Landstinget Västernorrland

Rapport från AER Kommitté 2
- Plenarmöte

Letterkenny, Irland 2014-10-20 – 23

Eva Andersson

Lennart Moberg

Innehållsförteckning

- ***Vad är AER?***

AER Assembly of European Regions är det största oberoende nätverket av regionala organ/myndigheter i Europa och samlar nära 230 regioner.

AER grundades 1982. AER utgör ett forum för interregionalt samarbete och utgör även en lobbyist för regionala intressen på den ”europeiska scenen”. Högsta beslutande organ i AER är Generalförsamlingen där Landstinget Västernorrland företräds av Rodney Engström (M), Landstingsfullmäktiges ordförande och Elisabet Strömqvist (S), oppositionslands-tingsråd med Åsa Sjödén (S), ledamot av Landstingsfullmäktige som ersättare.

AER:s politik drivs/genomförs av ett presidium bestående av regionala presidenter/politiker på hög nivå.

Det operativa arbetet bedrivs genom tre arbetsutskott och två ständiga kommittéer. Arbetet i arbetsutskotten leds av regionala politiker och samordnas av medarbetare inom AER:s generalsekretariat i Strasbourg och Bryssel. Se för övrigt bilaga 1.

Utskotten utgör icke-byråkratiska strukturer som utvecklas ständigt för att möta behoven hos de olika AER-medlemmarna.

- ***AER:s arbetsutskott – kommittéer.***

AER:s verksamhet bedrivs i stort inom ramen för tre arbetsutskott/kommittéer.

Arbetstutskott/kommitté nr 1 fokuserar på ekonomi och regional utveckling.

Arbetsutskott/kommitté nr 2 fokuserar på socialpolitik och folkhälsa.

Arbetsutskott/kommitté nr 3 fokuserar på kultur/utbildning/ungdomsfrågor samt internationellt arbete.

I arbetsutskottet/kommitté nr 2 företräds Landstinget Västernorrland av Eva Andersson (MP), vice ordförande i FPTN, **F**olkhälsa-, **P**rimärvårds- och **T**andvårdsnämnd respektive RN, **R**egionala **N**ämnden och Sven-Åke Sjödin (S), ledamot av HSN, **H**älso- och **S**jukvårdnämnden med tjänstemannastöd genom Lennart Moberg.

- ***AER Kommitté 2 plenarmöte i Letterkenny, Irland 2014-10-20 – 23***

Programmet i Letterkenny innehöll Plenary Meeting för Kommitté 2, " samt konferensen”E-health: Independence and Inclusion in the 21st century”. Se f.ö. bilaga 2.

Landstingets representation – AER Kommitté 2: Eva Andersson (MP).
Tjänstemannastöd: Lennart Moberg.

Program

2014-10-20:
- Ankomst/välkomstceremoni

2014-10-21:
- Commity 2 Planery meeting. Se f.ö. bilaga 3.
- Studiebesök

- Workshop ”ENGAGED workshop on Mutual Learning Strategies”. Se f.ö. bilaga 4 A/B.

2014-10-22
- Seminarium: ”Integrated care I och II”.
- Workshop: ”Smart care”. Se f.ö. bilaga 5-6
- Studiebesök

2014-10-23
- Hemresa

- ***Rapport***

Vid Plenarmötet gavs en detaljerad information om det pågående interna förändrings-/utvecklingsarbetet inom AER.

I fokus stod frågeställningar som:

- Det ekonomiska läget för AER inkl. revisionella frågeställningar

- Frågeställningar av retroaktiv karaktär dvs. beslutade aktiviteter som ännu inte genomförts
- Tematiska innehåll som *exempelvis*
  - e-health
  - Politisk debatt med fokus på ”Hälsosamt åldrande – ekonomiskt väl-befinnande även för äldre”
  - Gemensamma frågeställningar, s.k. cross cutting issues
  - Vårens plenarmöte, preliminärt i Aalborg, Danmark.
  - Inbjudan – *uppmaning* – till regionerna att inkomma med anmälan om värdskap för förestående plenarmöten för AER Committe 2

Helt klart pågår ett angeläget internt ”städarbete” inom AER som välkomnades av ett flertal regionföreträdare.

Vidare hälsades de vidtagna personella förändringarna v.g. ett antal viktiga nyckelposter med stor tillfredsställelse.

Därtill mottogs den planerings- och styrcykel som den tillförordnade general-sekreteraren presenterade mycket positivt.

- ***Vårens plenarmöte.***

Vårens plenarmöte genomförs i Aalborg, Danmark, 2015-03-04 – 06
Preliminärt program framgår av bilaga 7.

- ***Sammanfattning.***

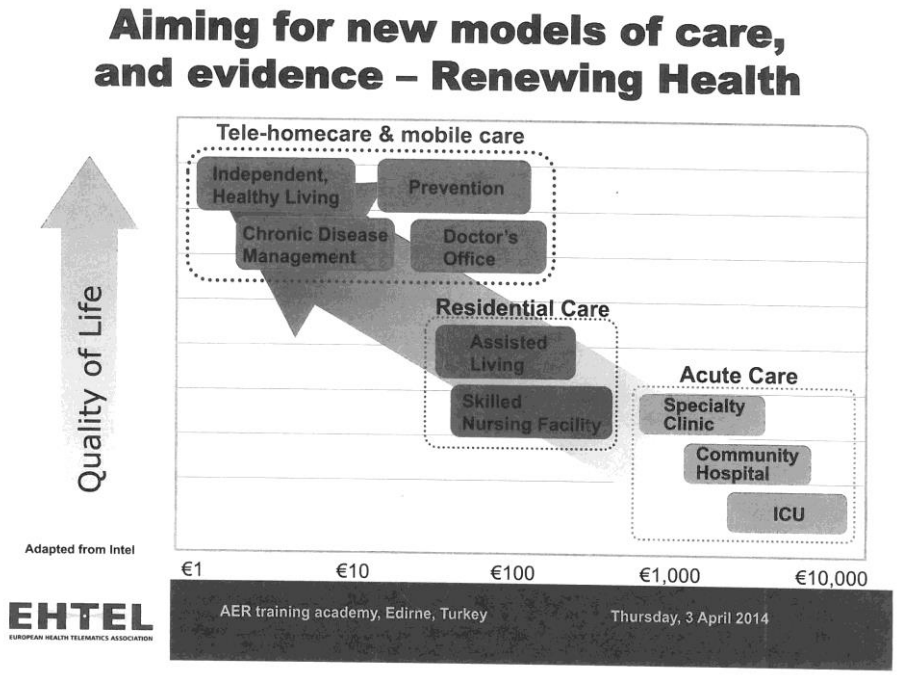
Det genomförda plenarmötet för Kommitté 2 visade i likhet med tidigare Plenarmöten på den stora ”bredd” vår – den Europeiska kontinenten - har. Detta avser såväl sakområdet förebyggande hälsa/hälsoarbete samt inte minst, kulturellt synsätt.

Sakområden som emellertid mycket tydligt förenar oss är ambitionen att öka graden av förebyggande arbete visavi en alltmer åldrande befolkning där samtidigt den gemensamma - offentliga sektorns - resurser minskar.

Därtill att vi inte enbart i norra Sverige lever och verkar i glest befolkade regioner!

Klart förvånande för, i vart fall undertecknade, utgjorde de ”vittnesbörd” som avgavs härvidlag från ”nätverkskollegor”, politiskt förtroendevalda såväl som tjänstemän, från exempelvis Irland, Nederländerna resp. Spanien men där ”verktyget” är ett enda: Satsning på olika former av e-hälsa där patientens/medborgarens/kundens preferenser utgör den självklara utgångspunkten.

Inte minst föreliggande bild ”talar här sitt tydliga språk!”



Vidare utgjorde medverkan av det regionala Ungdomsrådet från regionen Donegal ett mycket inspirerande och efterföljansvärd medverkan.

Inspirerande utifrån rådets fenomenalt intressanta upplägg för sin medverkan där *alla* i rådet deltog mycket aktivt.

Efterföljansvärt där rådet utgör en strategisk resurs för det Hälsofrämjande arbetet i regionen med fokus på bl.a. förebyggande av psykisk ohälsa visavi unga vuxna, sexuell ohälsa samt därtill studieavbrott (drop outs).

Ett mycket intressant ”inspel” f.v.b. till Landstinget Västernorrland mycket framstående Regionala ungdomsråd!

- ***Avslutningsvis***

Mot bakgrund av ovan redovisad sammafattning föreslår undertecknad att Landstinget Västernorrland anmäler sitt intresse för värdskap av AER Committe 2:s vårmöte 2016. Tematiska innehåll skulle kunna utgöras av *exempelvis*:

- ”Drop outs”
- Glesbygdsmedicin [1)]
- Medborgardialog
- Patientsäkerhet
- Regionala ungdomsrådet i Landstinget Västernorrland
- RLU, Regionaliserad Läkar Utbildning i Sundsvall

[1)] Jmf beslut i Landstingsstyrelsen, 2014-11-11, § 208. Se bilaga 8.

Härnösand 2015-02-20.

Lennart Moberg
Samordnare i Landstingsdirektörens stab tillika tjänsteman inom AER Kommitté 2

- ***Reflektioner och förslag från mig som politiskt förtroendevald***

Positivt att få delta i studiebesök som visade upp verksamheter vid servicecentra där "Independence living" eftersträvades, det gällde funktionsnedsatta och äldre.
Det är värdefullt att utbyta goda exempel på lösningar av gemensamma utmaningar i en åldrande befolkning. Det behövs förebyggande insatser, det behövs teknik och hjälpmedel.
Det är viktigt i detta sammanhang att finna former för ett professionellt och politiskt ledarskap vid implementering av nya lösningar.

Det var inspirerande att få ta del av det regionala ungdomsrådets arbete när det gäller dess fokus på hälsofrämjande frågor som berör ungdomar.

Härnösand 2015-02-20

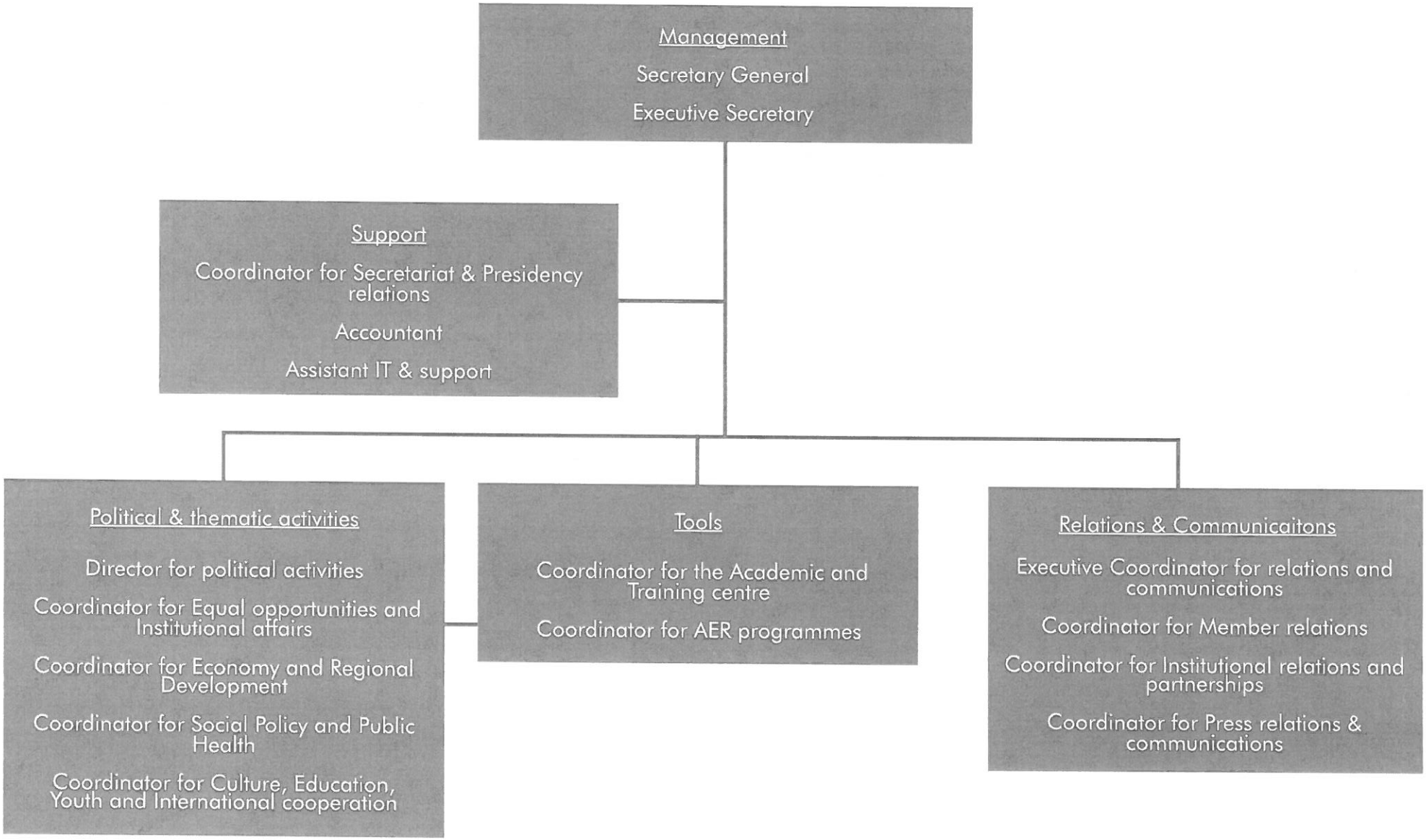
Eva Andersson (MP)

Bilagor

Bilaga 1:	Organisationsbild över AER:s ledningsorganisation.
Bilaga 2:	AER, Kommitté 2:s plenarmöte i Letterkenny, 2014-10-20 – 23. Program.
Bilaga 3:	AER, Kommitté 2:s plenarmöte i Letterkenny, 2014-10-20 – 23. Minnesanteckningar.
Bilaga 4 A/B, 5-6:	Dokumentation från seminarier/workshops.
Bilaga 7:	AER, Kommitté 2:s plenarmöte i Aalborg, Danmark 2015-03-04 – 06. Preliminärt program.
Bilaga 8:	Utveckling av glesbygdsmedicin. Beslut i Landstingsstyrelsen, 2014-11-11, § 208. Beslutsparagraf jämte bilagor.

Bilaga 1

Organisation of the general secretariat of the Assembly of European Regions



AER COMMITTEE 2 PLENARY MEETING

"Ehealth: Independence and Inclusion in the 21st Century"

20-23 October 2014, Letterkenny, Donegal, EIRE

	Monday 20/10/2014	Tuesday 21/10/2014	Wednesday 22/10/2014	Thursday 23/10/2014
08:00-08:30	Arrival of participants	Welcome & registration		
08:30-09:00		Committee 2 Plenary meeting		
09:00-09:30			Welcome & registration	Site Visit: Opportunity to see the accessibility of Glenveagh National Park and Glenveagh castle
09.30-10:00			Seminar on Integrated Care part 1/2	
10:00-10:30				
10:30-11:00		Coffee break	Coffee break	
11:00-11:30		Meet and Greet Donegal Youth Council AER MYFER award	Seminar on Integrated care Part 2/2	
11:30-12:00				
12:00-12:30				
12:30-13:00		Lunch	Lunch	
13:00-13:30				
13:30-14:00				
14:00-14:30		Site Visit: Centre for Independent Living, Cara House and Letterkenny Youth and Family Service (LYFS).	SmartCare Preparatory Workshop	
14:30-15:00				
15:00-15:30				
15:30-16:00				
16:00-16:30		ENGAGED workshop on Mutual Learning Strategies	Site Visit: local SMEs working with technology, presentations from the Clinical Research Academy and Museum of Medical History and Health.	
16:30-17:00				
17:00-17:30				
17:30-18:00				
18:00-18:30		Free Time		
18:30-19:00			Free time/ Theatre Visit	
19:00-19:30				
19:30-20:00				
20:00-...	Welcome drinks	Gala Dinner		

	Events organized by host region
	AER Committee Plenary Sessions
	Working group or Sub-committee Meetings
	AER Committee Political Debates and Conferences

SS 30/09/2014

Bilaga 2

Bilaga 3.

Assembly of European Regions

Comhairle Contae Dhún na nGall
Donegal County Council

E-health: Independence and Inclusion in the 21st century
AER Committee 2 plenary meeting
Letterkenny (IE), 21 October 2014, 8:30 – 10:45

DRAFT AGENDA		
8:30	**I**	**Welcome**
Karsten Uno PETERSEN President of Committee 2, Syddanmark (DK) welcomes participants		
John CAMPBELL, Cathaoirleach, Donegal (IE) welcomes participants and states that he is very proud for receiving the MYFER award		
Address by Joe MCHUGH, Minister of State at the Department of Arts, Heritage and Gaeltacht Affairs and the Department of Communications, Energy and Natural Resources with Special Responsibility for Gaeltacht Affairs and Natural Resources: He states that he learnt a lot from his AER membership, especially about subsidiarity. The idea for Donegal youth council came from an AER conference		
Address by Seamus NEELY, Chief Executive of Donegal County Council (IE) who highlights that Donegal is glad to be a member of the AER and are happy to learn things through our membership. He states the importance of cross border activity.		
8:40	**II**	**Statutory matters**
Karsten Uno PETERSEN President of Committee 2, Syddanmark (DK) puts the agenda for adoption. Christina WAHROLIN asks to add a item to the AOB point of the agenda about the financial situation of the AER.		
Karsten Uno PETERSEN President of Committee 2, Syddanmark (DK) puts the minutes of the Committee 1&2 meeting in Edirne (TR) on 3 April 2014 for adoption. Christina WAHROLIN and Ulla HÖGLUND ask about the conference on disabilities that was promised in Edirne. Johanna PACEVICIUS, AER Committee 2 Coordinator explains that AER organised different activities linked with social inclusion and disabilities in September 2014: a funding session on social entrepreneurship, a training academy on the implementation of fundamental rights and a session on lobbying in Brussels, in order to inform members of funding opportunities to further support social inclusion and economic participation for all, train members on ways to implement fundamental rights in their region and provide them with techniques and competences to lobby effectively on any topic including fundamental rights of people with disabilities. The AER is moreover initiating a yearly cooperation with the ZERO project, which will result in a conference on disabilities in spring 2015.		
8:45	**III**	**Update on Committee 2 activities**
Marta TATAR, Member of the AER e-he@lth network, Covasna (RO), presents the session in which she spoke at the AAL Forum in Bucharest in September. This session specifically focused on the role of regions and the ways to achieve a higher degree of alignment between different programmes, initiatives and networks on active and healthy ageing policies. She highlighted the crucial role of the AER in diffusing information across regions, making it accessible and supporting regions in gaining increased		

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knowledge and experience through interregional cooperation and good practice sharing.

Karsten Uno PETERSEN President of Committee 2, Syddanmark (DK) informs members about his contribution to an Information session on Structural Funds for health at the Open Days, which was organised jointly by the AER, COCIR (European Coordination Committee of The Radiological, Electromedical And Healthcare IT Industry) and HOPE (European Hospital and Healthcare Federation).

Johanna PACEVICIUS AER Committee 2 Coordinator presents the information session on funding, training academies on the FRA toolkit and on lobbying, which took place in September in Brussels and aime at providing members with concrete tools to better implement fundamental rights in their region, support social entrepreneurship and engage in effective lobbying.

Agneta GRANSTRÖM, Vice-President of Committee 2, Norrbotten (SE) explains that the Covasna workshop of the AER e-health Network in 2011 led to the conclusion that although finances, capacities and technology could be important issues, the main obstacle to the deployment of e-health is leadership or rather the lack of it.

This is why the Leadership programme was developed, to provide decision makers with a wide array of tools and techniques to bring about change in their regions. In terms of methodology the methodology of the Council of Europe on which the AER Secretariat was trained, was adapted by the AER to the needs of regional decision makers. The AER leadership programme is currently being mainstreamed across thematic activities and has been used in 2014 to support the design of entrepreneurship-friendly environments, the implementation of fundamental rights and the deployment of e-health strategies.

From this experience and the feedbacks from participants the format of the Training Academies on Leadership was further adapted to have a territorial approach: The idea for 2015 is to have country-specific training academies in order to fit the needs of the regions and offer really tailor-made capacity-building activities.

The main theme is currently active and healthy ageing/ demographic change/ the silver economy. In order to support a multistakeholder approach a region could even decide to bring on board the local level, the business model of each capacity building event will be defined specifically as there is no one-size fits all strategy. This could involve private sponsorship, EU-projects funding, the charging of a fee for stakeholders of other levels of governance than the regional level etc etc.

Interested regions should contact the Secretariat so that a coherent workplan can be set up for the 2 upcoming years.

Lennard MOBERG, Västernorrland (SE) asks if the toolkit has already been tested.

Agneta GRANSTRÖM answers the toolkit has been used for several years now with success by the Council of Europe

9:10	IV	**Political debate: European policies on ageing well & the silver economy**

Karsten Uno PETERSEN President of Committee 2, Syddanmark (DK) presents the issues at stake, AER activities so far, and the results at European level.

He asks panellists: "How can things fit your regional initiatives, how can regions share good practices and benefit from partnerships?"

John CAMPBELL, Cathaoirleach, Donegal (IE), presents the strategy in Donegal and explains that the main assets of the region in terms of inclusion and independence are the establishement on a social inclusion unit and a very strong communication infrastructure.

Agneta GRANSTRÖM, Vice-President of Committee 2, Norrbotten (SE), underlines the role of regions, reasons to engage at European level, what is in it for regions and how can they contribute: she states that the next step is to connect citizens with the data gathered and offer them access to this. She also states the importance of cross-border cooperation.

Urban BLOOMBERG mentions the highly successful ESTHER project on integrated care of Jönköping		
10:10	**V**	**AER cross-cutting issues**
Monica CARLSSON, Vice-President for Equal Opportunities, Norrbotten (SE) presents 5 reasons to become a representative for Equal Opportunities for Committee 2: 1/ Feed the reflection on how improving equal opportunities will have a positive influence on very different areas such as regional development, sustainable economic development, quality education, employment, innovation, social cohesion and well being. 2/ Dynamic peer reviewing of initiatives. This mutual evaluation will support the emergence of better policies and the ongoing adaptation of existing frameworks. 3/ Provides concrete proposals for action back home. 4/ Bring in new perspectives on how to mainstream equal opportunities in a pragmatic and concrete way across AER activities. This is a way to directly influence the political work of the network and take credit for it. 5/ Increase the visibility of your region's efforts on this topic and brand your region as a progressive and inclusive region at European level. Kenneth JOHANNESSON Värrmland (SE) is nominated representative for Equal Opportunities. There are no other nominations		
Mathieu MORI, AER acting Secretary General explains the new planning cycle, where members will adopt priorities for 2 years. The current priorities are extended until the next General Assembly, members will be consulted on the AER priorities. These will be adopted by the Executive Board, amended and approved by the Committees, the new priorities will be adopted by the EB, then adopted by the AER Political Bureau and finally adopted and ratified by the General Assembly. He further explains the current financial situation and announces that several staff members will be laid off.		
10:25	**VI**	**Region's corner**
Member regions are invited to present their latest activities and their proposals for cooperation with other regions.		
10:30	**VII**	**Upcoming AER Events**
Medzait LJATIFI, County Councillor, Nordjylland (DK) informs members about the intention to invite them for a joint Committee meetings in Spring 2015 with Committee 1&3		
Karsten-Uno PETERSEN, President of Committee 2, Syddanmark (DK) announces that members have the the opportunity to host meetings in 2015-2016		
10:40	**VIII**	**AER Monitoring and Evaluation Group**
Alf ÖSTERDAHL, Head of International Relations, Jönköping County Council (SE) informs members about the survey from the AER Monitoring and Evaluation Group		
10:45	**IX**	**A.O.B**

JP 05/12/2014

Mutual Learning Strategies

Personal perspectives

AER ENGAGED workshop

21st Oct 2014

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Improving Your Health and Wellbeing

Definition

mutual/'mju:tʃʊəl,-tjʊəl/

adjective
(of a feeling or action) experienced or done by each of two or more parties towards the other or others.
held in common by two or more parties.
denoting a building society or insurance company owned by its members and dividing some or all of its profits between them.

learning/'lə:nɪŋ/

noun
the acquisition of knowledge or skills through study, experience, or being taught.

When and why to use mutual learning strategies?

How to organize mutual learning activities?

Examples of the benefits of mutual learning strategies

My Profile

27 years in ICT

17 years in software development, project management, trainer, ERP deployment e tc..

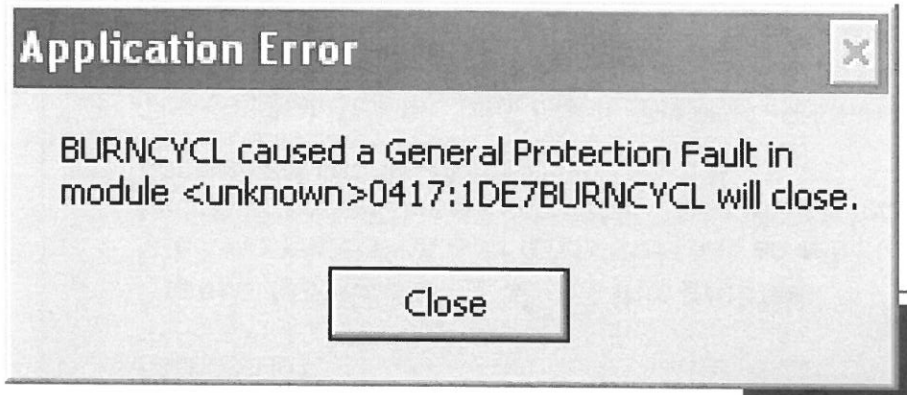
Industry and voluntary sector

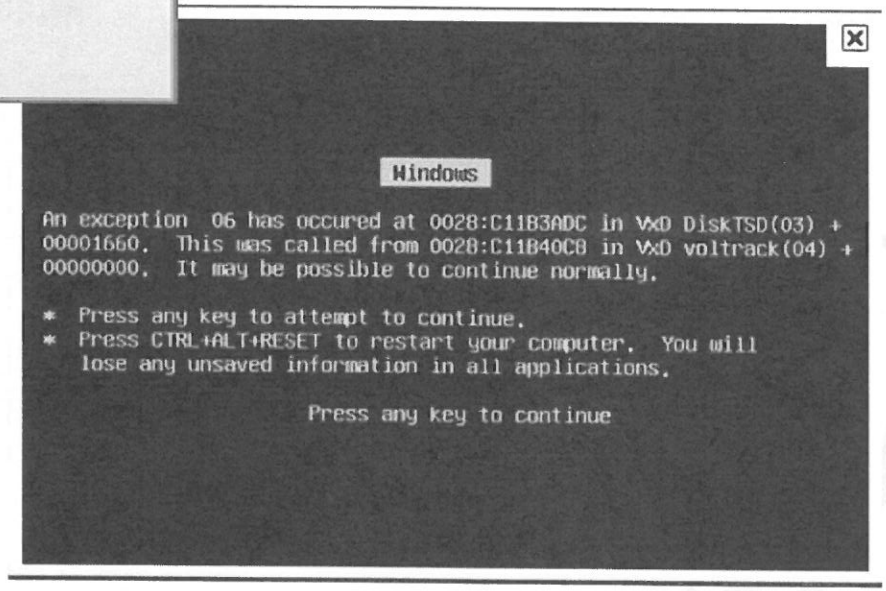
- London Stock Exchange
- Manufacturing, infrastructure, distribution, ICT training
- Working with ex-prisoners

2003 onwards

>10 years – Health and Social Care Northern Ireland

General Protection what?





The Dreaded "Blue Screen"

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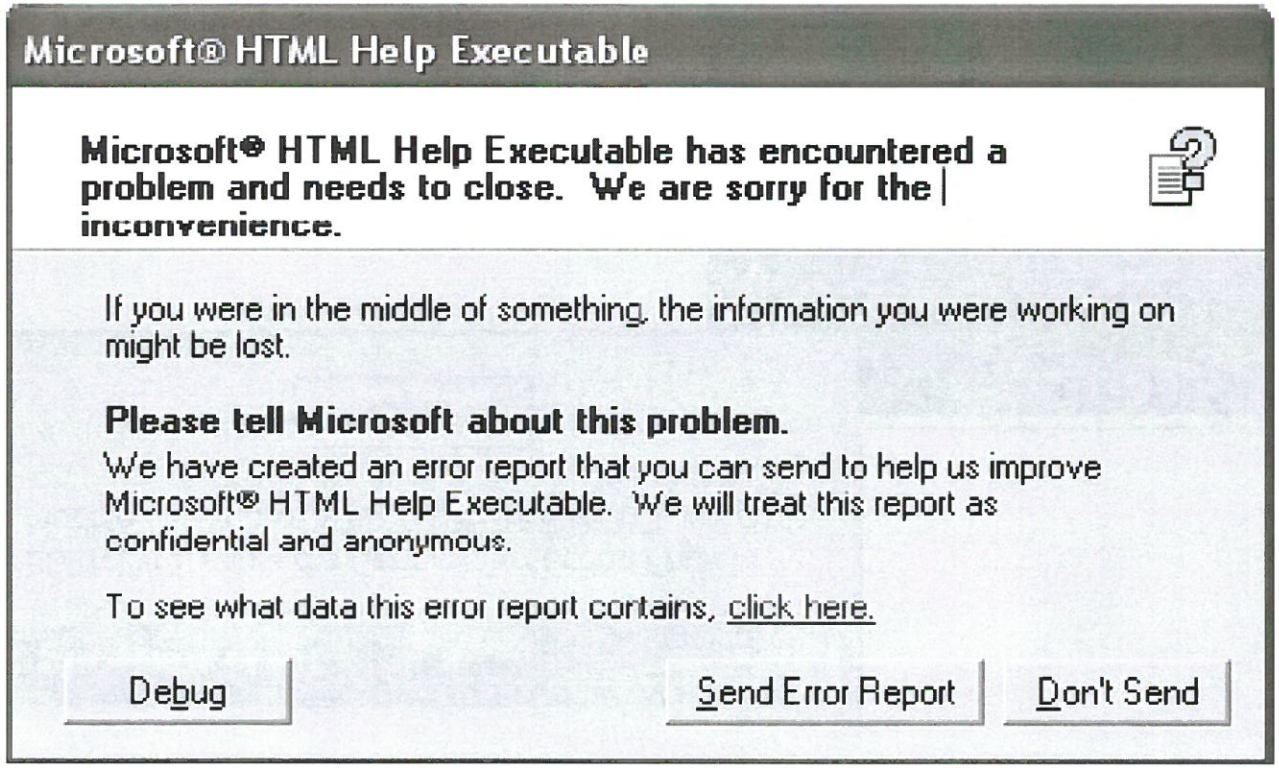
Improved version?



Geek Gap

"Faulty communication caused by the Geek Gap was costing businesses billions of dollars each year in failed IT projects. In 2003, the Geek Gap resulted in the loss of $55 billion in the U.S. alone, and they predicted that as business became more technology based, the Geek Gap would continue to grow."

Bill Pfleging and Minda Zetlin

"The Geek Gap: Why Business and Technology Professionals Don't Understand Each Other and Why They Need Each Other to Survive." (2006)

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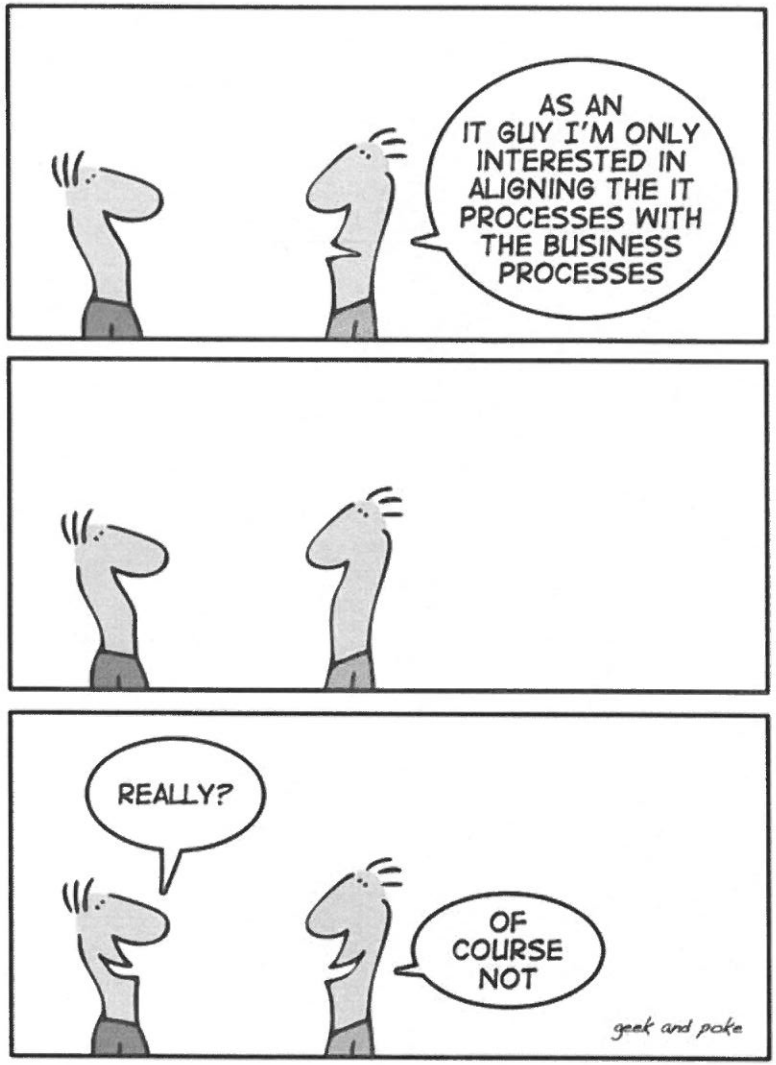
AS AN IT GUY I'M ONLY INTERESTED IN ALIGNING THE IT PROCESSES WITH THE BUSINESS PROCESSES
REALLY?
OF COURSE NOT
geek and poke

GEEKS


SONY
Integrate IT into the “business”

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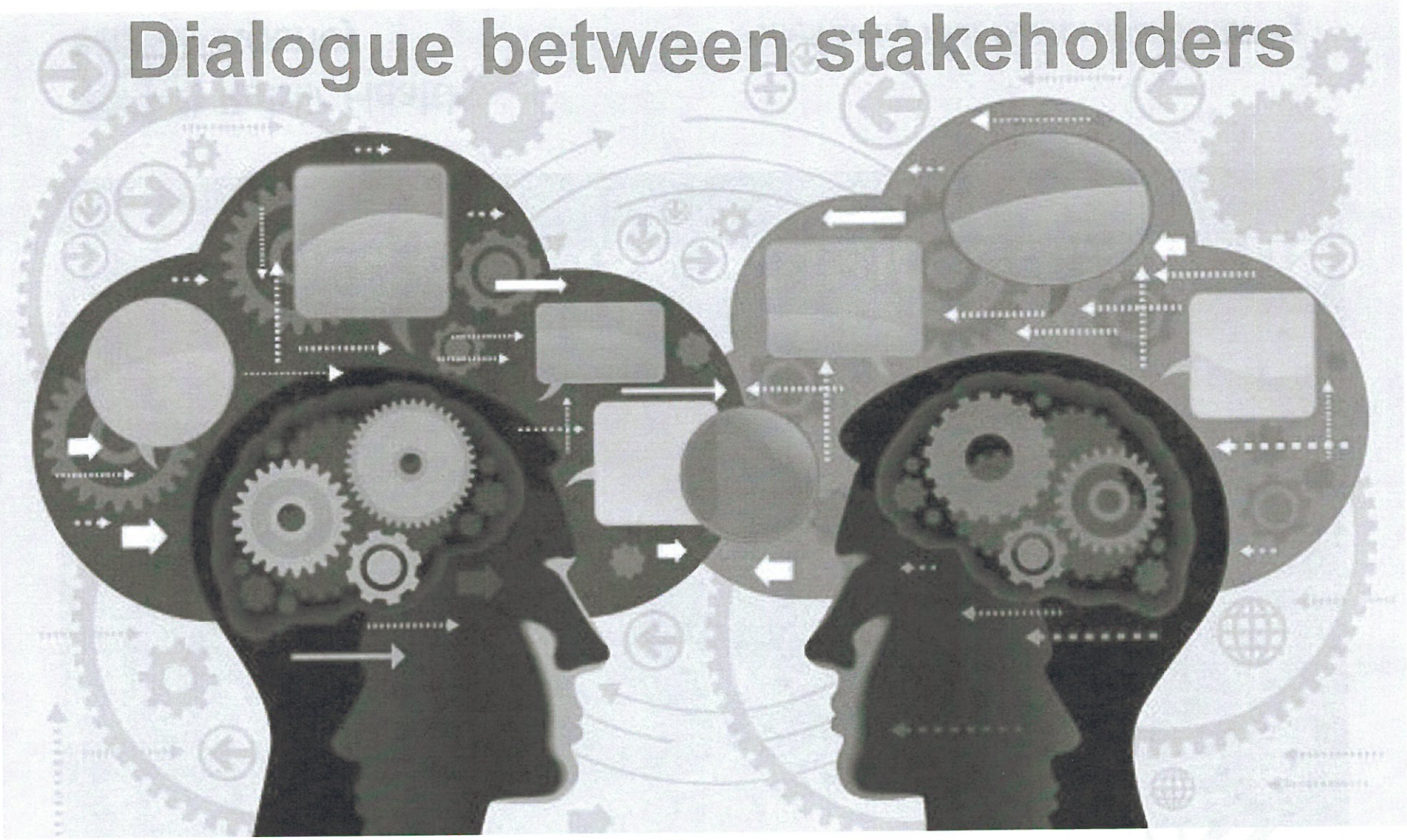
Dialogue between stakeholders



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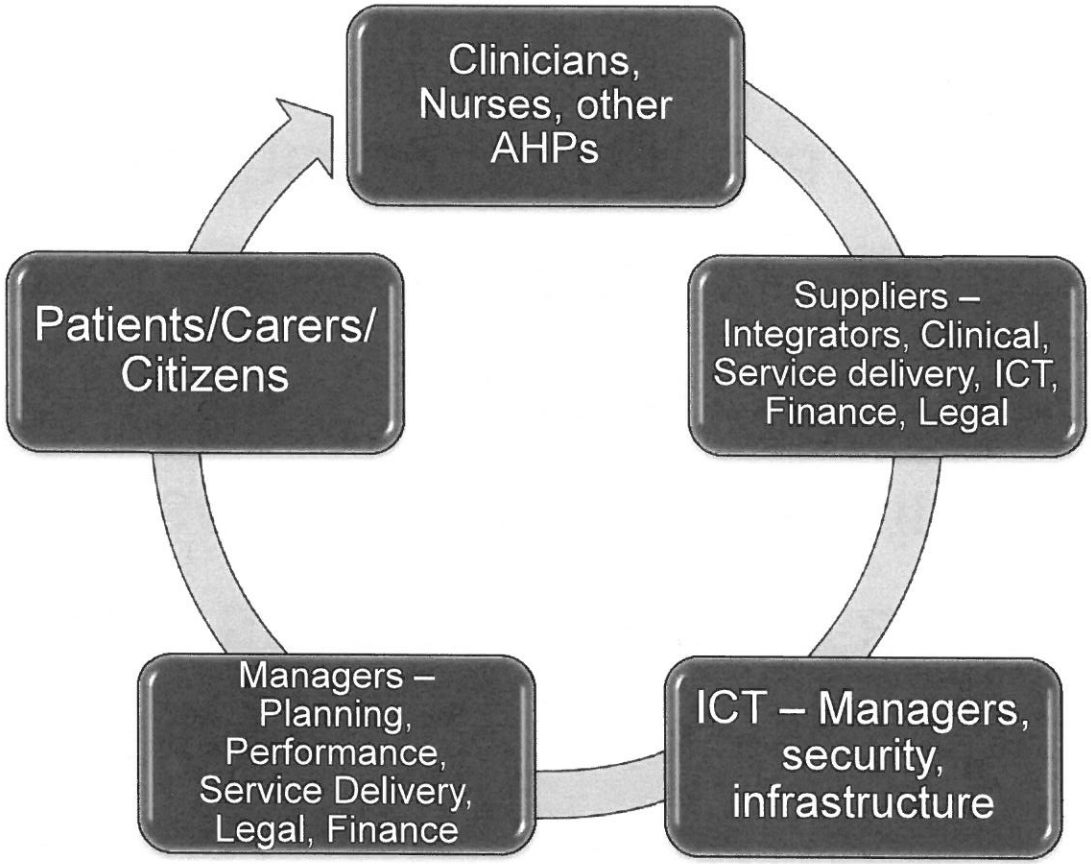
Involve all stakeholders



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Open dialogue sessions

Types of activities

- "Common" sessions for all to attend
- "Topical" sessions – ICT, Nursing etc..
- Roadshows and demonstrations
- - organisational, solutions, people
- Site visits where appropriate

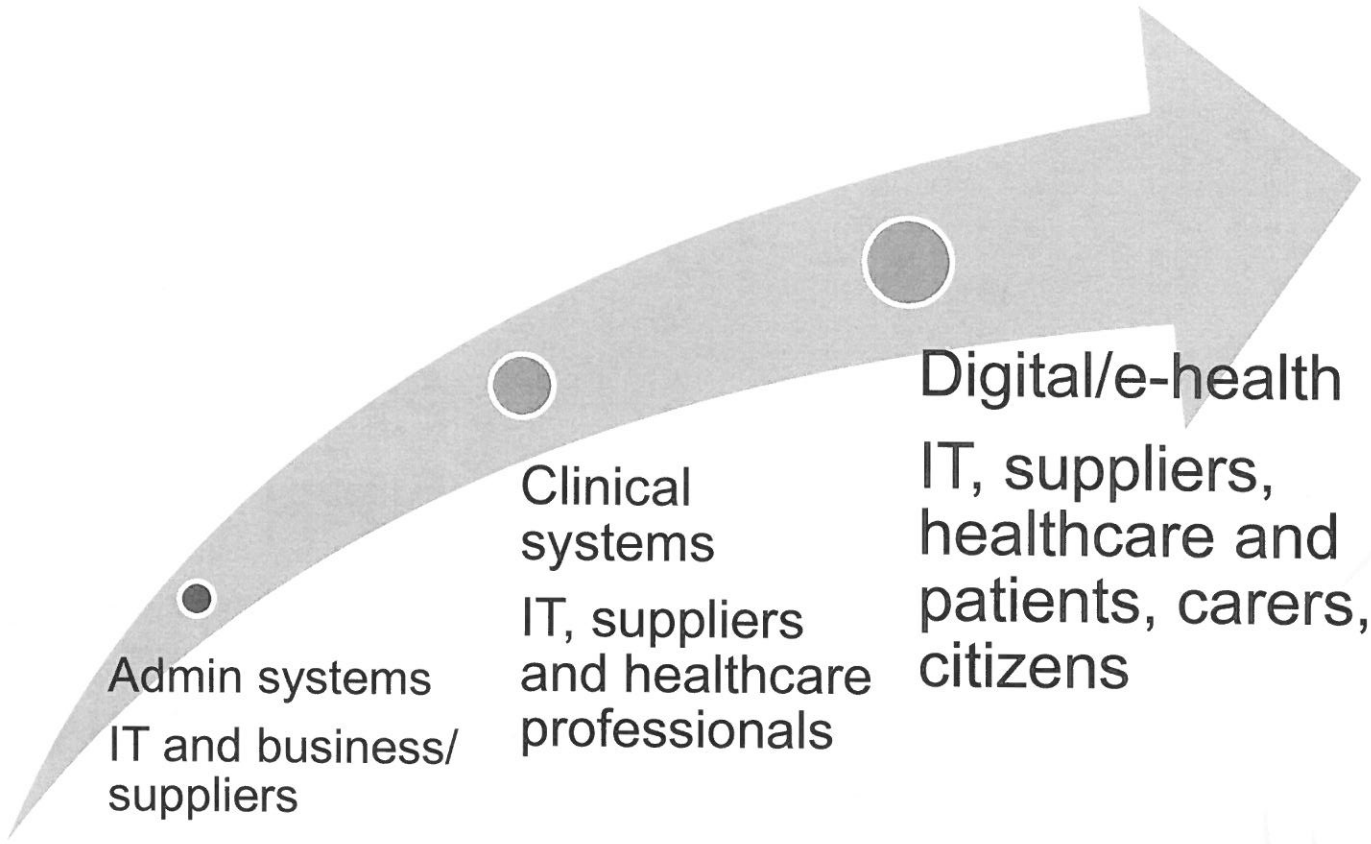
Open dialogue objectives

- Clarify those requirements that were clinically based e.g. what should a clinical triage do, what is vital sign parameter setting?
- Listen to potential proposals/solution from suppliers and provide real time feedback
- Review and refine our requirements based on feedback
- Reflect on what was essential, desirable and "nice to have"
- Prioritise requirements key to clinicians

Benefits of open dialogue

- Better clarity and understanding of service requirements – both for suppliers and commissioners of service
- Realistic expectations of service to be procured – no major "surprises"
- Shorter implementation phase – 9 months from award to go live

The next wave of mutual learning



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Social media

- Twitter
- YouTube
- Google Hangout
- Patient blogs
- Website/Portals
- Etc…

Healthcare Tweet Chats

Featured Tweet Chats

Thu 29th 06:00 PM	#MedX	healthcare information technology, healthcare innovation, mobile health	

78,663 Chat Tweets

27,691 Chat Participants

161 Recurring Tweet Chats

Real-time Analytics: Last 7 days

All Recurring Tweet Chats

Sunday 12th

02:00 AM	#hcsmanz	Australia, healthcare social media conversations, New Zealand	
05:30 AM	#HITSMIND	healthcare IT, healthcare social media India, India	
12:00 PM	#Rheum	Rheumatoid Arthritis	
01:00 PM	#bpdchat	Borderline Personality Disorder	
01:00 PM	#NMDBridge	Dystonia, essential tremor, Movement Disorders, Neurology, parkinsons	
06:00 PM	#hcsm	healthcare social media conversations	
07:00 PM	#spsm	suicide, Suicide Prevention and Social Media Worldwide, suicide risk	
07:00 PM	#cahpsa	health access, healthcare equality, single payer, Universal Healthcare	

Monday 13th

04:00 AM	#hpmglobal	global health, hospice, palliative medicine	
10:00 AM	#PPDchat	Post Partum Depression	

Trending

1. #wtday14
2. #HCLDR
3. #hcsm
4. #hpmglobal
5. #BTSM
6. #MBCADchat
7. #BCSM
8. #BrainTumorThursday
9. #psychjc
10. #irishmed
11. #bioethx
12. #MedEd
13. #MedPsych
14. #EquityChat
15. #hcsmca
16. #FGDebate
17. #BRCA

embed.symplur.com/twitter/transcript?hashtag=ourD&fdate=10-14-2014&shour=12&smin=00&tdate=10-14-2014&thour=13&tmin=15

legoless777 
hi all, Alan here, T1 for ~38yrs, pumping for abt 4 months and self funding cgm #ourd
Tue Oct 14 12:03:53 PDT 2014

ourdiabetes 
RT @ABCDiab: Hello everyone. We are looking forward to hosting the #ourD chat tonight.
Tue Oct 14 12:04:10 PDT 2014

whipuntilfluffy 
#OurD Hi again guys! I'm LI, 27, T1 dx at 5, pump user for 6. I'm a blogger and copywriter.
Tue Oct 14 12:04:15 PDT 2014

ourdiabetes 
Hello @legoless777 @whipuntilfluffy @ABCDiab glad you could make it #ourd
Tue Oct 14 12:04:52 PDT 2014

davidcragg 
RT @ABCDiab: Hello everyone. We are looking forward to hosting the #ourD chat tonight.
Tue Oct 14 12:05:19 PDT 2014

abcdiab 
Q1: Have you found it easy to access specialist diabetes care? #OurD
Tue Oct 14 12:06:07 PDT 2014

gordon_mack 
#ourd Gordon, T1 for over a quarter of a century and showing the signs of it more every day
Tue Oct 14 12:06:18 PDT 2014

meilablack 
RT @ABCDiab: Q1: Have you found it easy to access specialist diabetes care? #OurD
Tue Oct 14 12:06:18 PDT 2014

greattobe40 
@OurDiabetes @ABCDiab hi I'm Diane, type 1 since 2007- maybe in & out- hypos, late tea & my 'brownie'just home #ourd
Tue Oct 14 12:06:50 PDT 2014

ourdiabetes 
@gordon_mack @greattobe40 welcome to the chat. Hope the hypo plays fair Diane #ourd
Tue Oct 14 12:07:22 PDT 2014

Tue Oct 14 12:09:37 PDT 2014

abcdiab @greattobe40 #ourD Did it take you long to find out about DAFNE, after diagnosis.
Tue Oct 14 12:10:10 PDT 2014

whipuntilfluffy #CurD Q1: I've found it easy enough to get the basics, yes. Do you mean more specialist that consultant & DSN?
Tue Oct 14 12:10:32 PDT 2014

davidcragg I have easy access to the consultant and DSN team at the hospital, other specialists around that are more tricky #ourd
Tue Oct 14 12:10:40 PDT 2014

ourdiabetes RT @greattobe40: @ABCDiab when I've asked - yes. I've just completed dafne this week, great help from dsn with new BG meter too & carb coun
Tue Oct 14 12:10:59 PDT 2014

ourdiabetes RT @whipuntilfluffy: #OurD Q1: I've found it easy enough to get the basics, yes. Do you mean more specialist that consultant & DSN?
Tue Oct 14 12:11:12 PDT 2014

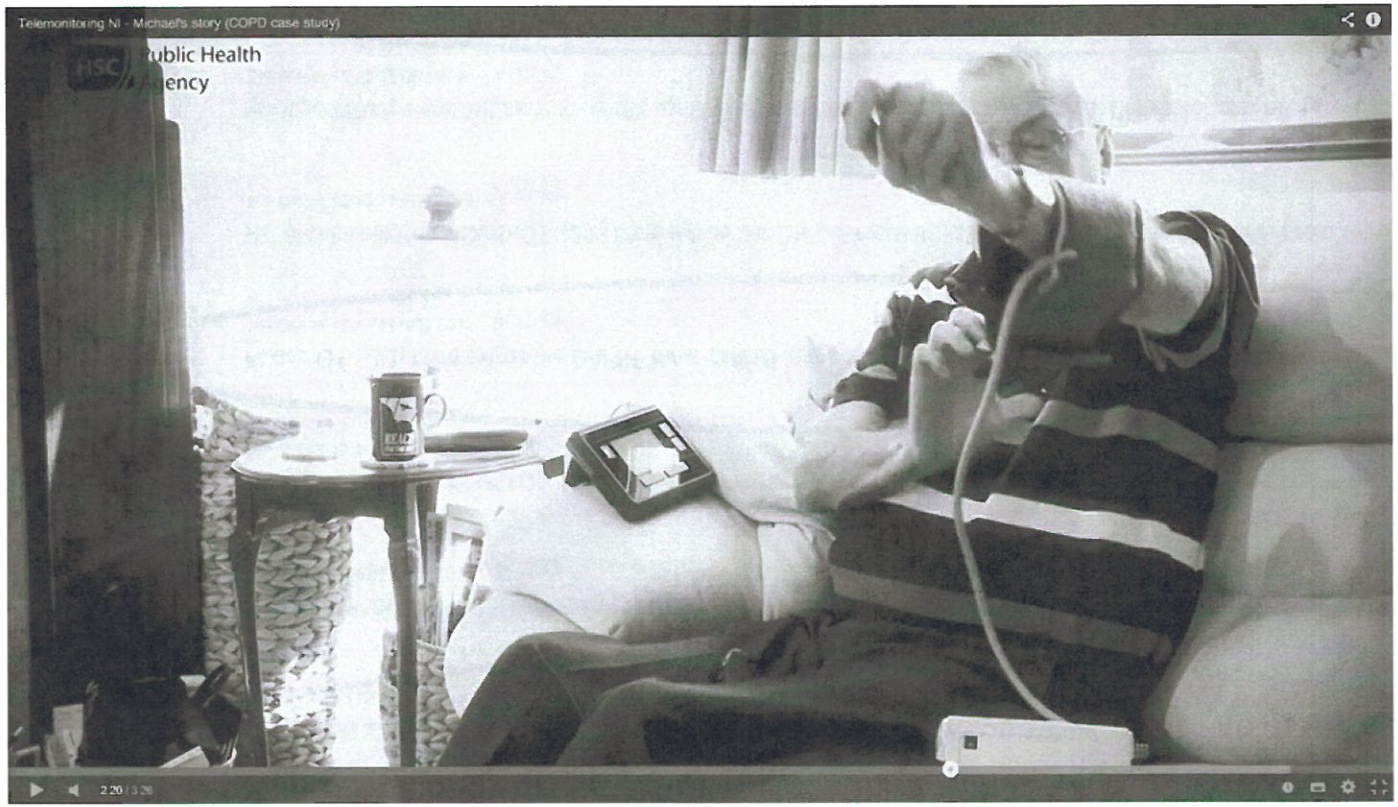
whipuntilfluffy #CurD Q1: (2/2) I find extras like DAFNE more difficult, although my clinic does offer great support of conception/pregnancy & pump support.
Tue Oct 14 12:11:43 PDT 2014

davidcragg RT @whipuntilfluffy: #OurD Q1: (2/2) I find extras like DAFNE more difficult, although my clinic does offer great support of conception/pre...
Tue Oct 14 12:12:14 PDT 2014

davidcragg @whipuntilfluffy I was fortunate to be offered DAFNE on being referred to Sheffield, but Doncaster only offered 1/2 day carb count #ourd
Tue Oct 14 12:13:12 PDT 2014

greattobe40 @ABCDiab I found out about dafne via #ourd & chatting with others here, asked my diabetic nurse at docs clinics & off I went!
Tue Oct 14 12:13:36 PDT 2014

YouTube – Patient case studies

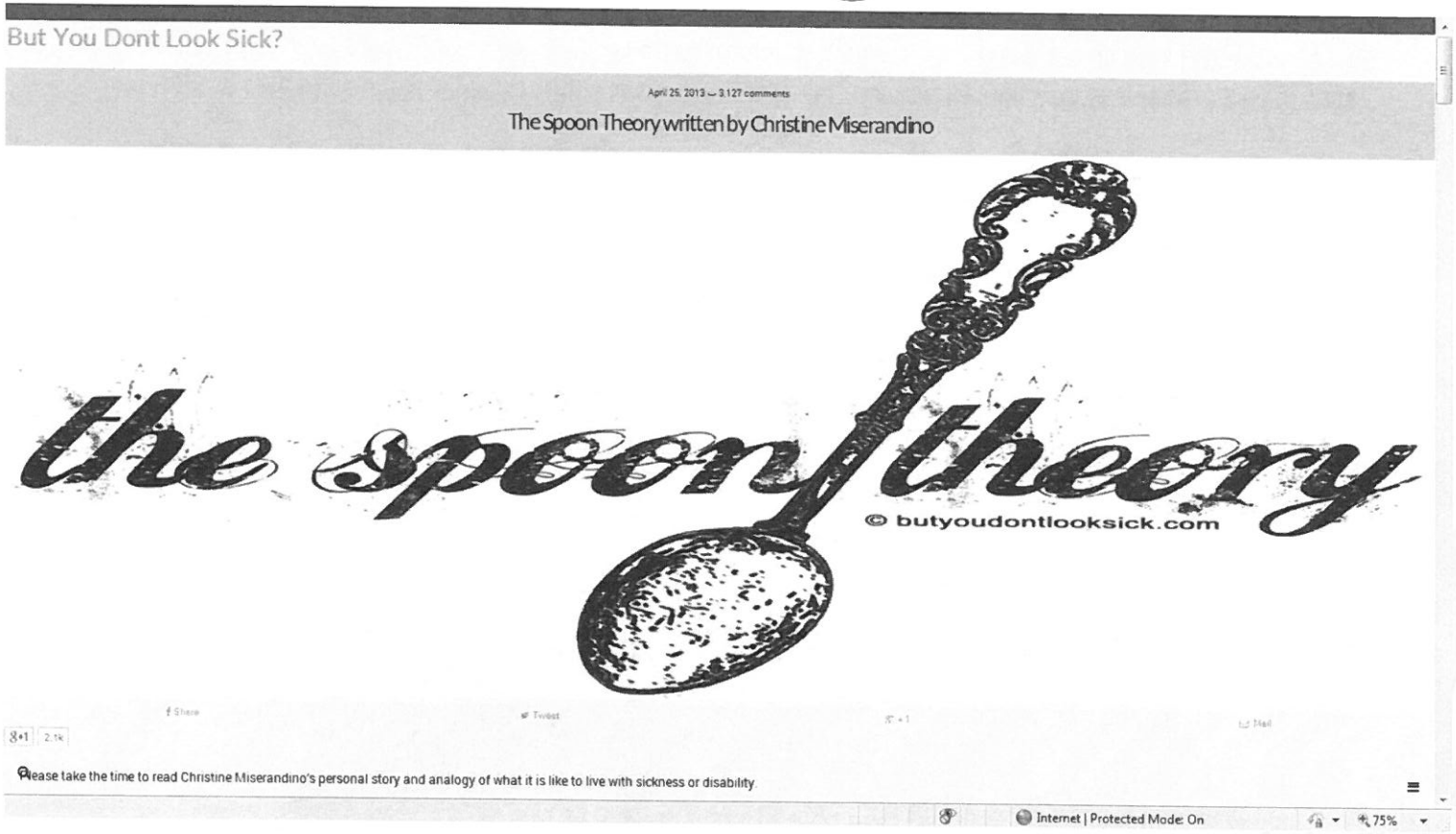


http://www.youtube.com/watch?v=7bUZb9mZLRA

HSC Public Health Agency

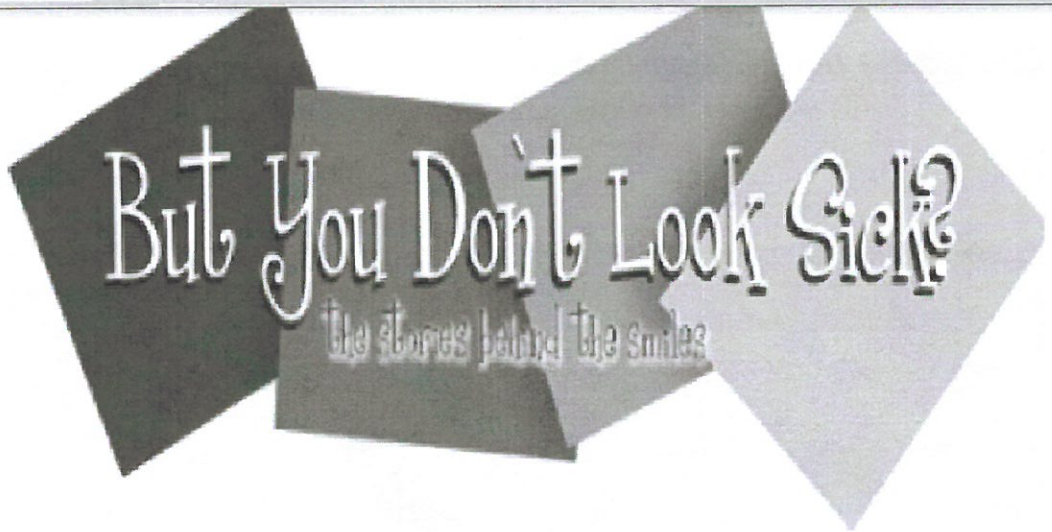
Improving Your Health and Wellbeing

Patient stories/blogs



HSC Public Health Agency

Improving Your Health and Wellbeing



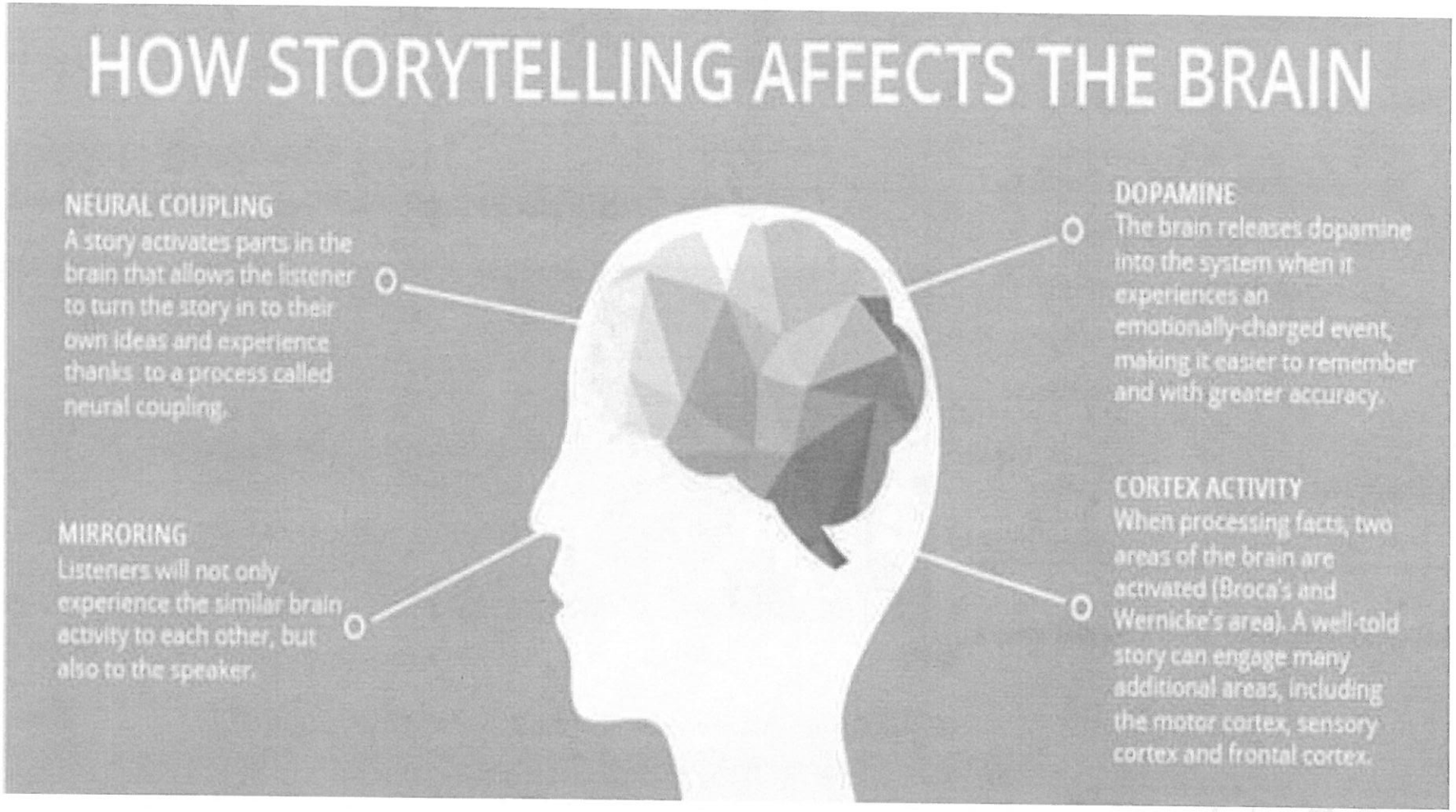
The Spoon Theory

by Christine Miserandino
www.butyoudontlooksick.com

My best friend and I were in the diner, talking. As usual, it was very late and we were eating French fries with gravy. Like normal girls our age, we spent a lot of time in the diner while in college, and most of the time we spent talking about boys, music or trivial things, that seemed very important at the time. We never got serious about anything in particular and spent most of our time laughing.

As I went to take some of my medicine with a snack as I usually did, she watched me with an awkward kind of stare, instead of continuing the conversation. She then asked me out of the blue what it felt like to have Lupus and be sick. I was shocked not only because she asked the random question, but also because I assumed she knew all there was to know about Lupus. She came to doctors with me, she saw me walk with a cane, and throw up in the bathroom. She had

HOW STORYTELLING AFFECTS THE BRAIN



HSC Public Health Agency

Improving Your Health and Wellbeing

HBR Blog Network

The Irresistible Power of Storytelling as a Strategic Business Tool

by Harrison Monarth | 9:00 AM March 11, 2014

Comments (73)

It's not often that you hear Budweiser and Shakespeare mentioned in the same breath. But according to new research from Johns Hopkins University, the Bard's deft application of storytelling techniques featured prominently in the beer company's Super Bowl commercial.

MOST POPULAR

MOST READ MOST COMMENTED

From: Last 24 Hours **Last 7 Days** **Last 30 Days**

1. What You Eat Affects Your Productivity
2. Stop People from Wasting Your Time
3. At Amazon, It's All About Cash Flow
4. The Best-Performing CEOs in the World
5. Xiaomi, Not Apple, Is Changing the Smartphone Industry
6. The Real Revolution in Online Education Isn't MOOCs
7. What Peter Drucker Knew About 2020

All Most Popular »

Reflections on story telling

1. Narratives connect with peoples' deepest motivations and can facilitate radical action
2. Stories from patients/families/staff are authentic
3. Including staff/ourselves in the storyline engages and creates ownership
4. Aim to create unity... partnerships
5. Offer possibilities
6. Inspire imagination to activate energy
7. Stories can be enablers of action
8. Stories open hearts and minds to a positive future

Social Media From Patient Perspective Explained

I join private communities to ask questions and engage medical practitoners

I write about my disaese and treatment journey

I follow medical tweeters, hashtags and tweetchats

I check out pictures and infographics about my disease

I get breaking information about pertinent health topics without breaking a sweat

I research medical practitoners skills and background before seeing them

I just checked out three videos on how to prepare and administer my insulin

I post pictures about my disease journey and engage with others who do the same

I hangout and talk with other patients and medical practioners about health topics

I securely discuss my medical condition and options with my medical practioner

"Success, creativity, and efficiency will lie with people who understand how to match the needs of users with the basics of technology"

Joe Lassiter,
Harvard Business School professor and Faculty Chair of the Harvard Innovation Lab.

Thank You !

SOO HUN
Centre for Connected Health & Social Care
Email: soo.hun@hscni.net
Twitter: @soo_cchsc
www.telemonitoringni.info

HSC Public Health Agency

Improving Your Health and Wellbeing

Regional initiatives for integrated care systems: where do we stand?

Northern Ireland Perspective

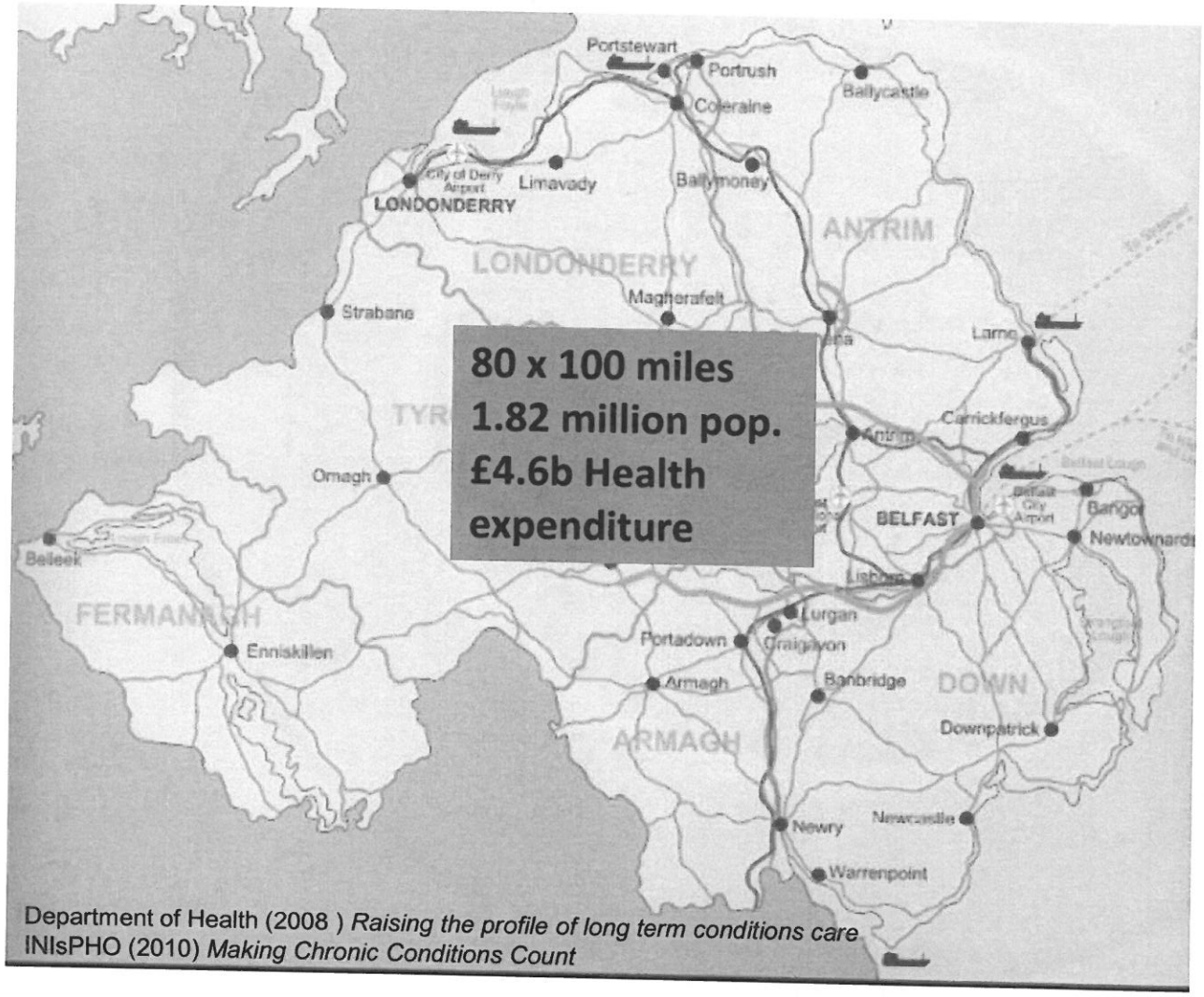
Soo Hun

21st Oct 2014

Bivagn 4.B.

- Introduction
- ICPs – Integrated Care Partnership
- NIECR – NI Electronic Care Record
- Lessons learned

Who we are



Department of Health (2008) *Raising the profile of long term conditions care*
INIsPHO (2010) *Making Chronic Conditions Count*

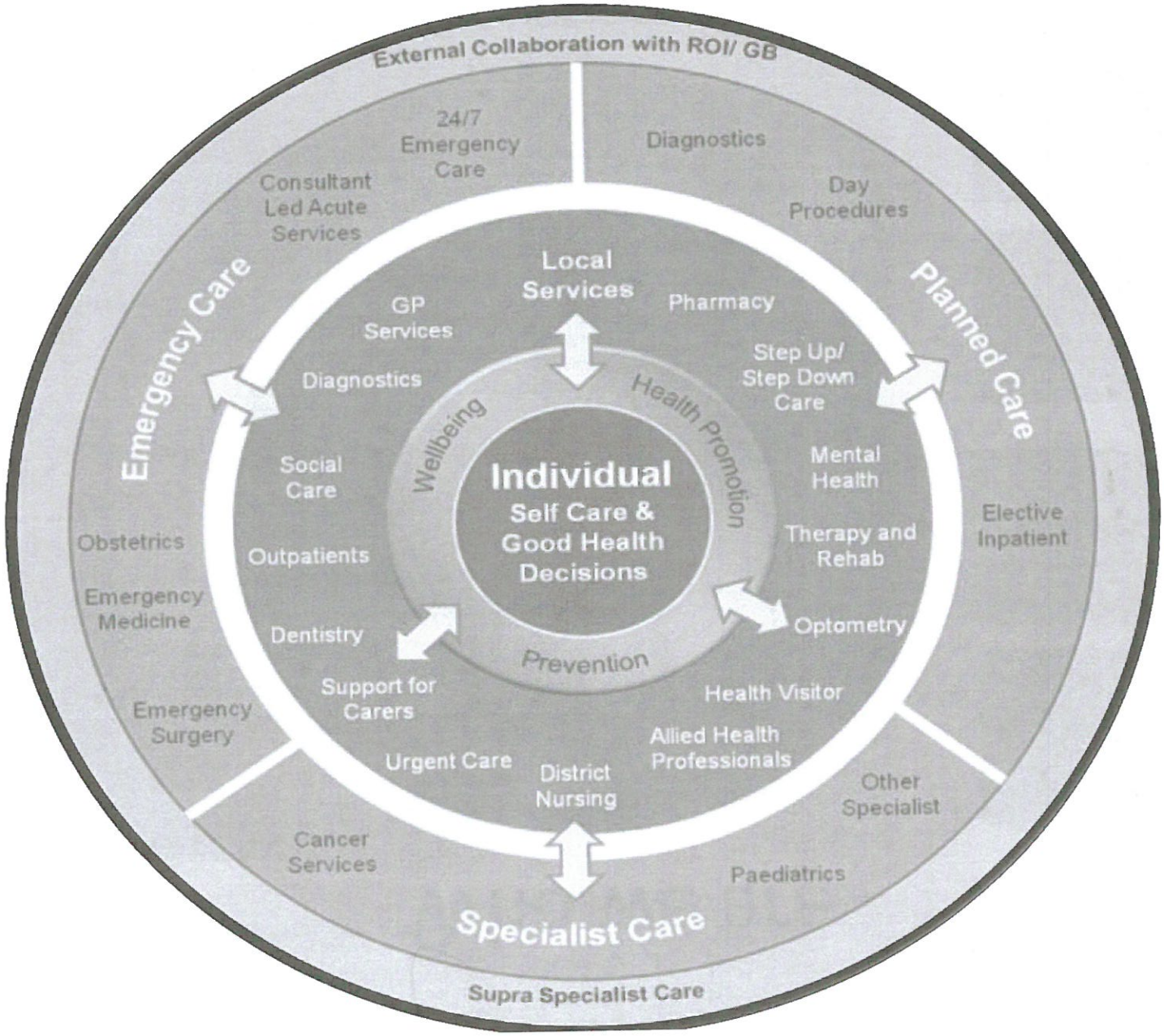
5 Health & Social Care Trusts

20 Hospitals

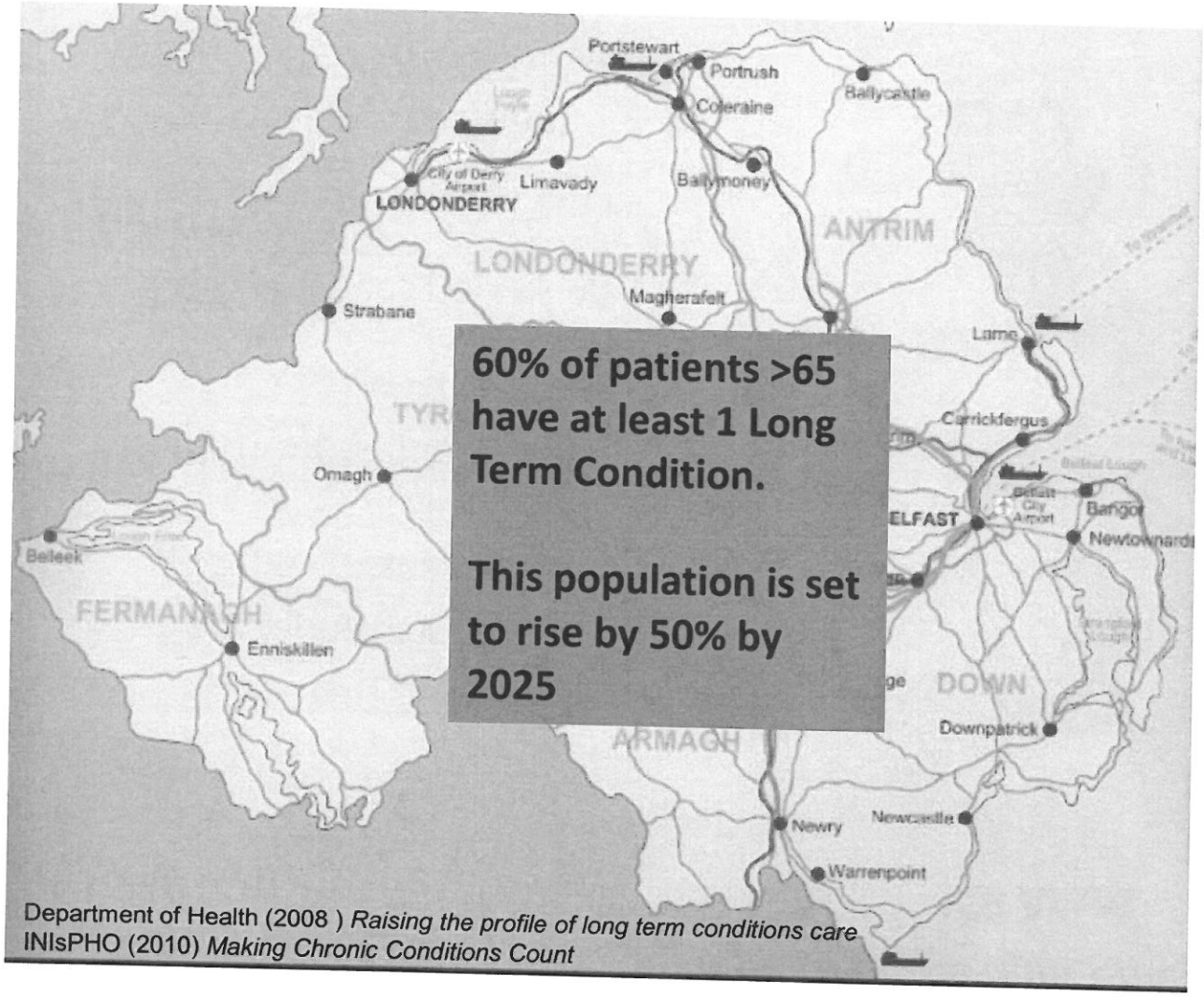
350 General Practice

66,000 workforce

NI - Model of Integrated Health & Social Care



NI Chronic Disease Challenge



60% of patients >65 have at least 1 Long Term Condition.

This population is set to rise by 50% by 2025

Department of Health (2008) *Raising the profile of long term conditions care*
INIsPHO (2010) *Making Chronic Conditions Count*

2/3s of over 75s

60% of all GP visits

72% acute bed days

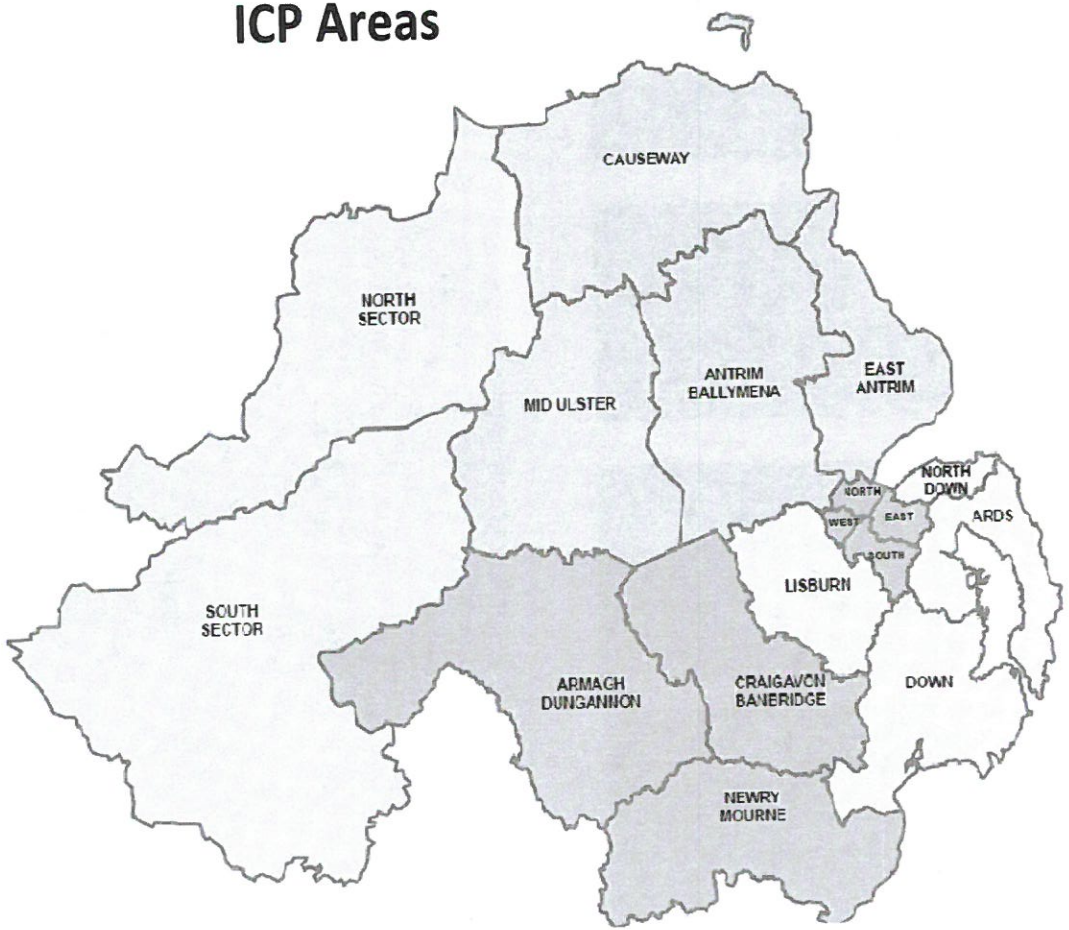
69% of health & social care spend

What are ICPs?

Networks of providers - *Working together to deliver the right care, in the right place at the right time.*

- Each covering 100k population (25 practices)
- Geographically based
- Multi-professional groups
- All GP practices part of an ICP
- Service improvement networks
- Care pathways embedded in the delivery system

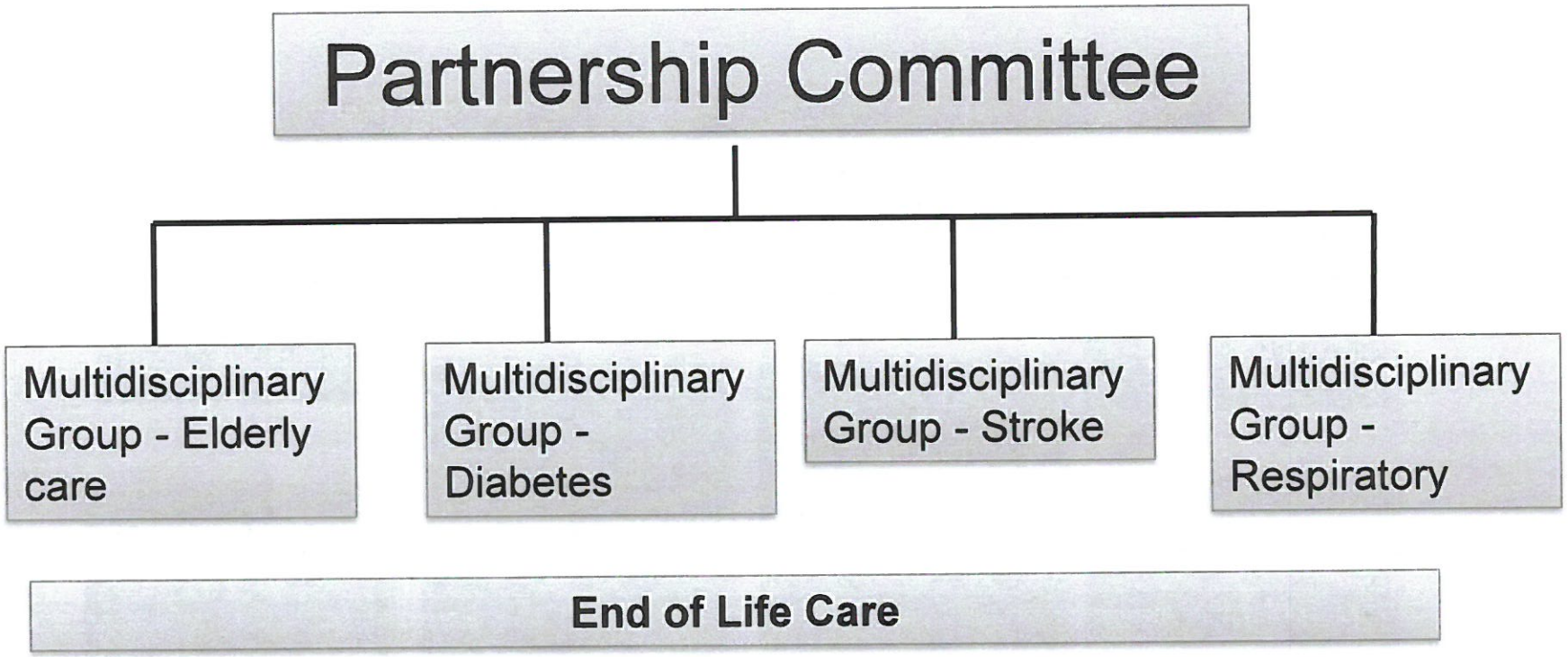
ICP Areas

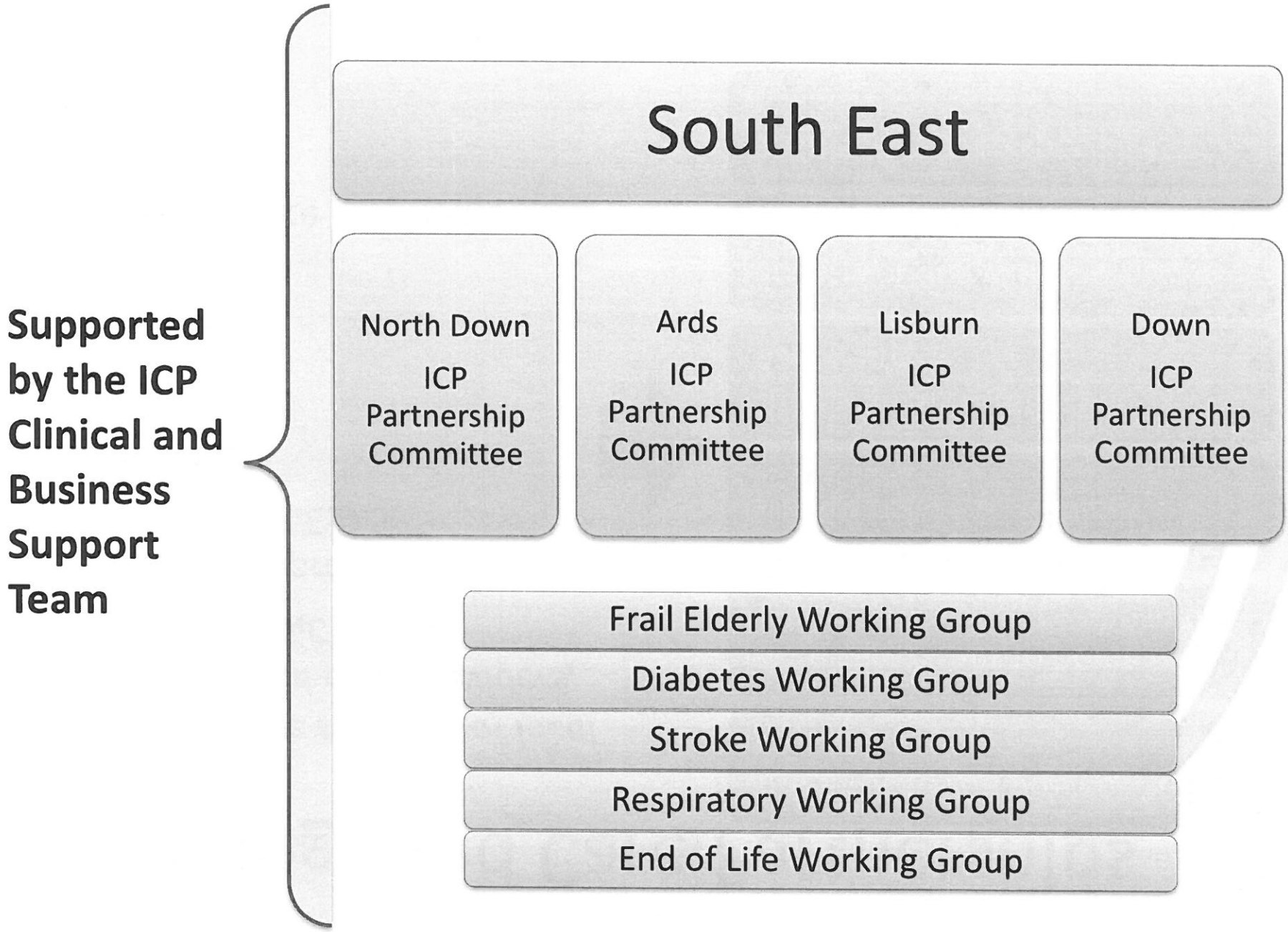


Integrated Care Partnerships
Working together to deliver the right care, in the right place, at the right time.

ICP Partnership Committee

Structure - ICP



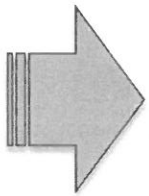

South East
North Down
ICP
Partnership
Committee
Ards
ICP
Partnership
Committee
Lisburn
ICP
Partnership
Committee
Down
ICP
Partnership
Committee
Supported by the ICP Clinical and Business Support Team
Frail Elderly Working Group
Diabetes Working Group
Stroke Working Group
Respiratory Working Group
End of Life Working Group

Integrated Care Partnerships

= a collaborative network of local health and social care providers, including the V&C sector

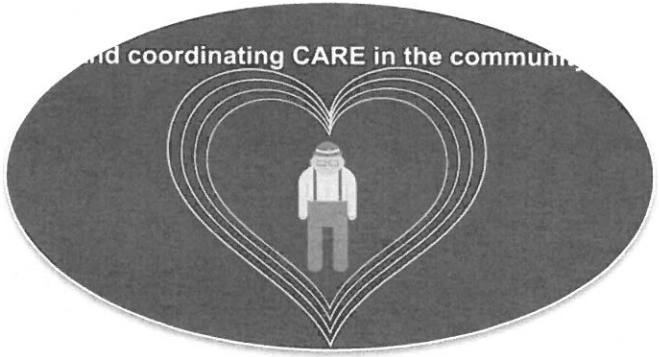
Focussing on improving service pathways for F.R.E.D.S.

- **F**rail Elderly
- **R**espiratory
- **D**iabetes
- **S**troke
- **E**nd of life care as it relates to these



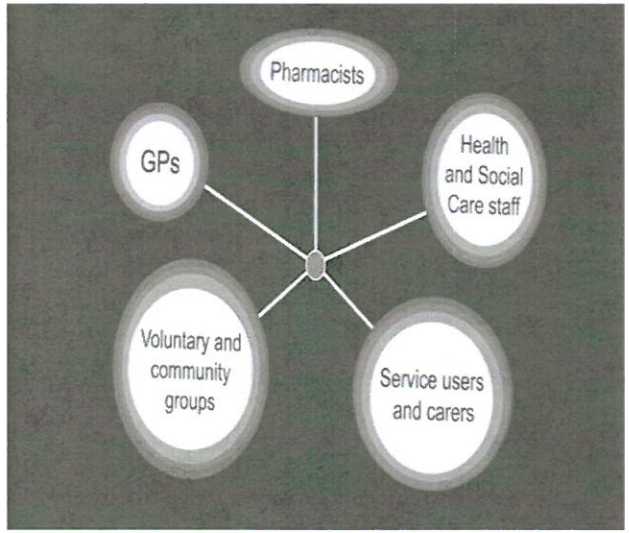
- Greater focus on prevention of illness
- More care closer to home and reduced admissions to hospital
- Greater use of technology
- Greater focus on self management
- Closer working with the voluntary and community sector
- Greater access to specialist palliative care

The Vision



- Person at the centre
- Ownership rests with Partnership Committee and Chairperson
- Clinical and social care focus –front line clinicians and social care professionals, service users and carers.
- Supported by a Clinical and Business Support team
- Local, provider focus

Principles of ICPs



- Implementation not design
- Delivery not strategy
- Providers not commissioners
- Local not regional
- Multidisciplinary not uniprofessional
- Improving flow not setting specifications

RICE

- Risk stratification for long-term conditions

  - Frail elderly; respiratory disease; Diabetes; Stroke care
  - Enhanced Services
  - NI Electronic Care Record

- Information sharing

  - NI Electronic Care Record
  - Web Portal
  - Complex case review
  - Integrated teams: making the estate work for integration

RICE

- **Care planning** (Clinical protocol agreements)
  - Connectivity; videoconferencing; telehealth

- **Evaluation**
  - compare performance
  - improve patient flow through analysis of existing care pathway

£

4.5% shift

5%

Pathway Activity

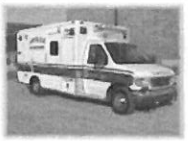
Patient experience

HSC Public Health Agency

HSC Belfast Health and Social Care Trust

CITIZEN

PATIENT



Social Care

A&E

ACUTE WARD

Social Care

Ambulatory Care

Social Care

Pick an important problem and fix it!

Voluntary & Community Sector eg Chest Heart & Stroke, Stroke Association NI

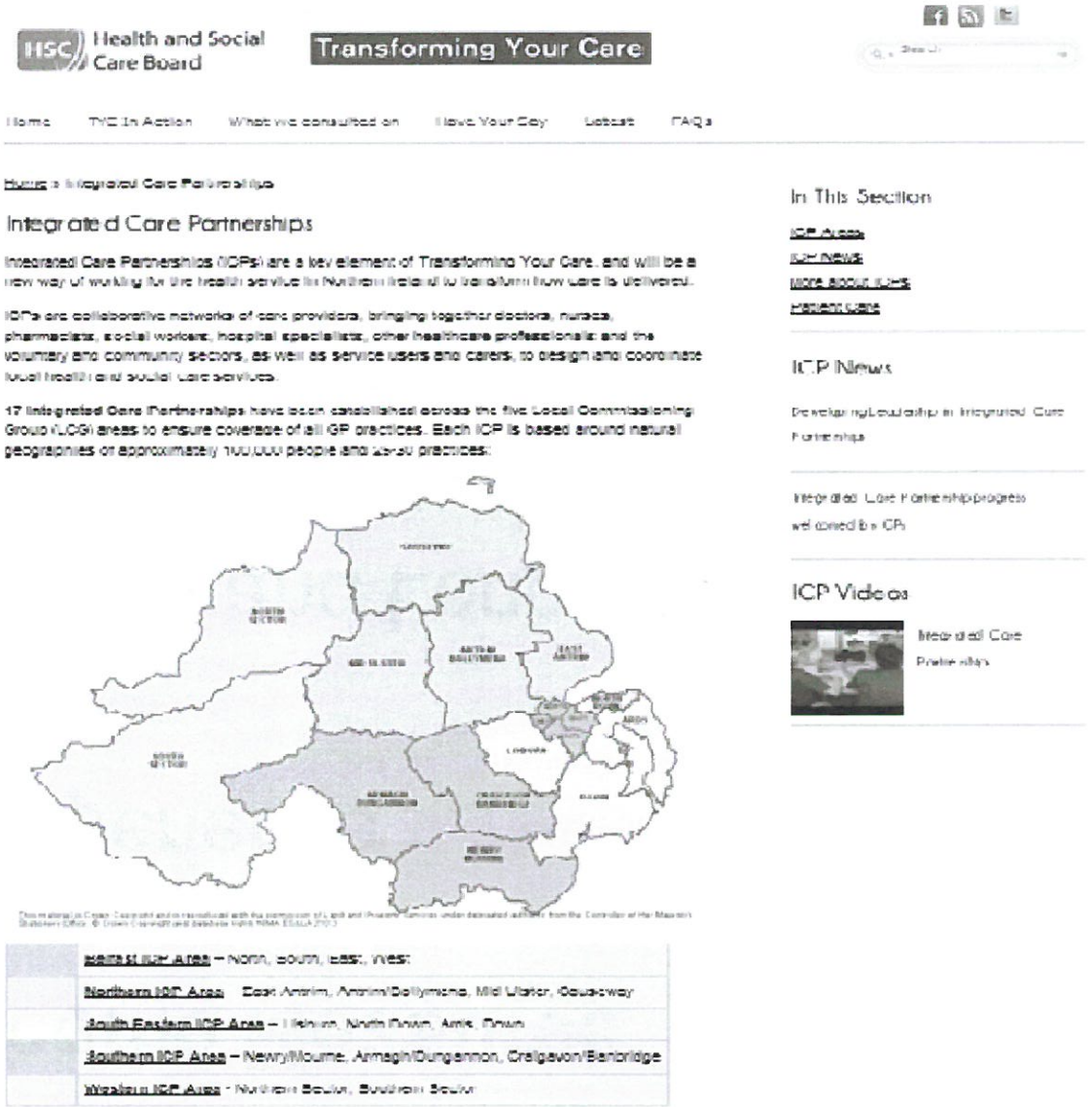
Progress to date

- Development and integration of diabetes care pathway in the **West;**
  - Education and support for those at risk of developing diabetes
  - Co-ordination of diabetic footcare
  - Education of primary care professionals
- Development and integration of service for the frail elderly in the **South**
  - expansion of GP access to diagnostics and same day reporting
  - Improved transport provision to allow access to the rapid response team or Dementia Service team
  - Development of rapid response team with additional pharmacy support

Outcome Measures

- Service user experience
- Admission rates
- Occupied bed days and Lengths of stay
- Level of complex delayed discharges
- Rate of emergency readmission
- Rate of ED attendances

http://www.transformingyourcare.hscni.net/integrated-care-partnerships/



Health and Social Care Board

Northern Ireland Electronic Care Record

Information for better care

The Northern Ireland Electronic Care Record

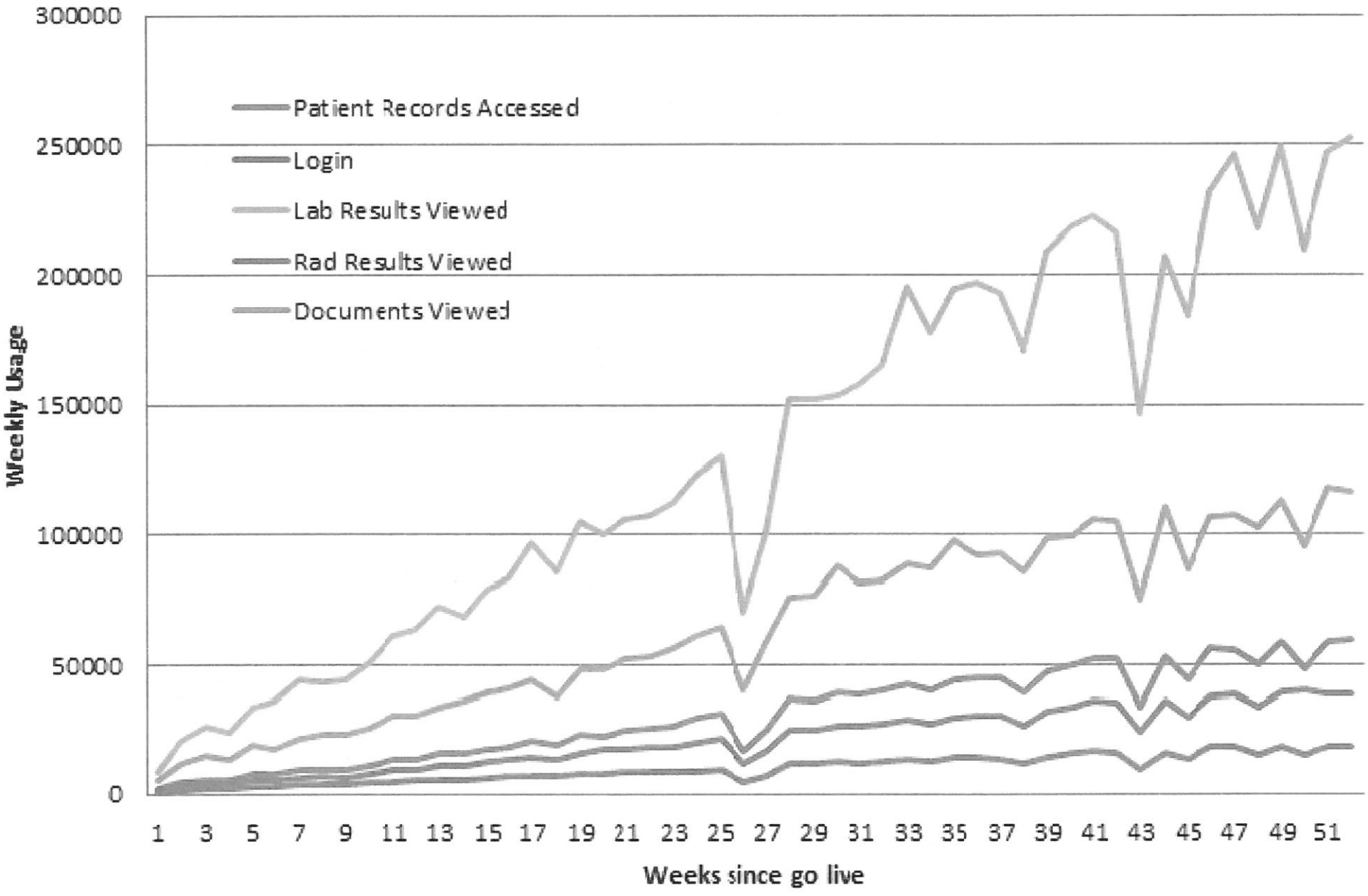
How did we do this

- Clinical Leadership, Political Leadership
- Strategic Vision
  - Electronic Care Records & Electronic Communications
- Investment in Infrastructure
  - Clinical applications, Network, Data Centres
- Implementation of a National identifier
- Create a critical mass of identifiable patient data

What ECR integrates today

- 8 Patient Administration Systems
- 9 Clinical documents systems
- 10 Emergency Department systems
- 5 Out of Hours providers
- 6 Laboratory systems
- 3 Radiology RIS
- 2 Radiology PACS
- 30+ MDMs Oncology & Cardiology
- 350 GP systems
- 1 Master Patient Index

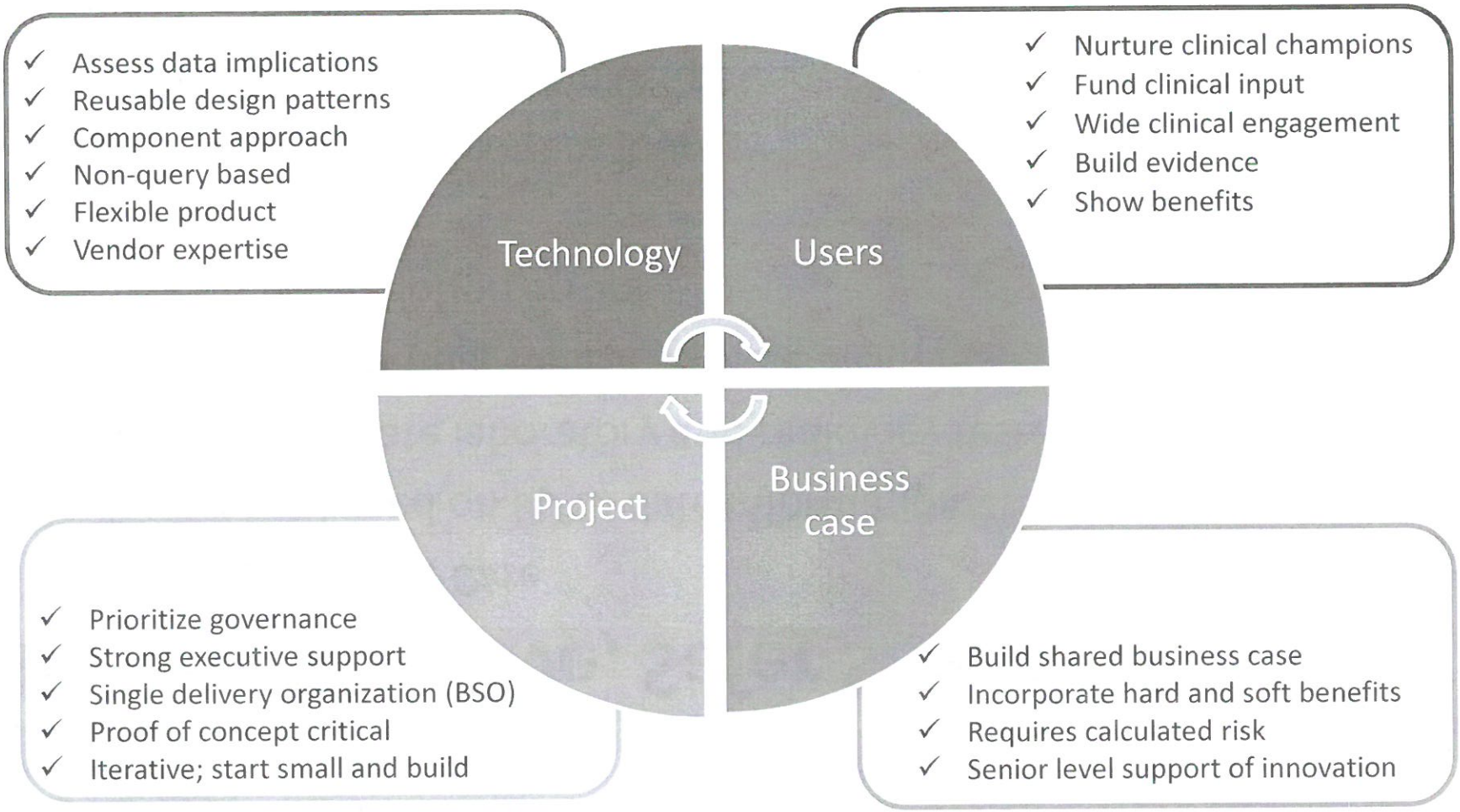
NIECR Weekly Usage Trends



Efficient, Effective, Safer Services

- **Improved Quality of Care**
  - Treatment based on up to date information
  - Reduce duplicate laboratory and radiology tests
  - Reduction potential clinical adverse incidents
  - Reduce transcription errors
- **Efficiency**
  - Reduce delays in "patient journey"
  - Increased capacity within Outpatient clinics
  - Reduction in delayed discharges
  - Reduce time taken in drug reconciliation

NIECR's view on best practice for Success



Building a strong base:

Governance	• Dedicated information governance work-stream chaired by ex-GP • Privacy advisory committee and ICO involvement • Significant work on IG, communication with the public and GPs and consent aspects by policy and technical leads
Data Quality and MPI	• In-house MPI system fed by all PAS streams and the Health and Care Index • Regional identifier (HCN) pervasive on key clinical systems • MPI Provides current and historical demographics for a given Health and Care Number • Dedicated HCN data quality improvement team established centrally
Implementation Management	• Implementation managed out of BSO with central funding • Consistent project management team and dedicated implementation posts, part time clinical leads and temporary training resources • BSO ITS developed or had control of many clinical systems reducing resistance to central delivery • IT support 'lite'; minimal requirements for Trust IT teams
Clinical Leadership	• Executive project sponsorship: director of medicine and public health and HSCB board member • Clinical champions and clinical involvement in design, testing and ongoing feedback • Piloted with 200 clinicians and circa 5000 patients
Consent management & Communication	• Patient consent is not a single 'life-time' opt-in. Different expiry times depending on requirement and patient preferences • Significant media/advocacy campaign including households, GP surgeries, OP clinics and media outlets

Lessons Learned & Key Success Criteria

- Strong Political and Clinical Leadership
- Hybrid Leadership Skills essential
- Don't be afraid to try things
- Integrate rather than 'rip and replace'
- Populate System before go-live

HSC Northern Ireland Electronic Care Record

Information for better care

"Used for the first time today in ED, Brilliant!, this will improve quality of care."

- ED Consultant Southern Trust

"Best IT spend in NI ever. Expect hospital secretaries' phones will be quieter now."

- GP

"The NIECR system is excellent. The best thing to happen to NI NHS in years! I think within a few weeks everyone I speak to will want to get on it."

- Cardiologist Western Trust

"I really appreciate it and use it regularly on a daily basis. In fact I would be lost without it now."

- Specialist Nurse Lagan Valley

For more information about the NIECR:

- http://www.ehealthandcare.hscni.net/niecr/niecr.aspx
- http://www.youtube.com/watch?v=GiILB54LgPE

THANK YOU

Soo Hun

Soo.hun@hscni.net

Bilaga 5.

ENGAGED
COMMUNITY
FOR AN AGE-FRIENDLY SOCIETY

Exchange Event and User Forum: Mutual Learning Strategies
Letterkenny, Donegal County, Ireland
21 October 2014 (16.30 -18.30)

Workshop Closing Report

This exchange event and user forum was organised by the ENGAGED Thematic network project (CIP ICT PSP – Grant 352172), in particular thanks to the key contributions of AER – Assembly of European Regions, AGE Platform Europe and EHTEL - the European Health Telematics Association.

In the framework of a series of events organised by the Assembly of European Regions with the theme "**e-Health, independence and inclusion and the role of regions for active and healthy ageing policies**", this workshop was not only an occasion to get-to-know each other and to exchange information, but it was also considered as the starting point of something concrete.

The workshop's participants worked in groups to come up with suggestions for and make their own contributions to **community-friendly plans**, each of them from their particular perspective. They exchanged views and practical suggestions for the implementation of **age-friendly solutions for active and healthy ageing** at home, in the community, and environments, for active and healthy ageing.

The interaction enabled by this user forum ensured that experts and lay persons exchanged mutual views and plans, and built further ideas around lessons learnt and best practices for active ageing on the basis of multi-disciplinary synergies.

A short report on each section of the event and each working group table discussion follows. Closing remarks at the end summarise the lessons learnt and the possible ways forward towards active and healthy ageing from a community perspective.

The outcomes of this workshop will be presented during the ENGAGED conference in Brussels on 25 November 2014. The final conclusion and future collaborations, illustrated in the closing chapter, will be incorporated in the final report of the ENGAGED project.

The ENGAGED project is funded by the Information and Communication Technologies Policy Support Programme

Contents

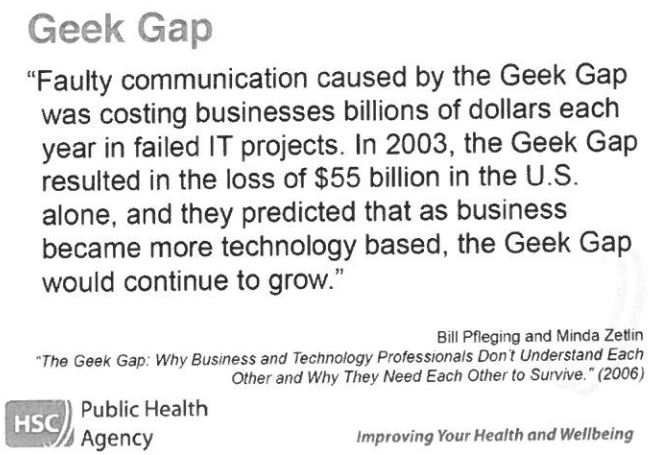
Knowledge transfer: science, society and problem owners

Keynote speech: Soo HUN, Programme Manager, Health and Social Care Northern Ireland

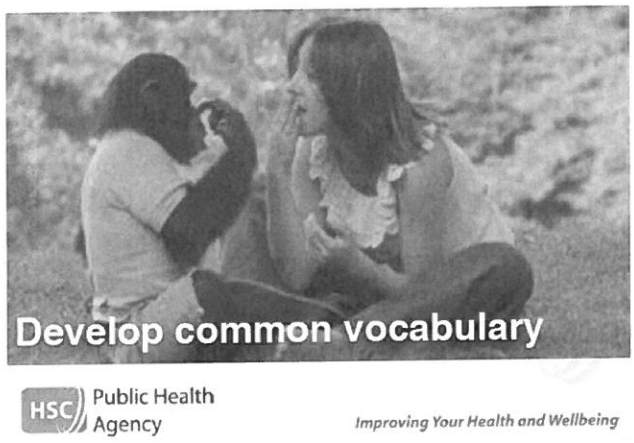
Soo Hun was approached for her experience in knowledge management, as Programme Manager for health and social care in Northern Ireland, to introduce the exchange event and user forum to the audience gathered in Letterkenny.

In front of 50 interested local and regional authorities' representatives, health managers and health professionals, representatives of older and young people, and social enterprises, Soo Hun gave a speech on her personal perspective on mutual learning strategies, starting from the basics: the definition of mutual learning.

Once the concept had been clarified, Soo Hun focused on **the disconnection among technology and its users**, mentioning the Geek Gap and its paradoxes and dangers: especially when business and technology professionals work on the same challenges from their own, but from disconnected, perspectives, the results are not the best possible. What business professionals prefer to hear, in order to better understand such failure, is its costs:



Soo Hun stressed the importance of developing a **common vocabulary** to overcome such a gap; furthermore, it is key to mutual learning is acknowledge limits and to dare to "*ask stupid questions*".



Among other barriers to bear in mind is the issue of "where" to find the right information. For Soo Hun it is possible to find out what patients think through social media, as patients are more and more taking care of their own diseases and encouraged by clinicians to **self-manage their health**.

Soo Hun stated that clinicians are aware only of specific moments in the development of a patient's illness, which means they find out about certain facts only when they meet the patients. At the other times, patients know best what their issues are and the focus on self-management could help them to cope with this personal knowledge.

Below, a list gathers together the social media that is most used and its relevance for specific categories of users with regard to the self-management of their health. Different tools serve different purposes. For each kind of need with regard of the kind of information searched, there is a social media tool to be exploited.

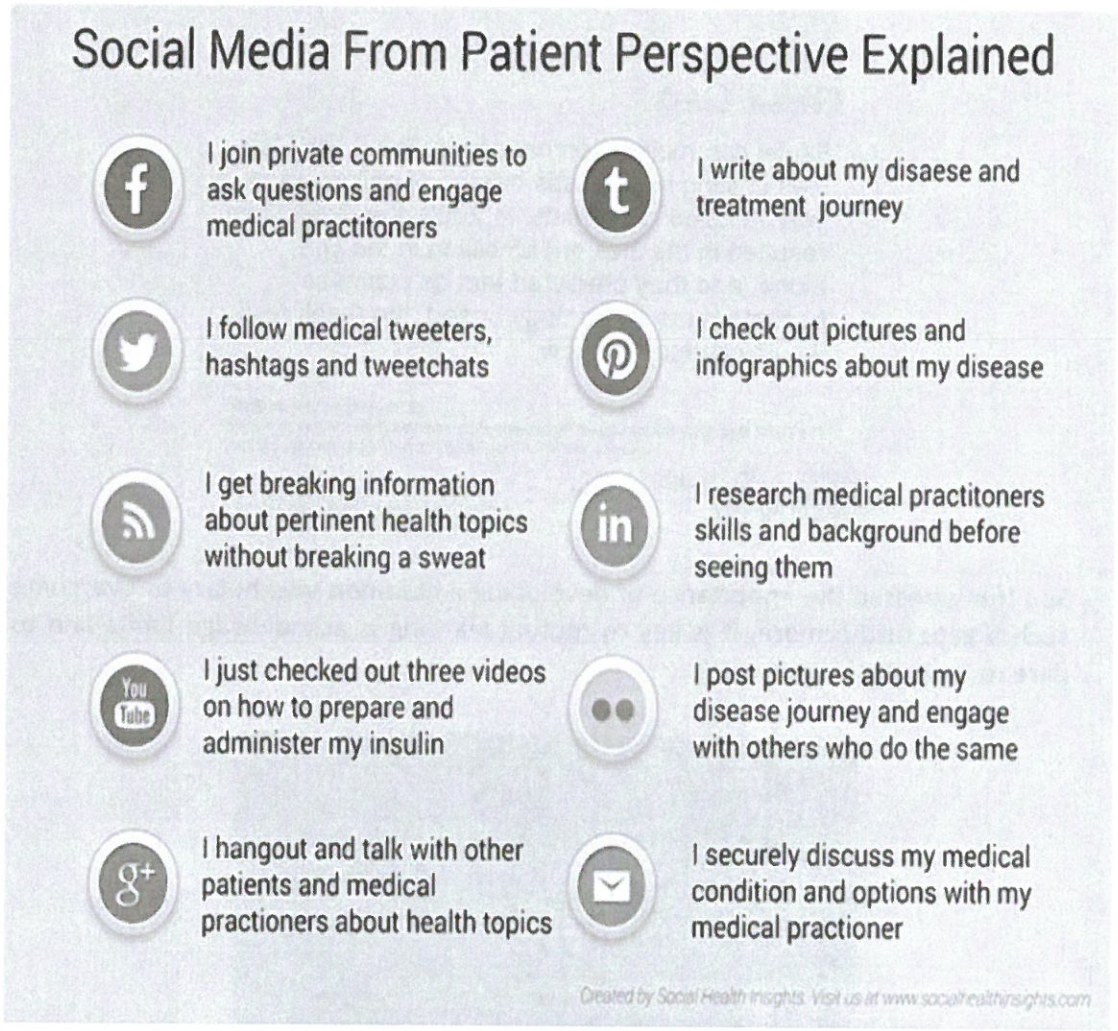


Figure 1: Social media for patient perspective explained

Soo Hun also highlighted the example of Twitter and the **case of #ourd**, a hashtag used by people interested in diabetes and especially directly affected by diabetes or taking care of family members, friends and patients with this disease.

Here is it a snapshot of this specific case, around which a whole community lives and gets informed.

The exchange of knowledge and information can be very specific and tailored: a community is created virtually and facilitated. It works around important issues for its participants, and its efficiency makes it an important tool for self-management of diabetes.

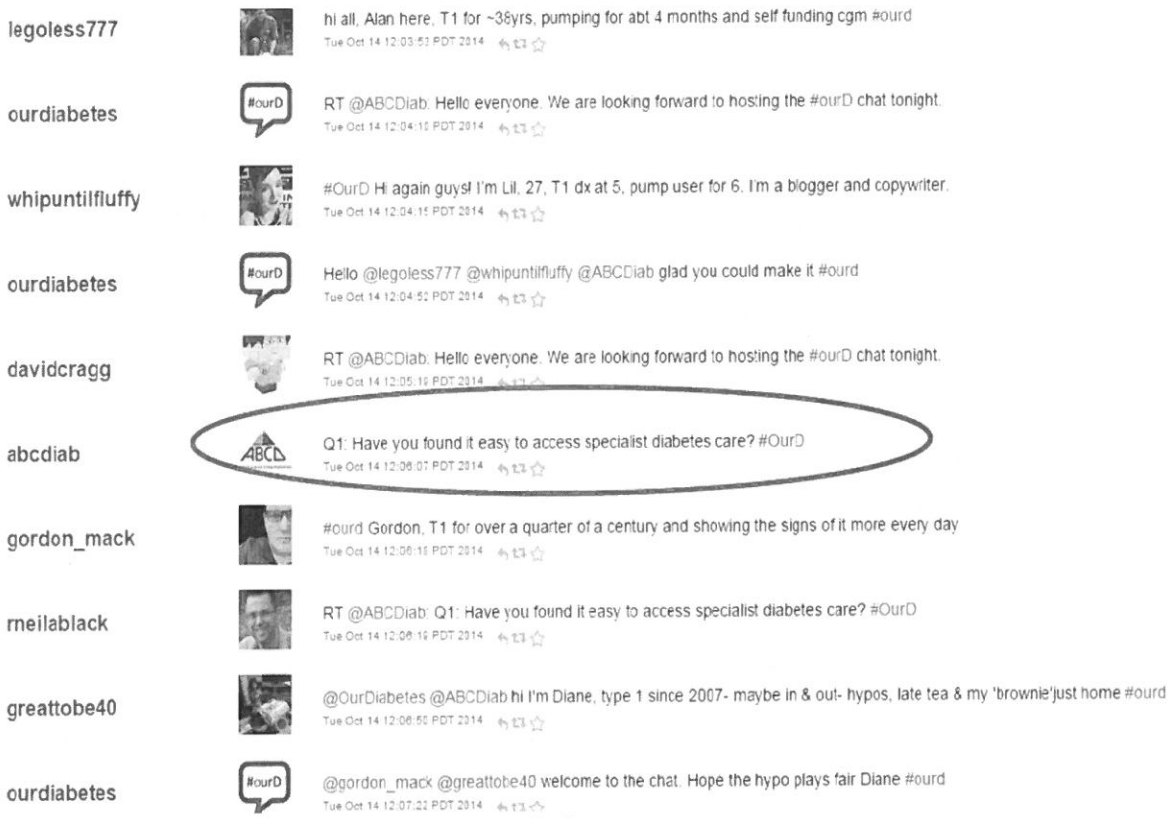


Figure 2: A snapshot of discussions about diabetes

Soo Hun pointed out the importance of involving stakeholders and engaging them in discussions. She built the following slide on the basis of her professional experience within the Centre for Connected Health & Social Care in Northern Ireland.

Figure 3: How to involve all stakeholders

Throughout her presentation, she paved the way to the discussion around the three main topics of the working groups, described as follows.

Knowledge exchange: from theory to practice

Working Groups: mutual learning and practices for active and healthy ageing (AHA)

Immediately after Soo Hun's presentation, the working group session was presented and participants were asked to join the group where they felt they could contribute the most.

People split themselves rather equally among the three tables and got easily engaged in the discussions. Each group had a moderator who helped to tailor the questions around the three selected strands:

A. **AHA in the community**

B. **AHA @ home**

C. **The environments for AHA**

During the sessions, the moderators helped the discussion move across these key points, duly tailored around the topic of each group. They also acted as final rapporteurs.

The three set of questions debated at each table were:

1. What are the three key challenges you face for AHA?
2. How are these challenges currently being dealt with?

   Are different stakeholders communicating/ working together to tackle these challenges or do we have clusters of stakeholders?

   How are users in particular involved so far and how could they be involved in the future?

   How can different stakeholders communicate better and how can mutual learning be encouraged?

   What concrete elements would support more interconnection between stakeholders groups?
3. Matching challenges and solutions: Which practices are valuable to be shared and eventually transferred to other contexts?

The presentation of the outcomes of each discussion is reported in this rest of this report. The main challenges arisen have been matched, when possible, with the solutions identified during the discussion. Possible future steps and interactions have been also highlighted.

***Working Group A* - AHA in the community**
Focus: Intergenerational issues, services planning, service provision
Moderated by Johanna Pacevicius, Assembly of European Regions

Eight people collaborated in the discussion. Attendees came from Donegal (IE), Gelderland (NL), Extremadura (ES), and Covasna (RO). Their backgrounds and interests included eHealth, patient empowerment, cardiology, international affairs, regional politics, stakeholder engagement, and youth involvement.

The group was specifically interested in the issue of intergenerational relations and the inclusion of all to achieve well-being and social cohesion.

Challenges

Among the main challenges with regard to active and healthy ageing in the community were mentioned:

- Lack of information on existing intergenerational initiatives.
- Need to build trust to engage in age/youth inclusive approaches.
- Difficulty to use all the potential of older people.
- Regulatory frameworks which may deter citizens from engaging spontaneously (screening is long).
- The offer for activities for older people often lacks variety: always offering the same activities leads to high drop-out figures.
- Difficulty to accept informal carers outside the family when the family has moved abroad.
- How to involve the middle generation, which is often the one actually educating the younger generation?

Solutions

Some of the solutions with regard to active and healthy ageing in the community included:

- Creating a framework which allows the transfer of skills, such as "shared groups" for retired men, especially in the context of early retirement, in Donegal (IE).
- Creating an environment, which allows people to offer their help and teach others, as for instance through "repair cafés" in Gelderland (NL), where people can get support to fix their bicycle or any other item they would like to have repaired.
- Organising simple and informal initiatives to support older people, such as in Covasna (RO), where young people visit older people and offer to read or do some gardening and where grandmothers are informally "adopted".
- Organising information campaigns on the possibility to support older people and participate in different initiatives on this topic.
- Organising cross-community/ cross-border cooperation.

Next steps

This group of people was keen on getting started with simple actions.

Active and Healthy Ageing at home

Working Group B **- AHA @ Home**
Focus: Independent living, health and social care, cure and ICT
Moderated by Diane Whitehouse – EHTEL

Eight people collaborated in the discussion. Attendees came from Donegal (IE), Extremadura (ES), Gelderland (NL), Northern Ireland (UK), and Jönköping and Västernorrland (SE). Their backgrounds and interests included eHealth, management consultancy, patient empowerment, regional politics, social research, stakeholder engagement, and youth involvement.

The group as a whole was interested in patients and **patients as consumers**, independent of age or at least throughout the life-cycle. Their main concerns lay in the fields of data capture, particularly around public health trends; changes in patient demographics including the increasing youth of patients; dealing with the conditions of patients both at home and patients in the community; prevention; treatment; equal access to healthcare; the use of technology; and issues related to drugs compliance, adherence and concordance.

It was recognised that "*society is definitely changing*".

Among the example regional cases cited were Donegal (IE), Gelderland (NL), and the areas of Jönköping and Västernorrland (SW). While the fourth largest county in Ireland, Donegal is also the fifth most rurally dispersed. Currently, the county has 252,000 people aged over 65 of whom 62,000 (i.e., around a quarter) live in single person households. By 2031, Donegal expects 22% of its population to be over-65. Today, some 60 per cent of carers in the county provide in excess of 15 hours of unpaid help. Although 90-95% of the county is covered by broadband, 5% of the most isolated areas are completely without. In Linköping in Sweden, many people who need to undertake kidney dialysis are able to do so in their own homes. In the Nijmegen area of the Netherlands, many of the people who are connected to the region's senior platform are able to provide their own data from their own homes.

Challenges

Among the **main challenges** with regard to active and healthy ageing in the home were mentioned:

- Physical, geographic or topographic isolation (especially in rural regions).
- Insufficient attention to health prevention approaches.
- Lack of business involvement in facing the challenges.
- Lack of stakeholder engagement (or stakeholder engagement that is not done well enough or includes various "power plays" among stakeholders).

- Lack of technological connectivity.
- Identifying the kinds of competences and skills that are needed for people to manage their own apps.
- Various data challenges and especially, on the one hand, considerable concerns around data ownership, data privacy, security and, on the other hand, the positive trade-off that can take place in information availability in the public health and trends/diagnostics fields.

Solutions

Some of the solutions with regard to active and healthy ageing in the home included:

- Preparation for a "game change".
- A focus on access to services, including equipment, devices and infrastructure.
- Greater involvement with the business and industrial community that might be interested in the "ready-made (technology) market" for older adults.
- Communities to get involved in creating their own "trusted communication" mechanisms and levels.
- Communities to get involved in seeing "how the whole community can work together" e.g., with the help of such institutions as libraries.
- Communities placing a focus on "community care, and NOT 'community policing'".
- Getting young people on board (like the Donegal youth advisory council example), and ensuring that inter-generational relationships are built.
- The less than 18s and more than 18s collaborating together more.

Next steps

This group of people was keen to hold more regular meetings on the topic of active and healthy ageing in the home. People wanted to start with an electronic discussion group. They were particularly interested in:

- An exchange of good practices.
- Exploring how to get involved in pilots in e.g., the fields of education and training, regional development, "smart specialisation strategies", and technology.

In this regard, there is already a platform that enables this kind of discussion: the HAIVISIO portal (http://haivisio.eu/) offers the opportunity to discuss online a wide range of ICT- and eHealth-related topics.

The HAIVISIO project provides further visibility to other European Union-funded research and initiatives and offers tools for effective communication and the exploitation of results. Among the tools, both offline and online training is provided. The materials can be easily downloaded here http://haivisio.eu/get-advice-and-training/ while below you can find the list of some of the group discussions.

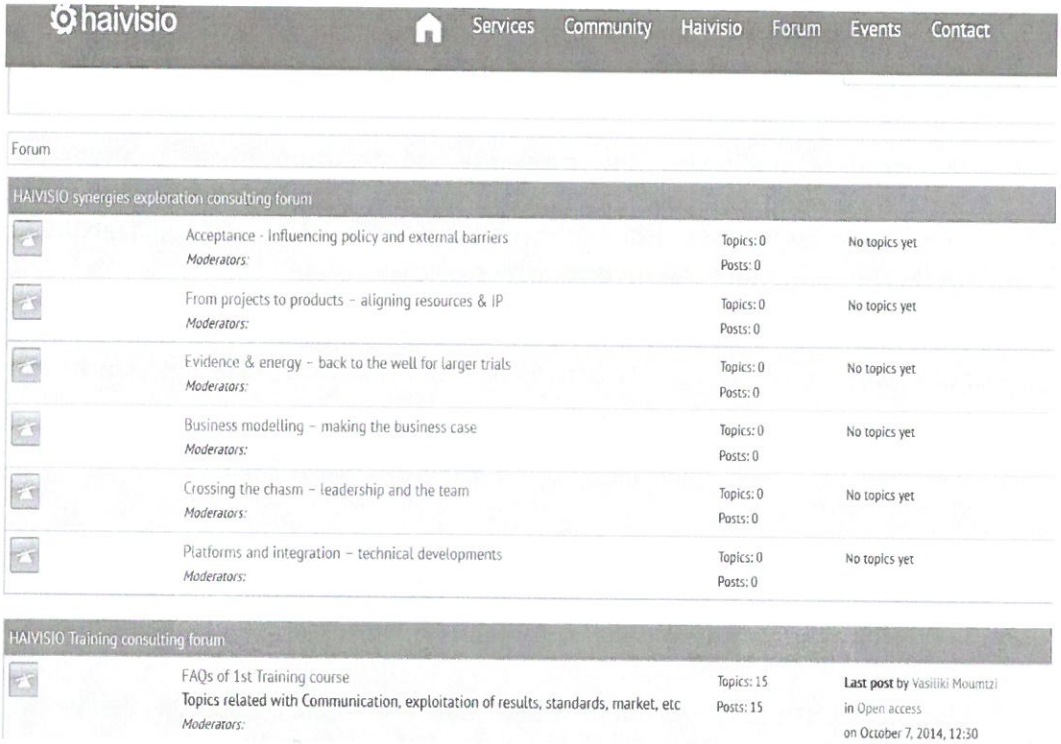


Figure 4: HAIVISIO discussions

The participants to the discussion table can benefit from this opportunity to keep their discussion alive and provide further comments. An online moderator will ease the task.

The results of the online exchange will be presented during the ENGAGED conference in Brussels on 25 November 2014.

Together with the other participants to the ENGAGED session, Working Group B will also receive a copy of this report.

The environments for Active and Healthy Ageing

***Working Group C* – <u>The environments for AHA</u>**
Focus: Built environment, accessibility issues, urban planning, mobility, transport and housing
Moderated by Ilenia Gheno – AGE Platform Europe

Eight participants from Donegal (IE) and Norrbotten (SE) took part in the discussion; among the participants, two youngsters from the Donegal Youth Council attended, and ensured good intergenerational exchanges especially around mobility issues.

Among the key topics covered in this broad domain of "environments" were the issues faced by the rural and isolated communities, as well as use of ICT in those areas. Social issues and mobility patterns were not neglected though. Here is an overview of the points covered and the possible solutions to be put in place.

Challenges

The **main challenges** highlighted were the following:

- **Rural areas** were central points in the discussion, due to their limitations which are greater than in urban settings. The discussion then covered various issues, all from a rural perspective.
- **Use of broadband**: There is the need to develop business cases for broadband in rural areas: where there are no companies, it is hard to develop services for the citizens and to connect people. When the rural area is also mountainous, then the availability of connectivity to bridge the gap becomes even more a pressing need for the communities living there.
- Donegal is very keen on the **intergenerational potential** of its development and wants to continue to boost this important aspect. Donegal is applying to become a WHO age-friendly county, said Evelyna Skalska, Social Inclusion Support Office in Donegal. *"Everybody needs to be involved in the process; we have mentioned especially business centres, institutes, citizens and public authorities, but also the public forces should be part of this list; for instance, we are keen on keep on involving the police force"*, she explained.
- Discussing about the built environment, accessibility and planning brought the group to raise some more socially related issues, such as health inequalities and the **gender perspective**. This latter, especially in rural and remote areas, is still a real concern, as "hard work" (in the woods, in the mines) have traditionally been associated with "men's work", leaving very scant room for the involvement of women in employment. In today's society, it is vital to learn that families move when both partners are working. Besides that, it is essential that families stay in the long-term (*"We cannot develop a city and a community with people flying in on Monday and leaving on Friday. We need to motivate them to stay and remain engaged"*, said Agneta Granström, AER Committee 2 Vice President and Commissioner responsible for Public Health at Norbotten County Council in Sweden).

- Linked with both social and built environment issues is the **importance of mobility**. On the one hand side, it is important for communities to rely on people who stay involved in the long-term and, on the other side, it is key to avoid all isolation, especially physical isolation: freedom of movement is a right that must be ensured if we want both the younger generations to stay without feeling stuck in the countryside, and the old generations to feel safe in their communities, keep on being active, and avoid isolation.

  Local councils are however confronted with some basic problems. If it is important to incentivise the use of public transport also in rural areas (thus to prevent also externalities such a pollution and "to cope with the need for more secure roads", argued one of the representatives of the Donegal Youth Council), buses are all too often almost empty. To cope with that, it is important to **train people to use public transport as early as possible**.
- **Education** was mentioned as key to the development of environments for all ages.
- Alongside this, the provision of public transport in really meeting the users' needs is vital to enable a community to be connected and a city to be lived in. Agneta Granström mentioned a recurrent problem she faces in her community: if buses do not have "intelligent" schedules, a city dies; for instance, when students are taken home from their schools or colleges, but there are no connections afterwards for them to head back to the city centres, while they are safe at home they don't live in the city centre, and a centre without youngsters is a centre that dies. For this reason, *"the county of Lulea sees the participation to the costs of buses in the county as an investment, not as a cost"*, explained Agneta.
- Throughout the discussion, the group did not forget to tackle the issue of **single households**, as it is important to keep on engaging their householders especially in the process of engagement, as they suffer the greatest risk of isolation, loneliness and poor quality of life.

Solutions

It is hard to reconcile all the good discussions and examples in macro-categories, but here is an attempt:

- In order to overcome the problems related to the disconnection of rural areas, a possible solution is to **attract people** to live in those areas, so to boost the development of the economy, of services and business.

  In Donegal the solution has been to liaise better with the universities and the local institutes to attract young students and offer them **opportunities for employment and choices**. *"People in Ireland are very connected with their territory and they have a strong feeling of belonging to their region"*, said Maria Ferguson. When attracting young people and offering them opportunities to stay in the region, it is important to leverage the intergenerational connections and not to neglect the resources coming from older people. *"Therefore we try to match the competences of people retiring with the needs of young students"*, explained Maria.

- In the case of Luleå in Sweden, the **citizens' dialogue model** delivers very interesting feedback on local policies and development. It contributes highly to shape the everyday life in the community. Agneta Granström explained that citizens' dialogue opportunities are open every time there is the need for them. All citizens of all ages are invited to attend and contribute to live and remote sessions that debate on specific problems. These moments are organised by the city council and are advertised in the newspapers, in the social media, of course on the council's website, but also in physical display "windows" at the dentist, in the hospital hallways, and in residential homes, ... The key point was that *"if a council wants to grow and flourish, it needs people, and the best way to attract people and to let them stay over the long-term, is indeed to ask them what they need and aim at, for offering them the opportunities they are looking for"* (Agneta Granström).
- The engagement of stakeholders was also considered as part of the solution and a very powerful asset. When intergenerational connections can be explored as deeply as in the case of the Donegal, positive feedback is not long in coming. Design-for-all is usually one of the outcomes.
- The **cross-generational** dimension was also mentioned, as it is very important to pass issues on to new generations.
- **Education** and **training** were mentioned as key to the development of environments for all ages.
- **Inclusion** is essential for a healthy community.

Next steps

The representatives of the local authorities in the group raised the need to be more informed about reciprocal initiatives and good practices. The attendees were keen on keeping the discussion alive and exploring more cases and examples throughout Europe.

Connecting good practices around age-friendly environments is among the goals of the AFE-INNOVNET thematic network (http://www.afeinnovnet.eu/). AFE-INNOVNET aims at mobilising an EU-wide community of local and regional authorities and other stakeholders to support the scaling-up of innovative solutions for age-friendly environments to support active and healthy ageing across Europe.

The project will help local and regional authorities to respond to Europe's demographic challenge by stimulating investment and facilitating the deployment of innovative age-friendly ICT and social solutions to help older people to age in better health and remain active for longer, lowering the pressure on social and healthcare systems and fostering longer working lives. This EU-wide mobilisation should also help develop an EU-wide single market for innovative ICT based silver economy products and services.

The project aims at launching a Covenant on Demographic Change by December 2015: such a framework will be especially important for all local and regional authorities that are at the core of the process and its implementation.

Conclusions and future collaborations

The overall experience of the exchange event and user forum in Letterkenny demonstrated the interest of the various stakeholders engaged in the establishment of a community for active and healthy ageing.

Besides the interest, there was also the will to get engaged. The audience was composed mainly of local and regional administrators, which definitely helped move forward the discussions around the **assets and barriers to implementing** concrete solutions for active and healthy ageing.

Thanks to the direct and active involvement of a community of youngsters, the **intergenerational dimension of policies and practices** was explored and valued, demonstrating once again the very positive outcome of engaging with a broad range of stakeholders and of leaving the door open to arguments and debates at various stages of the process.

There seemed to be a unanimous voice across all three of the working groups in stating how essential it is to be duly and properly informed on what happens, especially at local level. Participants stressed their interest in **being made aware** of the reality of their contexts. This was conceived as the first step to getting engaged and making informed decisions when asked to choose and act.

Issues such as **"trust", "loneliness" and "isolation"** were recurrently raised by the three groups, highlighting once again that regardless of the specific strand of action being debated, these three issues remain at the core of the discussion and need to be tackled transversally in their relevance to active and healthy ageing.

Connections with current and past initiatives that could leverage the groups' discussions were made rather naturally. In particular, the opportunities offered by the HAIVISIO website and the campaign around age-friendly environments, (highlighted above) were offered as possible ways to keep the discussions and the exchanges alive, as well as to sustain new initiatives, projects and activities.

The exchange event and user forum gathered participants who wanted to start further discussions. The idea of launching an electronic discussion group was emphasised; the selected topics were focused particularly around:

- An exchange of good practices.
- Exploring how to get involved in pilots in e.g., the fields of education and training, regional development, "smart specialisation strategies", and technology.

Group B, in particular, was interested in the development of living labs that can help explore the provision of ICT to support active and healthy ageing, and especially the notion of senior labs for older people. This group was keen to hold more regular meetings on the topic of active and healthy ageing at home.

Such a practical way to liaise with other relevant projects and initiative is to be welcomed as a positive outcome of the ENGAGED thematic network. The next steps, in terms of ENGAGED activities, will be to frame these discussions within the road-mapping process of the project and to possibly expand this further to both virtual and actual communities around active and healthy ageing, as the legacy of the thematic network.

All these issues will be debated during one of the final events of the ENGAGED, the satellite event to the EHTEL symposium on 25 November 2014 in Brussels.

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Besides the **HAIVISIO** and **AFE-INNOVNET projects**, a third was particularly mentioned: Smart Care. Following the ENGAGED event, a SmartCare event was on stage at the AER seminar in Letterkenny.

The **SmartCare**[1] project was introduced, with its ICT platform, bringing technology to the community through Europe's digital agenda especially in the fields of health and social care. The way in which SmartCare facilitates communications between researchers, business people, and civic society was praised.

Acknowledgements

A big thank-you to all participants, whose involvement and commitment highly contributed to make this user forum a successful exchange event. Thanks in particular to Johanna Pacevicius and Diane Whitehouse for having made all this possible. Johanna from the Assembly of European Regions (AER) gave me the opportunity to connect the Committee2 Session of the AER meeting in Letterkenny with the ENGAGED project and provided AGE Platform Europe with the occasion to set up the second user forum for the project. Diane from the European Health Telematics Association (EHTEL) helped once again with her skills as moderator and speaker, professionally summarizing the key issues at stake and showing her expertise in ICT for ageing well. Both Johanna and Diane are co-authors of this report.

For any information, please contact Ilenia Gheno (Ilenia.gheno@age-platform.eu), Research Project Manager at AGE Platform Europe (0032 2 280 14 70).

[1] http://www.pilotsmartcare.eu/home/

Bilaga 6.

Engaged - session on active and healthy ageing at home

Draft notes made by facilitator: Diane WHITEHOUSE, EHTEL, eHealth expert

Attendees

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Diane WHITEHOUSE diane.whitehouse@ehtel.eu

Overview

This group of people is keen to hold more regular meetings on the topic of our conversation, active and healthy ageing at home. People wanted to start with an electronic discussion group. We were particularly interested in:

- An exchange of good practices.
- Exploring how to get involved in pilots in e.g., the fields of education and training, regional development, "smart specialisation strategies", and technology.

Eight people collaborated in the discussion. Attendees came from Belgium, Eire, Netherlands, Northern Ireland, Spain and Sweden. Our backgrounds and interests included eHealth, management consultancy, patient empowerment, regional politics, social research, stakeholder engagement, and youth involvement.

The group as a whole was interested in patients and patients as consumers, independent of age or at least all the way along the healthy life-cycle. Our concerns lay in the fields of data capture, particularly around public health trends; changes in patient demographics including the increasing youth of patients; handling patients at home and patients in the community; prevention, treatment; equal access to healthcare; the use of technology; and issues related to drugs compliance, adherence and concordance.

Regional descriptions

It was definitely recognised that "society is definitely changing". Among the example regional cases cited were Donegal, the Nijmegen area in the Netherlands, and the area of Linköping in Sweden.

While the fourth largest county in Ireland, Donegal is also the fifth most rurally dispersed. Currently, the county has 252,000 people aged over 65 of whom 62,000 (i.e., around a quarter) live in single person households. By 2031, Donegal expects its population to be composed of 22% being over-65s. Some 60 per cent of carers in the county provide in excess of 15 hours of unpaid help. Although 90-95% of the

county is covered by broadband, 5% of the most isolated areas are completely without.

In Linköping, many people who need to undertake kidney dialysis are able to do so in their own homes.

In the Nijmegen area, many of the people who are connected to the senior platform are able to provide their own data from their own homes.

An interesting initiative

The Smartcare project was introduced, with its ICT platform, bringing technology to the community through Europe's digital agenda espeically in the fields of health ad social care: see http://www.pilotsmartcare.eu/home/. The way in which Smartcare facilitates communications between researchers, business people, and civic society was praised.

The group was interested in the development of living labs that can help explore the provision of ICT to support active and healthy ageing, and especially the notion of senior labs for older people.

Challenges

Among the main challenges with regard to active and healthy ageing (in the home) mentioned were:

- Physical, geographic or topographic isolation (especially in rural regions).
- Insufficient attention to health prevention approaches.
- Lack of business involvement in facing the challenges.
- Lack of stakeholder engagement (or stakeholder engagement that is not done well enough, including various "powerplays" among stakeholders).
- Lack of technological connectivity.
- Identifying the kinds of competences and skills that are needed for people to manage their own apps.
- Various data challenges and especially, on the one hand, considerable concerns around data ownership, data privacy, security and, on the other hand, the positive trade-off that can take place in information availability in the public health and trends/diagnostics fields.

Solutions

Some of the solutions with regard to active and healthy ageing (in the home) mentioned included:

- Preparation for a "game change".
- A focus on access to services, including equipment, devices and infrastructure.
- Greater involvement with the business and industrial community that might be interested in the "ready-made market" of older adults.
- Communities to get involved in creating their own "trusted communication" mechanisms and levels.

- Communities to get involved in seeing "how the whole community can work together" e.g., with the help of institutions such as libraries.
- Communities placing a focus on "community care, and NOT 'community policing'".
- Getting young people on board (like the Donegal youth advisory council example), and ensuring that inter-generational relationships are built.
- Working together between the 18s- and the 18s+.

Fit between the challenges and the solutions

The discussion group did not especially have the opportunity available to them to explore exactly how the challenges and the solutions might fit together.

Assembly of European Regions

REGION NORDJYLLAND

AER COMMITTEES 2 & 3
Plenary Session 2015
4-6 March 2015, Aalborg/Region Nordjylland (DK)

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<tr><td>08:30-09:00</td><td rowspan="2">Seminar "Citizens empowerment and participatory approaches…"</td><td rowspan="3">Joint C2 & C3 Plenary Political Debate on "public-private partnerships for innovation"</td></tr>
<tr><td>09:00-09:30</td></tr>
<tr><td>09:30-10:00</td><td rowspan="5">C3 – WG Early school drop outs</td><td rowspan="2"></td></tr>
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<tr><td>10:30-11:00</td><td>Coffee break</td><td rowspan="2"></td></tr>
<tr><td>11:00-11:30</td><td rowspan="2">Youth session (presentation of Nordjylland Youth Council)</td></tr>
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<tr><td>12:00-13:30</td><td rowspan="2">Free time</td><td>Lunch</td><td>Lunch</td></tr>
<tr><td>13:30-14:00</td><td rowspan="3">Study visit (linked to silver economy, well-being…)</td><td rowspan="8">Departure of participants</td></tr>
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<tr><td>14:30-15:00</td></tr>
<tr><td>15:00-15:30</td><td></td></tr>
<tr><td>15:30-16:00</td><td>Coffee break</td></tr>
<tr><td>16:00-16:30</td><td rowspan="3">Study visit (linked to culture & health)</td><td rowspan="3">Training Academy Boosting the Silver Economy</td></tr>
<tr><td>16:30-17:00</td></tr>
<tr><td>17:00-17:30</td></tr>
<tr><td>17:30-18:00</td><td rowspan="3">C3 – Sub-Committee meetings</td><td rowspan="3">C2 – Potential meetings AER e-health Network</td></tr>
<tr><td>18:00-18:30</td><td rowspan="2">Free time</td></tr>
<tr><td>18:30-19:00</td></tr>
<tr><td>19:00-19:30</td><td rowspan="2">Free evening / cocktail</td><td rowspan="2"></td></tr>
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</table>

SIS 15/01/2015

	Events organized by host region
	AER Committee Plenary Sessions
	Working group or Sub-committee Meetings
	AER Committee Political Debates and Conferences

Bilag 1.

Bilaga B.

Landstinget Västernorrland

Dokumentnamn
PROTOKOLL §§ 206–225
LANDSTINGSSTYRELSEN

Tjänsteställe, handläggare	Datum	Dnr	Sida
Landstingets kansli Karin Henriksson	2014-11-11	14LS1	1(34)

Tid: **2014-11-11**

Plats: **Landstingets kansli**
Härnösand

NÄRVARANDE

Ledamöter

Per Wahlberg	ordförande
Hans Hedlund (C)	vice ordförande
Kerstin Svensson (M)	
Sven-Åke Vest (FP)	
Mona Hammarstedt (KD)	
Folke Nyström (MP)	
Elisabet Strömqvist (S)	
Christer Sonidsson (S)	
Lars-Olof Olsson (S)	
Linnéa Stenklyft (S)	
Stefan Dalin (S)	
Lars-Gunnar Hultin (V)	

Tjänstgörande ersättare

Leif Vestin (C)	för Bengt Sörlin (M)
Tomas Lundin (SJVP)	för Erica Sahlin (SJVP)
Karin Nordin (S)	för Hans Stenberg (S)

Övriga ersättare
Bengt Nilsson (MP)
Anita Hellstrand (C)
Arne Engholm (FP)
Erik Lövgren (S)
Desislava Cvetkova (S)

Tjänstemän
Anders L Johansson
Inger Bergström
Margareta Tufvesson
Victoria Sjöbom
Karin Henriksson sekreterare

Inför landstingsstyrelsens möte informerade
samordnare Lennart Moberg om ärendet Utveckling av glesbygdsmedicin, **bilaga A**,
förvaltningschef Margareta Berglund Rödén om ärendet Förstudie av lokalbehov vid barn- och ungdomskliniken, Sundsvalls sjukhus, och ärendet Kombinerad ultraljud och biokemisk fosterdiagnostik mot avgift,
tandläkare Anders Nigard om ärendet Vårdval tandvård för barn och ungdom samt förvaltningschef Inger Bergström, hälso- och sjukvårdsdirektör Peter Löthman, HR-direktör Victoria Sjöbom, ekonomi- och finansdirektör Margareta Tufvesson och regional utvecklingsdirektör Hans Wiklund om ärendet Resultattavlan, **bilaga B**.

§ 206 Val av justerare

Landstingsstyrelsen beslutar

att utse Tomas Lundin och Stefan Dalin att jämte ordföranden justera protokollet.

§ 207 Fastställande av föredragningslista

Ett extra ärende anmäldes: Inbjudningar.

Rubriken på ärende 209 ändras till Förstudie av lokalbehovet vid barn- och ungdomskliniken, Sundsvalls sjukhus.

Landstingsstyrelsen beslutade

att med dessa ändringar fastställa upprättat förslag till föredragningslista.

§ 208 Utveckling av glesbygdsmedicin

Diarienummer: 14LS1666
Ärendeansvarig: Jonas Appelberg
Handläggare: Lennart Moberg

Ärendebeskrivning
För att uppnå en långsiktigt god och hållbar hälso- och sjukvård i glesbygd behöver landsting och kommuner i norra regionen tillsammans med andra aktörer, t.ex. universiteten, prioritera arbetet och utvecklingen inom glesbygdsvården.

Inom fokusområdet Glesbygdsmedicin pågår för närvarande ett intensivt utvecklingsarbete inom norrlandstingen. Det sker utveckling inom såväl arbetsmetoder, teknikstöd, utbildning som forskning. Det finns också en stor potential i ett ökat samarbete. Förutom den uppenbara nyttan för medborgare och patienter återfinns också möjligheter på den nationella arenan. Att göra norra Sverige ännu attraktivare som ett starkt utvecklingsområde och öka våra konkurrensfördelar på arbetsmarknaden.

För att kraftsamla med fokus på landsbygden och verksamhetsområdet glesbygdsmedicin har landstingsdirektörerna i de fyra norrlandstingen gett uppdrag om att ta fram en gemensam vision och ett policydokument som pekar ut färdriktningen.

Vid Norrlandstingens förbundsdirektions (NRF:s) möte den 21 maj 2014 presenterades detta policydokument med rubriken: "Vård och omsorg i glesbygd. Norrlands inland, världsledande i utveckling av framtidens vård och omsorg i glesbygd. Ett sätt att arbeta, ett sätt att leva, ett sätt att vara".

I dokumentet anges förslag på länsövergripande – gemensamma – aktiviteter inom följande områden:
- Likvärdig vård
- Utbildning och kompetensförsörjning
- Forskning, utveckling och innovation
- Samverkan med lokalsamhället
- Internationella nätverk

Förbundsdirektionen rekommenderade vid sitt sammanträde den 21 maj 2014 landstingen att gemensamt bidra till att uppfylla ambitionerna i detta dokument.

Beslutsunderlag
Glesbygdsmedicinskt inriktningsdokument: "Vård och omsorg i glesbygd. Norrlands inland, världsledande i utveckling av framtidens vård och omsorg i glesbygd. Ett sätt att arbeta, ett sätt att leva, ett sätt att vara", **bilaga 1**
Protokollsutdrag från NRF:s förbundsdirektion den 21 maj 2014, § 30 a, **bilaga 2**

Beredning
Beställarutskottet den 22 oktober 2014, § 26

Beslut
Landstingsstyrelsen beslutade på Beställarutskottets förslag

att ge landstingsdirektören i uppdrag att samverka med övriga norrlandsting så att ambitionerna i inriktningsdokumentet för glesbygdsmedicin kan uppfyllas; samt

att landstingsstyrelsen erhåller en uppföljning av angivna/genomförda aktiviteter inom ett år.

Utveckling av glesbygdsmedicin

Landstingsstyrelsens sammanträde,
2014-11-11
Lennart Moberg

Landstinget Västernorrland

www.lvn.se

Vård och omsorg i glesbygd

Norrlands inland, världsledande i utvecklingen av framtidens vård och omsorg i glesbygd

Ett sätt att arbeta, ett sätt att leva, ett sätt att vara

Landstinget Västernorrland

www.lvn.se

Sammanfattande förslag på länsövergripande aktiviteter

- Likvärdig vård
- Utbildning och kompetensförsörjning
- Forskning, utveckling och innovation
- Samverkan med lokalsamhället
- Internationella nätverk

Bakgrund

Uppdrag Glesbygdsmedicin

Vi ser med stort intresse på den positiva utveckling som just nu sker inom området Glesbygdsmedicin i våra landstinq. Redan vid en kort muntlig avstämning oss emellan noterar vi att det sker utveckling inom såväl arbetsmetoder, teknikstöd, utbildning och forskning Vi ser också att det finns en stor potential i ett ökat samarbete. Förutom den uppenbara nyttan för medborgare och patienter ser vi också möjligheter på den nationella arenan. Att göra norra Sverige ännu attraktivare som ett starkt utvecklingsområde och öka våra konkurrensfördelar på arbetsmarknaden.

För att kraftsamla ser vi att det skulle behövas något gemensamt att samlas kring och att kunna kommunicera ut. Vi behöver alltså en gemensam vision och ett policydokument som pekar ut riktningen!

Vi behöver kunna berätta vad vi siktar mot och hur vägen dit kan se ut.

Med en sådan grund kan vi sen hitta former för hur det fortsatta samarbetet ska se ut framöver.

För att ha ett konkret mål vill vi kunna presentera denna vision och policy vid Norrlandstingens förbundsmöte i Östersund den 20/5. Till samma möte önskar vi också en sammanställning av pågående glesbygdsmedicinska projekt/arbetsmodeller samt pågående och planerat regionalt samarbete.

Som sammankallande för arbetet utser vi Peter Berggren vid Glesbygdsmedicinskt centrum i Storuman.

2014-02-14

Anders Sylvan	VLL	Björn Eriksson	JLL
Anders L Johansson	LVN	Mats Brännström	NLL

Landstinget Västernorrland

www.lvn.se

Vård och omsorg i glesbygd

Vision: Norrlands inland, världsledande i utvecklingen av framtidens vård och omsorg i glesbygd

Ett sätt att arbeta, ett sätt att leva, ett sätt att vara

Landstinget Västernorrland

www.lvn.se

Vad är "på G" inom vårt landsting/län

OBS! Ej rangordnade *exempel*

- Landstingsstyrelsens beslut 2014-06-10, § 117 Projekt för utbyggnad av vård distansmöten
- Dialog inom Social-KOLA
- Tillvaratagande av internationellt vunna erfarenheter, exempelvis genom AER[1]
- Projektansvarig enhet utsedd vad gäller VpD i vårt landsting
- Dialog med Länsstyrelsen

1) Jämför Landstingsfullmäktiges temadag 2014-04-23 med fokus på LVN:s internationella engagemang

- Deltagande inom området e-hälsa på nationell nivå bl.a. gällande grundläggande infrastruktur
- Tillvaratagande av vunna – respektive kommande erfarenheter från NRF:s projekt, Vård på Distans
- Utredning om möjligheten att Hälsocentral/-er kan utses som forsknings- och utvecklingsenhet/-er
- Samverkan med bland annat Jämtlands läns landsting och N/S Tröndelag om gränsöverskridande innovationsutveckling


Tack för uppmärksamheten!
Landstinget
Västernorrland
www.lvn.se

nationell lösning klar till hösten 2014. Rekommendationen från VpD är därför att förlänga avtalet med ett år. Landstingen har beslutat att förlänga sitt avtal med NRF och NRF förlänger således sitt avtal med Norrbottens läns landsting.

Förbundsdirektionen beslutar

att godkänna informationen.

§ 29 Avtal med Skånes universitetssjukhus (Dnr 057/14)

Ett förslag till avtal med Skånes universitetssjukhus för perioden 2015--2017 föreligger. Avtalet innebär inga principiella förändringar jämfört med nuvarande avtal.

Avtalet framgår av bilaga 29.

Förbundsdirektionen beslutar

att godkänna avtalet.

§ 30 Villkor beträffande tillämpning av preimplantatorisk genetisk diagnostik (PGD)

Vid direktionsmötet 2013-12-04 gavs uppdraget att belysa övriga landets villkor vad gäller PGD. Frågeställningen påverkas av det faktum att SKL begärt ett underlag från nationell expertis inom Vävnadsområde könsceller med förslag på definitioner och tillämpningar av vissa parametrar vad gäller assisterad befruktning. Den tar upp framför allt ålder, vikt och antal försök. Rapporten har överlämnats till SKL i april och den fortsatta behandlingen av frågan beräknas blir klarlagd under maj.

Om underlaget leder till en rekommendation och om regionens landsting väljer att följa den rekommendationen, påverkar det också frågan om PGD. Förbundskansliet avser därför att återkomma med frågan då den nationella beredningen är slutförd.

Förbundsdirektionen beslutar

att notera informationen.

§ 30 a Vision och aktiviteter för glesbygdsmedicin (Dnr 070/14)

Runt om i världen finns det många glest befolkade områden där länderna i likhet med Sverige brottas med svårigheter att tillhandahålla en jämlik vård för glesbygdsbefolkningen. Att kunna erbjuda likvärdig vård i glest befolkade områden är en utmaning. I Sveriges glesbygdsområden måste olika organisationer samverka för att samhällsservice ska kunna bibehållas och utvecklas.

Glesbygdsvården är därför vår kanske viktigaste kvalificerade lokala samhällsservice med stor betydelse för den trygghet befolkningen upplever.
Glesbygdsvården ska svara för ett tryggt och säkert akut omhändertagande och en verksamhet som är kostnadseffektiv och kompetensmässigt möjlig att bedriva lokalt.
Glesbygdsvården är också en viktig motor i en fortsatt utbyggnad och utveckling av distansvården.

För att uppnå en långsiktigt god och hållbar hälso- och sjukvård i glesbygd behöver landsting och kommuner i norra regionen tillsammans med andra aktörer (universitet) prioritera arbetet och utvecklingen inom glesbygdsvården.

Förbundsdirektionen ser med stort intresse på den positiva utveckling som just nu sker inom området Glesbygdsmedicin i norrlandstingen. Det sker utveckling inom såväl arbetsmetoder, teknikstöd, utbildning och forskning. Det finns också en stor potential i ett ökat samarbete. Förutom den uppenbara nyttan för medborgare och patienter finns också möjligheter på den nationella arenan. Att göra norra Sverige ännu attraktivare som ett starkt utvecklingsområde och öka våra konkurrensfördelar på arbetsmarknaden.

För att kraftsamla har landstingsdirektörerna gett uppdrag om att ta fram en gemensam vision och ett policydokument som pekar ut riktningen.

Vid Förbundsdirektionens möte 2014-05-20 presenterades detta policydokument med rubriken :
"Vård och omsorg i glesbygd. Norrlands inland, världsledande i utveckling av framtidens vård och omsorg i glesbygd. Ett sätt att arbeta, ett sätt att leva, ett sätt att vara."
Dokumentet framgår av bilaga 30 a.

I dokumentet anges förslag på länsövergripande aktiviteter inom följande områden:
- Likvärdig vård
- Utbildning och kompetensförsörjning
- Forskning, utveckling och innovation
- Samverkan med lokalsamhället
- Internationella nätverk

Förbundsdirektionen beslutade

att fortsatt arbete sker inom området glesbygdsmedicin,

att rekommendera landstingen att gemensamt bidra till att uppfylla ambitionerna i detta dokument; samt

att Förbundsdirektionen får en uppföljning av angivna aktiviteter om 1 år.