience gained during many visits in Australia, China, Belgium, Italy, the Netherlands and Germany.

4 Objectives of the practice

The project Intelligent Eco Housing 2020 will act as a catalyst for new attitudes / ways of thinking people Podkarpacie region the use of social and economic innovative technologies and efficient management of existing resources, including natural resources. It has to create a new quality of the implementation of local and regional economic and social tasks, create the conditions for sustainable development and reducing Podkarpacie identified social and economic inequalities. The main objectives of the project include stimulating the development of modern urban region, increasing the level of innovation in the region, particularly in the rural areas, increase the use of renewable energy sources, improving energy efficiency, increasing the use of digital technologies to improve the quality of life and maintain the welfare of the environment.

5 Location

- Poland, Subcarpatian Voivodeship, (Podkarpackie Region)

6 Detailed description of the practice

On the 15th September, 2011 the members of Subcarpathian Renewable Energy Cluster set up the “Association Subcarpathian Ecoenergetics” which is currently serving the function of the institutional cluster coordinator.

Intelligent Eco Housing will be a complex of buildings: flats, apartments , houses where we will put a lot of innovative solutions (renewable energy, “smart” furniture - tailored to the needs of the household). In the center of the the area will be Health Center, Park, Shopping Centre, Entertainment, Sport Center. In one part will be a farm where people could buy fresh vegetable, dairy, fruits. A lot of people who will live in this complex could also find a job not far away from home (for example in shops, cinema, library, on farm). Intelligent Eco Housing will give people daily needs within easy reach and in eco-style.

Funded: members fees.

7 Evaluation of the practice

- Members:
- Ordinary members: 65
- Universities: 2
- Local Goverment unites: 4
- Bussiness suport Institutions: 4
- Schools: 5
- Staff: 10

8 Criteria for evaluation

Still realize our assumptions. Show, local authorities, politicians what kind of problems have elderly and inform them about innovation solution which one exist in the market.

9 Lessons learnt from the practice

Cooperation between different sectors, exchange of knowledge and experience has huge signification to build better tomorrow.

10 Contact information

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11 Other possible interesting information

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www.rescluster.eu

GP 11: TNO SBIR written by TNO

1 Title of the practice

TNO SBIR (Small Business Innovation Research)

2 Precise theme/issue tackled by the practice

The uptake of developed technologies into commercialized products or services by SME's in the Netherlands. Generic application.

3 Practice content overview

- The TNO SBIR programme has been developed to address the gap between invention and innovation. Original ideas developed by TNO now get a chance to be transferred to the SME through a network event in which, when a successful match is made the invention can be developed into a commercial entity.
- From an R&IDC this practice is worth mentioning as it bridges gaps between development and application meanwhile supporting local SME's.

4 Objectives of the practice

To transfer and develop ideas/inventions into products in an event that matches SME companies with TNO-researchers.

5 Location

- The Netherlands

6 Detailed description of the practice

- TNO has been established in 1932 to form the R&D backbone for SME's.
- As it executes research from near fundamental to fully applied and has highly capable staff. M any ideas and inventions are developed (TNO patented 160 ideas/inventions in 2011 (EPO)).
- TNO runs a specific programme for SME's to be able to convert TNO-ideas/inventions/ patents into commercial products or services.
- Through an on-line (internal) pitch TNO-employees have a chance to show their ideas for an audience of SME's. Only the best ideas have a chance to publicly showcase their ideas. Ideas are judged on criteria such as: societal /economical value, originality/ innovativeness, ready for development with some additional research to be done (within 2-3 years, for max 300k euro), be based on specific TNO technology/knowledge or expertise.
- When a match is made between a TNO idea and an SME, they enter into a relationship to develop the idea through different stages: feasibility study (phase 1), development of product/service (phase 2) and eventually commercialization.
- TNO funds the co-development with in-house staff that is assigned to these successful projects. The feasibility stage is supported by max 25k euro. The following development stage by a sum of max 250k euro.
- Original IPR developed by TNO is retained by TNO but can be used under circumstances by SME's. Newly developed IPR as result of cooperation is held by the SME.

7 Evaluation of the practice

- In recent years 51 feasibility studies (phase 1) have been successfully completed. 19 development studies have been started of which 11 have been completed (phase 2).
- A number of successful new products or services have been developed and the SBIR-programme can been seen as a way to bridge the gap between invention and innovation.
- The programme not only stimulates the development of in-house ideas/inventions but

also successfully matches these through a number of events. Ideas get better through the competition element and on-line discussion between colleagues before ideas are selected. It also stimulates research to think and acts like a commercial entity; how can my idea be successful in business. The pitch element helps in conveying this message; SME's in the audience will either contact or not contact the researcher.

8 Criteria for evaluation (Aspiration list)

Ideas can come from the wide background and expertise from TNO; it is not limited in terms of technology or application area.

A well developed TNO- Idea has at least:

- societal/economic added value
- is original and or innovative
- is based on recently developed TNO-knowledge (patent, publication or software-algorithm)
- is commercially interesting for the Dutch SME and can be developed into a commercial product or service within 2-3 years; maximum allowed R&D budget is 300k euro.
- is not yet fully developed; more applied R&D is necessary before commercialisation can be achieved

9 Contact information

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10 Other possible interesting information

www.tno.nl/sbir

GP12:Torino Wireless- the Piemonte ICT cluster written by Marche Region and SVIM

1 Title of the practice

Torino Wireless- the Piemonte ICT cluster: how to exploit the potential of local SMEs, research institution and public administration and produce wealth and sustainable development for a territory through an effective R&ID Cluster.

2 Precise theme/issue tackled by the practice

Governance model – stakeholders clustering and involvement – Innovation boosting methods – fundraising strategies – knowledge and technology transfer techniques – Internationalization of Innovation – systemic projects building techniques – cluster external and internal communication strategies – cluster branding and marketing.

3 Practice content overview

The Piemonte ICT cluster is widely regarded as an excellence at European level for what concern organized multi-player ecosystems that stimulate innovation and economic development for a given sector (ICT) in a given territory (Piemonte region). As top-class research intense universities such as the Politecnico of Torino are founding member of the cluster, as well as big private hi-tech companies(i.e. Telecom Italy) and research centres, technological innovation has been by far the main driving aspect of the cluster life since its beginning. In fact, the ICT Cluster first mission is to make ambitious ICT innovative projects developed by SMEs, by linking needs, resources and competences of the territory and by wisely allocating public finances. Moreover, the cluster governing body, the Foundation Torino Wireless, is itself a high level organization able since 2003 to promote technology

development and knowledge sharing in various sector technology-based, thanks to a broad network of international and national partners and an official role of intermediate body and technical supervisor in many technological national and regional initiatives, like smart city projects and MIUR call for proposals.

That said, the Piemonte ICT Cluster is by all means worthwhile to be included among the selection of Innovage Good Practices for the following reasons:

- the high relevance of the sector ICT in terms of eco-innovation and, smart homes and independent living.
- the strong performance of the Piemonte ICT cluster in funding and implementing ICT EU, national and regional projects.
- the proven capacity to link demand and offer of Innovation in the Piemonte region.
- the establishment of stable cooperation among SMEs, bigger companies, research institutions and public administration needs.
- the successful international matchmaking activities for small and medium businesses.
- the ability to promote the economic development of the regional territory in all its different components but with a specific focus on SMEs.
- the capacity to act as regional focal point for informing on all sort of funding opportunities and for sharing knowledge and transfer know-how and technology.
- the success of TW either on selling Innovation services to the market and attracting a great amount of public funding.
- the direct and indirect influence on regional strategic planning for what concern technological innovation.

4 Objectives of the practice

To gain a full understanding on the strategic and operative dynamics, the applied working methods, the governance structure and all other elements that make the Piemonte ICT Cluster and TW successful cases within the Italian panorama of R&IDCs.

To isolate those valuable aspects of the Piemonte ICT cluster experience that are transferrable to different political contexts and socio-economic realities and, through them, give spin to positive emulation mechanisms into Innovage Learning Regions.

5 Location

- Italy
- Torino (headquarters), Novara (local branch)

6 Detailed description of the practice

The Torino Wireless foundation (TW) was born on 2003 as managing body of the Piemonte ICT District, a technological district recognized by the Italian Ministry of Research and University.

Its mission is to act as business accelerator of SMEs that operate in the ICT sector, which include also electronics, informatics and TLC, as well as other industrial sectors that apply ICT as leverage for Innovation. It was founded by 19 national and local partners, both public and private (Ministry of Research, Piemonte Region, Province of Torino, City of Torino, universities, research centres, credit institutions and big companies). Operating in an industrial basin made of over 13000 ICT companies, of which 2000 involved in Technological Innovation processes, since its inception TW has mapped and got in touch with 900 of them. Currently, over 400 ICT SMEs are developing R&I projects in cooperation with research centres based all over the Piemonte territory. 150 SMEs are involved in sectoral projects, while about 80 new members join the TW network every year. The network growth rate has been recently increased by the development of Smart Cities projects (TW is the switchboard of the Torino Smart City initiative) that include also non-ICT companies. TW has gained a strong reputation at national level as catalyser, through its members, of top level technology, expertise and know-how, and thus developed stable partnerships with most of the Italian regional authorities. Consequently, TW took part as leader or as partner in about half of all the project proposal submitted under the last call for technological clusters launched by the MIUR in 2012.

The range of services offered by TW to the network members include: R&D funding, support for Innovation projects, EU funds attraction, business networking, initiatives for target, facilitated access to investment capital, managing of the ICT Cluster, special projects.

With regard to the relationship with the regional Authority, TW offer the Piemonte region with thematic analysis to support regional strategic and operative planning, while they are not directly involved in the policy-making process.

Finally, TW enter into national and EU R&D projects as intermediate organisation

representing different kind of actors of the region – PA, research, private business, end-user representatives - and is thus able to convey skills and interests that are needed to the project on a case by case basis.

Due to the substantial knowledge of the district and thanks to collaboration with different actors both private and public, Torino Wireless Foundation support the establishment of enterprise networks with a thematic market connotation with the aim to develop new ICT solution for that specific market. Nowadays three markets are being targeted: Smart building, agrofood and tourism.

New products and services should be developed in order to create business opportunity and ease the readiness of non ICT actors in exploiting new technology.

The Piemonte ICT Cluster is one of 12 thematic clusters born in 2009 in Piemonte thanks to an initiative promoted by the Regional Government to enhance the economic development of local well-rooted strategic sectors of the regional territory. Its mission is to act as facilitator, sponsor and promoter of R&D projects as well as create and strengthen networks among public administrations, Research institutions and private companies, for making these players cooperate for exploiting synergies and share their knowledge and expertise develop on new innovative projects. The ICT cluster began in 2009 with 78 members, that, after a steep growth throughout the first 4 years of activity, became 169 in 2012. To date, 132 small companies, 16 medium companies, 9 big companies (among them, Oracle and Telecom Italy) and 11 research institutions (4 universities, 4 research centres and 3 scientific parks) are associated to the ICT Cluster.

The main activities of the cluster are:

- Innovation projects funding. Since 2009, the ICT cluster has funded 60 R&D projects that involve 216 partners and generated an overall investments of 25,2 M□.
- Analysis of key economic sectors.
- Guidance for Innovation projects development:
    a. Assistance in project designing.
    b. Project quality evaluation.
    c. Grant bids assessment against eligibility and award criteria.
- Innovation supporting services (overall 2,4□ investments in ICT from 35 associated companies):IPR issues handling; technology intelligence; project idea development; international networking and partner seeking; mobility of specialized staff; innovative start-ups nursery.
- Inter-clustering: 22 R&D projects jointly carried out with most of the other 11 Piemonte technological clusters.
- Internationalization including International conferences; B2B meetings; Networking events.
- EU Projects: Info days on available EU funding opportunities; Partner seeking;

Networking with other EU clusters; Assistance in project designing and drafting; Proposals assessment with experts from APRE (Italian Research Agency).

- Business networking.
- Corporate Meeting.
- Entrepreneurial Training: Special events and workshops; Technological seminars; Sectoral Bar camp; Courses on Project designing and financial reporting.

Legal framework:

Torino Wireless is a non-for-profit foundation, while the ICT Cluster is a non-for-profit temporary association (a 5 years renewable agreement) made of different public and private entities (non-for-profit organisations, universities, big companies, research centers, SMEs, Innovative Start-UPs) which operate all in the same sector

Financial framework:

TW was created in 2003 thanks to an initial grant of 26M □ and have a budget of about 3,5M □ a year. Their incomes come mainly from public contributions and market revenues, with a residual money from member fees. The income sources are: 60% from national or regional public grants, 30% from the market (innovation services selling) and the remaining 10% from members fees. The ICT Cluster is funded by the Piemonte Region, that awarded to the 12 cluster a 5 years grant (2009-2014) of 90 M□ (10M□ for 2012)

7 Evaluation of the practice

Main Achievements

From 2003 to 2008, the Torino Wireless Foundation helped 390 companies in their technological, managerial and commercial activities, to growth and succeed on the market. All the services provided by the Foundation were activated together with public and private partners, that not only represent funding institution but they are also concretely involved in the promotion and development of the cluster.

One of the most brilliant achievement relates to the Foundation's capability of attraction and mobilization of financial resources: totally it has been able to attract 117 million euro (32 from public and 85 from private organizations).

The most relevant results obtained in the period 2003-2008 can be summed as follows:

- Companies acceleration: 909 interventions for □ 17,9 million of services provided.
- Raising of resources from National, Regional or EU funds to realize collaborative projects involving SMEs and Large Companies for a total amount of □ 33 million invested.

- Intellectual Property Management: 61 patents filed (35 licensed), 66 assisted companies, interaction with 150 researchers.
- International networking activities (e.g. SME Pact).
- Clustering projects between ICT companies for product developments (e.g. Infomobility Cluster).
- Setting up of Venture Capital funds, Piemontech and Innogest Capital, for a total amount of □ 85 million.

Success factors.

- virtuous integration of all key innovation players, great capacity to gather local interests and skills and to make them added values in wider working contexts such as national clusters or EU projects.
- high competence in the sectors involved; ownership at regional level of thematic that are top priorities for the EU Commission and enjoy best economic outlooks (i.e. Smart Cities and Smart Communities, Living Labs and PCP projects).
- effective cluster internationalization process, thanks a consistent participation to EU territorial cooperation and direct funding programmes (i.e involvement of Piemonte SMEs in Living Labs cross-border initiatives through the ALCOTRA programme) and to consolidated strategic relationships with similar clusters in non-EU countries (Australia, Canada, Colombia, USA).
- good feedback into regional policies and programmes (in particular ex-ante evaluation, support in the ROP implementation, support in the call for proposal target to MSMEs etc..).

Weak elements

- Low involvement of end-user in open innovation processes;

8 Criteria for evaluation (Aspiration list)

Qualitative evaluation scale applied, ordered in ascending rank of value: Irrelevant – Insufficient – Satisfactory -- Good – Very Good - Excellent:

a. Transferability: VERY GOOD (the cluster model is easy to transfer if availability to cooperate exists in the territory).
b. Feedback into policy: GOOD feedback in the programming and ex-ante evaluation phase.
c. Quadruple helix: INSUFFICIENT (they are still working based on a triple helix model); the involvement of end users representatives is one of the key challenges for the next years.
d. Higher quality of services and saving public healthcare money! GOOD (i.e see project

on e-health, eGov, smart grids, etc…).

e. Keeping the elderly independently longer at home: GOOD (some projects are focused on energy efficient buildings, mobile solutions, embedded systems domestic solutions.
f. Acceptance by the elderly of technology and policy VERY GOOD (see ADAMO project, the output is well accepted by olders and is being sold on the market).
g. Minimising energy, contribute to sustainability: VERY GOOD (TW is focused on energy efficiency buildings, green and smart manufacturing, embedded system).
h. Degree of Innovation (in governance, fundraising, financing instruments, marketing, internationalisation, processes, services, etc) EXCELLENT.

9 Lessons learnt from the practice

- Win wing character of the cluster: participative and high level of coordination of the key innovation stakeholders;
- High impact of projects at regional level on MSMEs and innovation
- Interclustering activities is an added values as well as the activity at EU and interregional level

10 Contact information

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11 Other possible interesting information

- Website: www.torinowireless.it
- Other sources of information: TW brochure, Piemonte ICT Cluster Year Book, PPTs (all downloadable from the above websites)
- ADAMO project : consists of a watch (whose design was thought not to be in any way a factor that can lead to a state of difficulty of the wearer) and a base station that is installed in the living environment of the person and that can establish a connection to a service center (a health center in the community). The system is capable of reading people's primary physiological parameters, as well as gathering information about their surrounding environment in order to automatically identify anomalous situations and send requests for help to the operations center.

Both of the devices (watch and base station) feature a call button, with which the user can contact to an operations center directly and call for assistance. Operators and health and social workers receive the information sent by the system, or the calls made directly by the person in difficulty, and determine the correct response. The architecture chosen to implement the ADAMO system allows to develop different types of supply, depending on the end users needs. More information available at http://www.adamo-healthcare.com/index.htm

GP 13: Robo M.D. written by RERA

1 Title of the practice

ROBO M.D.

2 Precise theme/issue tackled by the practice

Focused on elderly people living at home - detecting critical situations (product for home health care).

3 Practice content overview

A home-care robot for monitoring and detection of critical situations was developed to improve quality of life of risk patients like elderly people, and also to reduce costs of home-care systems.

4 Objectives of the practice

In a critical situation (for instance fall of user) the robot will find a way to the user and will start a simple conversation. By a few questions the robot will find out if an emergency case happened or if a false alarm was triggered off throughout the data analysis.

The robot is equipped with different types of sensors and actuators to communicate with the user and to find the way to the patient (for instance video camera, speakers and microphone). The sensors could be turned off during daily life so the user wouldn't get the feeling of being observed and therefore increase the likelihood of acceptance of the robot by the user.

5 Location

- Czech Republic (Southwest Bohemia) + all relevant European regions involved in the project.

6 Detailed description of the practice

- Robo M.D. is one of eight subprojects of the Interreg IVC project Innovation 4 Welfare realized from February 2010 to October 2011.
- 5 partners from 5 regions of following countries – Austria (Upper Austria), Czech Republic (Southwest Bohemia), Estonia, Italy (Lombardy), Netherlands (North Brabant) were involved in this project.
    1. Johannes Kepler University, Institute for Design and Control of Mechatronical Systems
    2. University of South Bohemia in Ceské Budejovice
    3. University of Tartu
    4. Italian National Research Council, Institute of Electronic, Information and Communication Technologies
    5. Fontys University of Applied Sciences
- The ROBO M.D. subproject idea has been developed as a demand oriented instrument tackling regional home care tools and overcoming system gaps in order to boost the diffusion and application of innovation at regional and interregional level. With the help of the defined activities and the implementation of the pilot robot as a home care service, welfare organisations got the possibilities to use a new tool to enhance their services.
- Project was co-funded by the Interreg IVC Programme with total budget 445.996 □.
- ROBO M.D. currently participates in: Werner von Siemens Excellence Award in the Czech Republic.

7 Evaluation of the practice

- A prototype robot has been built with the following functions:
    a. Real time fall detection
    b. Real time QRS beat detection

Robot interacts with the user by asking yes and no questions. Robot can be remotely tele-operated by a care-provider to drive and control the robot and to remotely see and communicate with the patient. Robot was mounted on a wheeled platform to increase speed. Measured data are stored at a personal computer and can be used for further investigations.

8 Criteria for evaluation (Aspiration list)

- Transferability:

  Possible
- Feedback into policy:

  ROBO M.D. objectives take both a strategic and an operational approach: The strategic approach especially aims at the general verification and proof of the new home care system service of the robot as a suitable support instrument stressing the importance of welfare sector and still existing gap in innovation support policies. Furthermore, one of the main objectives is the removal of bottlenecks among different private and institutional players involved and also the improvement of framework conditions. It addresses the policy level of regional or national stakeholders aiming at an adaption of existing or definition of new policies which focus on home care systems. The operational approach of ROBO M.D. especially focuses on welfare organisations aiming at the implementation of new products on the market, on technology transfer stimulation and on knowledge exchange as well as on putting cooperation among the different institutions involved into daily practice.
- Quadruple helix:

  Research facilities, technology producers, regional government, beneficiaries.
- Higher quality of services and saving public healthcare money!:

  ROBO M.D. has the major objective to increase the services for patients via wireless ICT technology in order to offer new service tool, and furthermore to help decrease the cost of regional home care systems.
- Keeping the elderly independently longer at home:

  ROBO M.D. brings decentralized home care services to the target users. Patients can live in their familiar environment and not e.g. in the hospital.
- Technology and policy acceptance by the elderly people

  The investigation of the best solutions for all interested groups (the patient, public and private organisations as well as operators) was led by the project consortium in the interaction with its target beneficiaries.

9 Lessons learnt from the practice

- Innovation can improve welfare by using interregional cooperation and multistakeholder approach. Good Practice means interregional cooperation on a specific research project in the form of mini-program.
- Combination of exchanging experience, development of innovative subprojects and providing policy recommendations are useful in the field of innovation and social welfare.
- Interregional projects have stimulated the creation of new solutions in the field of health related issues: demand particularly focused on new techniques in rehabilitation and remote control assistance.

10 Contact information

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11 Other possible interesting information

http://www.innovation4welfare.eu/

GP14: ‘Social Patronage’ written by Sofia Municipality

1 Title of the practice

Municipal company “Social Patronage”

2 Precise theme/issue tackled by the practice

The company provides social services to people at home, which have one of the following conditions:

1. they are unable either by themselves or with the assistance of their loved one to help them, to organize and satisfy their basic needs.
2. they are in retirement age.
3. they have a 50 per cent or more than a 50 per cent permanently reduced working capacity.
4. they are children, adolescents and young adults up to 18 years old with mental retardation, physical and/or sensory disabilities and with reduced adaptive capabilities for a social adaptation.
5. they have no relatives, which can take care of them.
6. they are socially disadvantaged people and families, which are with losted their shelter or they have been accommodated in a temporary accommodation centre for homeless people for up to three months.
7. they are people with serious or irreversible disabilities of a vital organs and important systems or in certification period from Territorial Expert Medical Commission.

3 Practice content overview

The municipal company “Social Patronage” provides social services at home. The way of provision of social services shall provide opportunity for the development of innovative social services, forms of care and support in daily activities with the full participation in public life of the target group, implemented by the real protection, equal access and opportunities to create the borders and conditions for social integration of the elderly and people with disabilities.

4 Objectives of the practice

Delivery of quality social services in their usual home environment

5 Location

- Bulgaria
- Sofia Municipality - all 24 districts of the capital

6 Detailed description of the practice

- The municipal company “Social Patronage” was established in 17.02.2003 by the Decision N° 7 in Minutes N° 48 from the Sofia Municipal Council and budgetary authorized.
- The scope of activities for the Municipal company “Social Patronage” included the provision of social services in the community.
- The preparation and food supply at home with a specialized transport, a home services, an assistance for obtaining a general and specialized medical services, social work activities to support the social reintegration of the lonely elderly people, children, youth and adults in unequal social status.
- The Company’s activity carries out by 9 departments “Social Patronage” which serve all the areas of the city of Sofia.
- The departments have specific activity - accepting to requests’ accepting by those who wish to use the services of the company, receiving of citizens on different issues associated with the provision of the social services implementing of social surveys in place of residence on the applicants.

- The preparation of the food for people which are enjoing of the company' service takes place in 5 kitchens of the company which have the necessary equipment and inventory.
- Five nutrition instructors control the food process for the preparation of 4 specific diets.
- The drivers are entrusted with the task of delivering the food to individuals at their homes.
- Employees of the municipal company shall be sent in assistance to the feeding of bedridden and disabled people, which are being served. The feedbacks received about the assistance provided are positive.
- In depending the needs of the users of social services to make health care by nurses consisting in hygienic care of bedside service, anti-deceits care, injections putting, changing of dressings, psychologists are conducting a psychosocial intervention. The rehabilitators implement activities about a medical rehabilitation of the persons, which are users of social services provided by the company. As first aid equipment and the rehabilitation of a needy person by nurses and therapists take place after a direction issued from the general practitioner of this person.
- The users of social services are looked after by highly qualified social workers. The activity of the social workers is aimed to improve the quality of the social work with people, which are receiving the services and also the provision of new social services. Enabled by means of prepared in advance individual plans, based on an assessment of needs, an abiliy and the personal preferences of the serviced people,specific to their homes. The social work is implemented at the homes of the people which are receiving the services, through some visits of the social workers.
- This is achieved after a preliminary agreement of the serviced adults about when to be visited by the social worker. According to their desire and needs to perform activities for an assistance in their everyday life and to improve their health. The social workers assist in the GP visit for consultations with specialists in health problems, legal consultations and etc.. If necessary, the social worker shall also assist the elderly with their shopping. The social worker shall assist in resolving any administrative issues - filing contacts with individual institutions providing funds through the support given by the directorates for social assistance and the preparation of documents in assistance for the placement in specialized institutions.
- The services, provided by the Municipal company "Social Patronage" are defined in the Social Assistance Act. It is funded by the Sofia Municipality.

7 Evaluation of the practice

- The social services provided by the Municipal company “Social Patronage” aims to improve the quality of life of the citizens of the Sofia Municipality. At the moment, the established organization providing a variety of social services meets the needs of the local people.
- The social services are provided in the normal home environment of the people in a way which is respectfull of their privacy and also complying with their lifestyle. The services are being provided to encourage users involvment in the decision process and not to put him/her feeling dependant on the services.

8 Criteria for evaluation (Aspiration list)

- The services offered by the company are provided in a wayto respect the dignity and the right of personal area of the users and also tp comply with their lifestyle. Autonomy is encouraged and the involvment in decision making process on all issues related to his lifestyle. The services support the maintenance and the development of the strengths and the positive characteristics in the value system of each user. The confidentiality of the personal data is guaranteed in accordance with the requirements of the Law about the protection of personal data and the ethical business principles in this service activity.
- The users have full and varied information about the social services provided by the Municipal Enterprise “respite” social services. Based on the assessment made of the needs in the initial plan for the service provision, the objective is to achieve the most complete satisfaction of the individual needs of each customer. A contract for the delivery of the social services, between the supplier and the user of the social services is regulated by the rights and obligations of either parties. The users should feel safe at their homes during the time they use the services provided by the Municipal company “Social Patronage”.
- The rights and interests of the users are protected by the conducting of a precise and a periodic updated documentation.
- The provision of social services is regulated by a clear mechanism for the monitoring and control of the respect of people’s rights having disabilities and of the elderly people with non-discrimination neither on disability nor age.

9 Contact information

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10 Other possible interesting information

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GP 15 : T-Seniority written by Region of Central Macedonia

1 Title of the practice

T - SENIORITY

2 Precise theme/issue tackled by the practice

New technologies to enjoy an independent life through TV

3 Practice content overview

T-Seniority is a SaaS (Software as a Service) accessible in dedicated European areas via digital TV as the most widely used and in many cases the preferred electronic channel, needing little introduction or maintenance.Its main aim is to empower independent living for older people and meet their variety needs.

4 Objectives of the practice

The objectives of the practice are the following:

- Availability : People disadvantaged due to lack of geographical coverage
- Affordability: People do not have access due to a lack of resources – (Realistic plans due to economic crisis).
- Accessibility : Two elements 1) people with disabilities (visual, audio, speech, mobility related) 2) people who are lacking in ICT skills.

5 Location

Greece

6 Detailed description of the practice

- T-Seniority was co-funded by the European Commission in the framework of the CIP Competitiveness and Innovation Framework Programme . (Budget for RCM 134.000) . Participant bodies from Greece, Spain, Finland, Cyprus, Italy and the U.K.
- T-Seniority objective is to significantly improve quality of life and ensure efficient health and social care for the ageing population by specifying and demonstrating innovative ICT enabled products and services.
- It is based in the integration of digital services addressed to elders and info-marginalized audiences that will be accessed by TV channels and where the important segment of people already acquainted with the TV remote control can be included in the digital society and benefit from it.
- T-Seniority main target is a "user-centric" integration of services throughout TV, especially assistance programs (including trans-borders services) for disadvantaged social groups, focusing mainly in older people and "early stages of getting older" people, to cover a diverse range of care needs in a wide range of service modalities (home care, tele-assistance, mobile telecom services, tele-alarms, nursing services….).
- It is a new service provision model that uses digital TV as the most widely available and preferred channel for info-marginalized sectors, helping to reach difficult-to-reach audiences, such as "disabled people getting older", who may have less access to other forms of digital technology, improving current situation and affording the demands of a growing elderly population.
- It emphasizes the digital inclusion through TV in Prevention and Early Action side of the Social Care, in order to avoid undesirable situations or to correct them at the shortest time. According to this, is a set of integrated care e-Service throughout TV oriented towards the Elders (and/or dependent people), and their Informal Carers. Informal Carers play an important part in the lives of many elderly people. It supports these carers as well as the sufferers themselves, because, in many cases they are also info-marginalised.

7 Evaluation of the practice

The T- Seniority project was implemented during the years and had the following results:

- General Public Services directly linked to Daily Life Support to Elders.
- Personalised Services for improving independent living, reinforcing decision-making, allowing a total control of services provision by the elder.
- Co-ordinated participation of all stakeholders, but always driven by the CENTRIC position of the Elder: they need, they choose, they manage, they are served. Public bodies and service providers are part of the network of services, each one deploys its tasks.

The template below demonstrates the concrete results:

Usability of Service and Platform

- 90% of users had a clear view of the operation and the services provided by T-seniority
- 40% did not feel absolutely able to use T-seniority by themselves

User Satisfaction

- 70% declared that they didn't get bored during its use
- 80% of users declared that T-Seniority has changed their understanding
- and perspective about new technologies.

Independence

- Users didn't choose to use personal services because according to their way of living they are not able to evaluate these services
- Users could not understand the interactive services, such as being able to purchase products from the internet

Social Integration

- 90% of users did not understand how T-Seniority will help them to have greater autonomy and better social life.
- users preferred the traditional way of communication via phone

Sustainability

- 90% of users implied that they wouldn't want to pay for any aspects of the service

8 Criteria for evaluation (Aspiration list)

- Feedback into policy: The project was in line with national and regional policies related to health care for senior citizens. More specific the project was in line with the Regional

and Sectoral Operational Programmes titled “Assistance at Home” and ‘Daily Care Centers for Elderly People’

- Quadruple helix: The final beneficiaries from the implementation of the above mentioned project were Elderly Homes (e.g Hariseio Elderly home) in Thessaloniki as well as Open Elderly Care Centres of several municipalities (e.g Municipality of Thermi).
- Higher quality of services and saving public healthcare money! : Reinforced Homecare. Reduced primary hospitalization.
- Keeping the elderly independently longer at home: Independent living was the main objective.
- Acceptance by the elderly of technology and policy: It was created a set of integrated care e-Service throughout TV oriented towards the Elders (and/or dependent people), and their Informal Carers. High level of Acceptance.

9 Lessons learnt from the practice

- The users want to use T-Seniority services at the Care Centers.
- Personal services are useful when the users have not the ability to move autonomously.

10 Contact information

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11 Other possible interesting information

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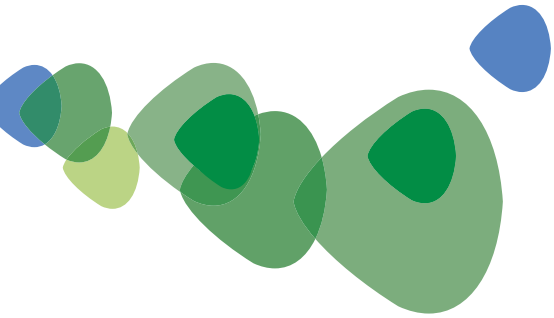
Innovage

14 European regions join forces to improve regional development policies in eco-independent living for the elderly, by networking, mentoring and clustering activities.



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