HORIZON 2020
The Framework Programme for Research and Innovation

Project acronym: ValueCare
Grant Agreement Number: 875215
Project full title: Value-based methodology for integrated care supported by ICT
Call identifier: H2020-SC1-DTH-11-2019

D.2.4 Engagement strategy for the VALUECARE concept co-design mid-term

Version:	0.3
Status:	Final
Dissemination Level:	Public
Due date of deliverable:	30.11.2020
Actual submission date:	21.12.2020
Work Package:	WP 2 Development of new integrated care built on value-based methodology to be implemented at EU level
Lead partner for this deliverable:	ISRAA
Partner(s) contributing:	AGE, ECHA, IFIC, KVC, Pilot sites

Main author(s):

ZANUTTO OSCAR	ISRAA
MACCHIONE STEFANIA	ISRAA

Other author(s):

Mireia Ferri	KVC	Sofia Ortet	CDC
Maite Ferrando	KVC	Natália Machado	CDC
Leo Lewis	IFIC	Anastasios Rentoumis	AFIC
Natalia Allegretti	ECHA	Vanja Vasiljev	MEDRI
Karolina Mackiewicz	ECHA	Demi Cheng	EMC
Nhu Tram	AGE	Esmee Bally	EMC

Statement of originality

This deliverable contains original unpublished work except where clearly indicated otherwise. Acknowledgment of previously published material and of the work of others has been made through appropriate citation, quotation or both.

TABLE OF CONTENTS

LIST OF TABLES

LIST OF ACRONYMS

Information Communication Technology	ICT
Integrated Care Programme for Older People	ICPOP
General Practitioner	GP
Emergency Medicine	EM
Diabetes Management	DM
Activities of Daily Living	ADLs
Centre for Dementia and Cognitive Disorders	CDCD
Italian Association of Psycho-geriatrician	IPA
Italian Society of Geriatric and Gerontology	SIGG
Information Technology	IT
Machine Learning	ML
Artificial Intelligence	AI
International Consortium for Health Outcomes Measurement	ICHOM
Diabetes Mellitus	DM
Caritas De Coimbra	CDC
Long Term Care	LTC
A multi-stakeholder co-creation platform for better access to long-term care services	SoCaTel
Non Government Organization	NGO

EXECUTIVE SUMMARY

This Deliverable (D2.4) is part of Work Package 2 and concerns the feedback from the first round of engagement actions undertaken in each ValueCare Pilot Site in relation to the target groups foreseen by the ValueCare Project namely: patients/service users and informal caregivers, care practitioners, and public and private decision makers responsible for the adoption of the project's results and their exploitability. These last target of decision makers has not been engaged as foreseen due to the limitations encountered in the Pilot Countries along with the pandemic scenario.

The audience of this deliverable are the social and health care managers and care practitioners that are responsiblefor engaging the local services and stakeholders in order to deploy further codesign actions aimed to improve the integration among services and to transform them towards the Value Based Health Care Model requirements.

The aim of D2.4 is to present, to the above-mentioned audience, the main findings in term of tools that have demonstrated to be effective and efficient during the engagement phase of the ValueCare Project done by each Pilot Site Partner.

The methodology employed consisted of examining each Pilot local context and taking into consideration the ongoing pandemic scenario that has impacted on health and care delivery in the 202; each Pilot Site reviewed and chose their set of activities from the engagement toolkit that has been previously delivered into the D2.3 that has best suited to each target population to be engaged with.

The main findings that emerged is the wide use of on-line video-communication tools. Due to the constraints faced, several webinars, teleconferences and one-to-one meetings have

been undertaken almost entirely remotely for the practitioner and manager target groups. In relation to informal caregivers and older people, the activities have been mainly undertaken in presence to date, but discussions are now being held to move such future activities online using new platforms that are able to facilitate the accessibility and the co-design action whilst maintaining the quality of the interaction and of ideation.

The main recommendation is to flexibly adapt the tools for local involvement of actors according to their level of digital literacy and the time they have available in order to optimise their contribution and create favourable conditions for the implementation of codesign processes

Table 1. Relationship with other VALUECARE Deliverables

Deliverable	Relation
D2.1	As the D2.1 concerns the definition of the Value-Based framework, the D2.3 will give the first inputs to gather patients, caregivers and the local stakeholders' point of views and expectations towards a Value-Based care transformation. It will be possible to discuss, locally, about the main ICHOM drivers and dimensions with the community of social and health care experts.
D2.2	Identify data needed, that in the core of the D2.2, will be part of the engagement process and discussion with the ICT managers belonging to the social and health care organizations. We will go throughout the main existing data flow in between services that will be part of the digital backbone of VALUECARE Project
D2.4	D2.4 depends on the actions and results of D2.3. After having engaged the main targets, co-design will take place following the methodology that will be defined into D2.4. D2.3 methodology will be useful to pre-recruit stakeholders for co-design activities and it will motivate and involve the targets at a local level.
D3.2	The definition and development of ML (Machine Learning) /AI (Artificial Intelligence) algorithms will start during the events that the D2.3 has foreseen. There will be presented the logical ICT framework of ValueCare towards the main players. They will be led to solve the issue of the "ontology" preparation and feed of the ML along the Project implementation
D4.1	D2.3 will set up the logical framework that each Pilot will implement locally as foreseen by D4.1
D6.2	D2.3 will be based on the "core message" and the communication tools provided by the D6.2: web site, Project's visual identity and the social media campaign that will be organized in strong coordination within the Pilot sites.
D7.1	D7.1, that is about innovation management, will be an essential link with the D2.3. Thanks to D7.1 each Pilot would be able to identify, with specific and strategic criteria, the locals' main care players (public/private), that could join and support the ValueCare deployment and that could be interested in the health and social impact of the Project in terms of economical systemic gains.

1 Engagement actions in Covid19 times and risk management

1.1. Target engagement approach adaptation in the pandemic scenario

Starting from the completion of D2.3 concerning the methodology and tools to be used for the involvement of the different stakeholder groups, the Pilot Sites were affected by the first wave of the pandemic, with the second wave beginning to within a relatively short time after the regions' lockdown restrictions began to be lifted. This situation has had a significant impact on the ways in which the engagement activities could be undertaken within the Pilot Site areas.

The context in which the engagement and subsequent co-design actions were carried out was set within the following framework:

- Community, national, regional and local rules and regulations of the individual project partner organisations governing access to mobility, in-presence meetings aimed at protecting citizens and professionals.

- Consideration of the contingency plan prepared within the ValueCare project to overcome the limits set by the above-mentioned entities.

This has led to the need for each Pilot Site team to define the communication and information materials to be produced by the individual partners and/or their representatives. In functional terms, the choice of engagement and recruitment tools has therefore been made from those available, widening the range of options through the increasing use of online tools.

The following is an account of the experiential outcomes of the seven predefined engagement tools.

1.2 Experiences from pilots: Identifying the significant patient-services touchpoints (which is the first service the patient contact? Which is the user journey?)

The starting point of the engagement strategy was to identify the main access point to the health and social services system to which citizens/patients normally turn to find answers to their needs.

This element is of particular interest for the ValueCare project as it enables a focus on the area on which to build the integration care pathways between services.

The table below provides details of the main findings:

Table 2. Experiences from pilots: Identifying the significant patient-services touchpoints

Croatia	There are different ways of arterial hypertension diagnosis and recognition. First symptoms could be reported to the General Practitioner (GP) and the confirmation is made by GP. Other way is for those with intensive symptoms (dizziness, nosebleed, headache) and they go directly to Emergency medicine (EM). Third way is detection of Atrial Hypertension on routine physical exams. After the EM or routine examination, the patients visit GP for further activities that includes patient visit to the specialist- cardiologist (secondary or tertiary level of health care) who gives the final diagnosis and prescribes the therapy. The patient occasionally visit (once or twice per year) cardiologist in order to revise the medications. The process could be long because of the waiting lists for specialist exam but those patients are usually under the treatment proscribed by GP. Tools 1,3- D2.3
Greece	The elderly patient with Type II DM is usually diagnosed upon routine abnormal blood glucose measurements. The first contact with the health and social care system is usually through the GP who then refers the patient to a diabetes specialist (an endocrinologist or a physician with a specialty interest in Diabetes Management), but direct contact to a Diabetes Specialist can also take place e.g. in the outpatient clinics of public and private hospitals. The patient may then be referred to other professionals like a dietician, a physiotherapist (in case of diabetic foot), an ophthalmologist etc depending on the severity of disease and risk of complications. A diabetic patient is by law not a patient with enhanced disability status, so he is not entitled to receive state benefits but is entitled to receive for free a monthly number of blood glucose measurement strips, needles and lancets. The role of the social worker is non-existent in the system in so far as they are not part of an established multidisciplinary, integrated care team in the public sector, except in some primary care centres.
Ireland	Frailty can present itself in many forms or older people may never receive a diagnosis and manage their challenges in the activities of daily living (ADLs). A person's level of frailty may be discussed with them by their GP alongside other co-morbid conditions. Older people may receive a frailty diagnosis following a fall and entry to their Emergency Dept. Once identified as frail, older people should be referred to ICPOP where a care provider will be appointed to conduct a Comprehensive Geriatric Assessment and decide on how best to manage their condition. Tool 3 was used.

Italy	(Attachment 1 and 3 used). The Mild Cognitive Impairment patient usually contacts **GP** as first contact because of his/her perception of memory loss or because a caregiver realises the person's cognitive problem. Social services and the Centre for Dementia and Cognitive Disorders (CDCD) would then be involved. The process is not streamlined, and the process could take from 1 to 4 months.
Portugal	Caritas Coimbra is frequently the first significant touchpoint for the older adults' experience with social care services and professionals, as it usually makes the connection between these older users and the Primary Care Services and professionals, as also with their informal caregivers. Regarding the engagement actions and risk management within the Covid-19 context, to comply with the imposed restrictions and contingency protection measures, the co-design sessions with older adults were prepared and remotely supported by the Innovation Department team working in ValueCare,but were actually implemented by their usual formal caregivers in CDC's services. Regarding the health and social professionals from CDC, the project and pilot purposes have already been presented to some health and psychosocial workers from CDC's day care and homecare services, and also residential units for older adults. Whether these, the informal carers sessions and the stakeholders' sessions will probably be implemented remotely, at this point, due to Covid-19 safety demands. Health and social professionals from public services have been hard to reach out, since the pandemic situation has reached and evolved in Centro Region, thus changing their work focus and priorities. Despite our efforts, the engagement of public services is not yet ensured in the Portuguese pilot, reason why we are planning to possibly include other relevant national and regional stakeholders (e.g., Alzheimer Portugal, Ordem dos enfermeiros). Although the ValueCare project has been disseminated in CDC's website and social networks, public events have not been used for the implementation of the project co-design activities. To the co-design activities and the user scenarios adaptation purposes, tools 1 "Identify significant patient-services touch points" and 2 "Local stakeholder identification matrix" were used, and tools 3 "User journey sheet" and 4 "Persona Profiles" (patient and informal caregiver's versions) are planned to be used.

Spain	(Attachments 1 and 3 used). To identify the pathway our target groups will follow in general and understand where the ValueCare can support them. Patients first contact is the health professional. Patients do not visit the medical centre specifically for frailty, but for other reasons (hypertension, diabetes...). The doctors normally use their judgement in order to determine if the patient is frail or not. For example, seeing how fast and or easily they can walk a short distance, etc.
Netherlands	Detailed description of the user journey (attachment 3) and identified significant touchpoints (attachment 1). The hospital (directly to emergency room or referred to by the GP) is usually the first contact point for a patient who has had a stroke. Through awareness campaigns, the door-to-needle time has been reduced to 15-minutes. How the path is experienced depends on the severity of disease and the type of patient. Some patients go directly home (clear and easy), some go into rehabilitation first (moderately difficult), and some go to a nursing home (moderately difficult to difficult).

In terms of tools, we notice that the tool 1 that is the grid for “identify significant patient-services touch points” and tool 3 “User Journey Sheet” that has been the used the most.

2. The stakeholder mapping

To realise this core action the main tools that have been used was the tool 2 "Local Stakeholder Identification Matrix". It has been useful to map the main social and health services that could give a contribution for the value creation thanks to their role played in the local context and that could shape the integrated care model that the Project is building up into the WP2, Task 2.1.

Table 3. The stakeholder mapping

Croatia	Main stakeholders identified (attachment tool 2 used): *Health domain:* - Community health center of Primorje Gorski Kotar County; - clinical hospital center Rijeka, - Thallasotherapia Opatija; - home care, - pharmacies, - Emergency medicine; *Social domain:* - senior clubs; - volunteer center SMART; - City of Rijeka (health and social care department); - Croatian Society for hypertension (at national level)
Greece	Due to the COVID-19 situation and to the expected change in the target group, the Athens Pilot Site was not able to create a "Local Alliance Agreement" with various Type II DM related stakeholders. This will be considered again once the current lockdown situation is eased in December 2020. The Greek Association of Diabetic Patients (POSSASDIA), the Diabetes Centre of General Hospital of Piraeus, Argiro Barbarigou website and restaurant, glikouli website, meodigotodiaviti website studio 99 fitness centre for diabetics, the Municipality of Palaio Faliro will all be approached.
Ireland	*Health domain:* Main stakeholders were identified through the Integrated Care Programme for Older People (ICPOP). This clinical programme encompasses health and social care providers. Liaison with national and local managers has taken place to map the stakeholders to be involved in the project. *Social domain:* Stakeholders from both hospital and community settings that support older people living with frailty were identified. Other stakeholders included local county councils in Cork and Kerry to access our older person and family caregiver sample through the community setting. Tool 2 was consulted for this process.

Italy	Main stakeholders identified (attachment tool 2 used): *Social domain:* - Municipalities - Cooperatives - Public Institutions for care - volunteering associations (relief center) diocese, priest, ecclesiastical services - trade unions - driving school agencies - AIP (Italian Association of Psycho-geriatrician) - SIGG (Italian Society of Geriatric and Gerontology) - University for older people *Health domain:* - Hospitals - Pharmacies - High Home Care Service for Alzheimer Disease Patient Cognitive Disorders and Dementia Centre – AULSS2 Marca Trevigiana
Portugal	*Health domain:* Local public health service providers, *Social domain:* Municipalities, local business, public and private social care service providers, small local businesses, and municipalities. Tool 2 was used.
Spain	Main stakeholders identified (attachment tool 2 used): *Health domain:* - clinical care (hospital, primary healthcare centre, rehabilitation centre, other clinical devices), *Social domain:* - policy makers (regional health department, municipal services), social support/care (municipal centres organising activities for older people, daily centres, home care provider, nursery homes, caregivers association) - social support from community (citizen health council, neighbourhood association, NGO, other community services), research/academia (local ecosystems, research institutes)
Netherlands	Attachment tool 2 for mapping stakeholders. *Health domain:* (hospital, rehabilitation services, home care providers) - Professionals in the whole continuum of stroke care, including neurologists, general practitioners, rehabilitation care professionals, nursing home professionals, physiotherapists, and social care professionals working at the municipality.

	(patients) - patient panel. *Social domain:* (housing provider, insurance companies, and other) - health and social care managers, ICT experts, policy makers and health insurers.

It must be said that the actions of involving public and private decision makers in the social and health services sectors did not take place in quantity and manner as initially foreseen by the project. This was due to the health emergency they had to face, which reduced, and in some cases made it impossible, to meet them in order to have them on board in the continuation of activities, especially co-design.

3. Local practitioners network commitment

Considering the need to engage the local community of experts and practitioners, it has been relevant to reach out the highest number of health and social workers as possible to present the ValueCare Project's aims, to implement the co-design actions foreseen by the T2.4 according to the Deliverable D2.6. Based on that, each Project Partner has been working to build a stable framework of relationships that will pave the way to the WP4 and WP7 actions foreseen in 2021.

The relevant outcomes are:

Table 4. Local practitioners network commitment

Croatia	In Croatia has been made contacts with GPs, principles of Community health center of Primorje Gorski Kotar County, president of Croatian society for hypertension, patronage nurses. However, the current epidemiological situation is limiting factor for contacts with practitioners.
Greece	A group of dedicated Physicians as well as nurses, psychologists and dieticians in our area have been identified and they will be informed about the project as soon as the co-creation activities are commenced in December 2020.
Ireland	It has involved the national Integrated Care Programme for Older People. They encompass a wide multi-disciplinary team in an older person's care. The project team is liaising with the Programme Leads in Cork and Kerry who are identifying key stakeholders i.e. health and social care professionals and managers. Age Friendly Ireland has also been engaged and they will facilitate collaboration with older people and their family caregivers.

Italy	ISRAA team has made the connection with: GPs, geriatricians, local coordination key roles related to dementia care domain; in particular it has been engaged the AULSS2 geriatrician manager that is in charge of the connection between the LTC sector and the national health system. The local creation of a multi-professional team of ULSS2 and ISRAA Specialized dementia center working for ValueCare with a group of 20 managers and experts (social worker, Treviso social and health district's coordinators) belonging to the health care unit districts namely: District n.1, n.2, n.3 of Treviso area. ISRAA has applied and won a H2020 DHE - Digital Twinning call on 2020 together with the Rovira i Virgili University in Terragona for the H2020 SoCaTel Platform adoption in the perimeter of the Twinning. The Project has started in July 2020, operations in September 2020 and the local stakeholders have been engaged on September 18th to be committed in the use of SoCaTel Platform for the ValueCare ICT solutions co-design since December 2020.
Portugal	Health and social professionals from public services have been hard to reach out, since the pandemic situation has worsened in Centro Region, thus changing their work focus and priorities. Despite our efforts, the engagement of public services is not yet assured in Portuguese pilot, reason why we planning to possibly include other relevant national and regional stakeholders (e.g., Alzheimer Portugal, Ordem dos enfermeiros).
Spain	Contact with GPs from 4 different health centres in the same health districts and managers of the reference hospital in the district, caregivers' associations, social workers from the health centres, physiotherapist from health centre.
Netherlands	EMC has committed a network that comprises of representatives from all the stakeholder groups. This includes the neurology department, Rotterdam Stroke Service, rehabilitation centers, nursing home, home care, municipality, insurance company, GP association, patient panel.

4. Relevant key actors and influencers

According to the need to have the main local relevant experts, managers and policy makers that could play an influential role in terms of supporting the adoption of a Value Based Social and Health Care approach, each Partner has defined and built a set of communication tools and has involved specific institutional roles that could also participate in the project deployment actions.

Table 5. Relevant key actors and influencers

Croatia	MEDRI has created dedicated ValueCare channels in the social networks: Facebook MEDRI ValueCare profile https://www.facebook.com/pages/category/Medical---Health/Project-ValueCare-MEDRI-108484354114075/ Creation of a Croatian ValueCare website
Greece	The intention is to use as influencers, prominent and well-known cooks like Argiro Barbarigou that is regularly cooking for diabetics and has a TV show. A Facebook site will be created in early 2021 to provide an online community for patients, informal carers and professionals.
Ireland	Actively using Twitter to promote our ValueCare related outputs and news-items e.g. launch of the animation, update on Cork/Kerry pilot. Retweeting tweets from both ValueCare and IFIC users too. We have also submitted news items to the IFIC website for broader reach regarding our progress.
Italy	Influencers: social and health professionals of district 1,2,3 engaged AULSS2 has organised an on-line national seminar with ISRAA participation on 2020 September the 18th with 60 participants social networks: creation of Italian Facebook ValueCare (ongoing) and creation Italian ValueCare website (ongoing) Thanks to IFIC support ISRAA has delivered the Italian version of the ValueCare video which can be seen here: https://youtu.be/ZYbQtv1ufR4
Portugal	Influencers: social and health professionals of CDC are already being involved, and public healthcare services are planned to be engaged. Social networks: dissemination of ValueCare in CDC's website and social networks.

Spain	Leaflets and Spanish hashtags are being used to represent ValueCare. In Spain, the first publications have also been done on LinkedIn and Twitter to raise awareness of the first focus group with professionals. Furthermore, the Spanish team has also started to develop the ValueCare video.
Netherlands	Netherlands has managers and executives advocating the importance of patient involvement. Nonetheless, Netherland operates within our network, without social media. However, the engagement of a patient association who is communicating about and promoting the project and recruiting patients through public events and social networking has been involved

5. Volunteers commitment

It has been difficult to engage volunteer Associations and citizens because of the pandemic effect and related limitations as we can see explained in the table below.

The role of volunteers in the project is to facilitate the presentation of the activities planned locally by ValueCare and to communicate effectively and reliably to those more fragile and sometimes isolated people that the services often struggle to reach. On the other hand, volunteering, rooted at neighbourhood level, knows more about citizens' situations and is able to establish a simple, direct and trustworthy relationship that can be a resource for the user and for offering the opportunities expected from the project.

Table 6. Volunteers commitment

Croatia	Two volunteers were involved in the engagement activities of the project until September 2020. The volunteers will not be able to be included again in the project until after the Covid-19 crisis ends.
Greece	No volunteers will be involved in the pilot site's work.
Ireland	Voluntary group has been engaged. Men's Sheds Association in Ireland i.e. a mental health organisation that supports men and organises activities/events and Friendly Call Cork, a voluntary support service for people living alone and older people. Members to collaborate in the co-design process have been approached and other voluntary organisations to participate in the co-design process will be engaged in the future
Italy	No volunteers have yet been involved because of the Covid-19 emergency.
Portugal	Volunteers have not been involved so far, mainly due to the Covid19 pandemic.
Spain	No volunteers have yet been involved because of the Covid-19 emergency. Depending on the restrictions in the future, there is a plan to recruit "older adults volunteers" among the older adult participants to be the first to train in the technology and use peer training for the subsequent participants.
Netherlands	No volunteers have been involved to date.

6. The use of Persona profiles

This tool has not been used widely in many pilot sites so far as indicated in the table below:

Table 7. The use of Persona profiles

Croatia	Work in progress
Greece	This tool was not used and will not be used in the Greek Pilot.
Ireland	No in-person public events allowed in Ireland due to Covid-19 restrictions. The Irish team held an online information session on November 5th for health and social care professionals and managers in Cork and Kerry to introduce them to the research. The aim of the project was to inform them of the aims and invite them to participate in the focus groups which were to be held in November. The team submitted a Poster Abstract for a Research Symposium in the School of Medicine UCD and awaiting acceptance.
Italy	Filled out together with ULSS 2 team and used in order to recruit the best target profile for each focus group. (attachment tool 4 used)
Portugal	User profiles are still being adapted to CDC's new pilot scope, related to the decreasing of the risk of isolation of older people during pandemic context. For this purpose, tool 3 is being used.
Spain	Attachment 4 completed, not used up to now but useful in the future video.
Netherlands	EMC has not conducted persona profiles yet (attachment tool 4).

7. Public events for target engagement and co-design actions

Public events have been one of the most powerful actions also considering the contextual limitations. Thanks to such kind of events done in presence and via on-line videoconferencing each Pilot has been able to target a wide range of actors.

Each Pilot Partner registered the list of participants in the following initiatives described below in Tablet 8.

Table 8. Public events for target engagement and co-design actions

Croatia	The following events taken place: 1) Virtual conference on November 19, overview of the project and codesign activities of the pilot site Rijeka. December 2020. 2) Presentation of ValueCare project to scientific population of the Faculty of Medicine University of Rijeka (Days of the Faculty 2020.)
Greece	The Greek Pilot has not organized a public event either face to face or virtual, for the implementation of codesign activities in ValueCare. The project and pilot purposes and the co-design activities have been presented to the core team in internal meetings.
Ireland	No in-person public events have been allowed in Ireland due to Covid-19 restrictions. 1) The Irish team held an online information session on November 5th for health and social care professionals and managers in Cork and Kerry to introduce them to the research. The aim of the event was to inform them of the project's aims and invite them to participate in the focus groups which were to be held in November.
Italy	All the public events to disseminate the ValueCare project have been online due to Covid-19. 1) 18th September 2020: ALZHEIMER, TELEMEDICINA E ARTE DOPO IL COVID 2) 21st October 2020: Presentazione dei modelli Value-Based nell'ambito dei servizi per la salute (internal meeting fro ISRAA professionals); 3) 6th November 2020: Webinar SoCaTel, to explain how to use the co-design platform SoCaTel to professionals in order to participate in focus group 4) ECHAlliance ISRAA Treviso Ecosystem launch with FBK Partner participation that has presented ValueCare Project

Portugal	CDC has not used public events for the implementation of codesign activities in ValueCare. 1) The project and pilot purposes have already been presented to psychosocial teams from CDC's day care and home care services, and residential units for older adults.
Spain	The following public activities has been undertaken: 1) social networks and posts in the local partners' websites and LinkedIn profiles. 2) At the end of November 2020, the ValueCare project will be presented at the "INCLIVA - Hospital Innovador Tour Experience" in Valencia. For the first trimester of 2021 there is a plan to organise a public Webinar related to frailty and integrated care. Short clips are also being developed related to the topic for diffusion.
Netherlands	There have been no organised public events for co-design. This was not considered feasible or safe due to the COVID-19 situation.

8. Engagement experiences and lessons learnt

Looking backwards regarding this experience of first target engagement undertaken locally, we noticed that:
- tool 1 (touch points identification) and tool 3 (user journey sheet) has been adopted by all Project Partners to recognize and design the existing what is the nowadays process that citizens are doing throughout the social and care providers. That task could be done easily as desktop action and via conversations also via online communications media.

In Ireland, the engagement process and stakeholder mapping process were facilitated by the existence of an integrated model of care for older people that is currently being implemented and developed in Cork and Kerry. Positive engagement was a result of the ValueCare project aims aligning the clinical programme. Also, Covid-19 and the physical restrictions in Ireland has meant that both health and social care professionals and society are more open or aware of how technology could be beneficial in accessing health and social care resources. Tool 2 (local stakeholder mapping) was also used to get a picture of the existing services framework where ValueCare project is going to be included as value creation for users and for the local stakeholders

- tool 4 (persona profiles) has not been used so far.

In Ireland, the persona profile will be developed in parallel with the co-design activities. The research team want to get a richer understanding of the needs and priorities in the community. The co-design activities will also help the research team understand the target population from a clinical and social perspective following the data collection with health and social care professionals.

However, the main factor that emerged is the wide use of on-line video-communication tools. Due to the constraints faced, several webinars, teleconferences and one-to-one meetings have been undertaken almost entirely remotely for the practitioner and manager target groups. In relation to informal caregivers and older people, the activities have been mainly undertaken in presence to date, but discussions are now being held to move such future activities online using new platforms that are able to facilitate the accessibility and the co-design action whilst maintaining the quality of the interaction and of ideation.

9. Conclusions and future work

According to the ongoing pandemic situation EU wide at that time and in the incoming months, there is the need to overcome long lasting specific or broad lockdown actions that will be defined by the EU Commission and by each Country.

Based on these premises the Consortium Partners will try to use and deploy several on-line tools and to spend a bit of time in users training to have them on board using ICT devices and tools.

It will be fundamental to shape a contextual tool adaptation based on the specificity of the three target situations according to each social and health local stakeholders' level of accessibility and time availability related to the pandemic scenario (time constraints).

Furthermore, there is a need of a stronger connection in the local stakeholder strategy to approach them also for the business model design in the relationship between the WP2 and the WP7. Based on that we could define which actor could give contribution in the value

creation, in the health and social care domain, and gather evidence in terms of patient outcome results joint with the cost saving benefit for the care providers and the system as a whole.

Whilst we will deal with the changing pandemic scenario each Partner need to improve its flexibility to overcome the incoming months and to implement the co-design rounds foreseen.

References

BASON Christian, Leading Public Sector Innovation: co-creating for a better society, Policy Press, Bristol, 2010,

BEETHAM D. et al, Power and Participation in Modern Britain, Democratic Audit, London, 2008,

CANTU Daria -Daniela SELLONI, From engaging to empowering people: A set of co-design experiments with a service design perspective. Social Frontiers,

CHAMBERS Robert, Participatory Workshops: A Sourcebook of 21 sets of ideas and activities, Earthscan, London, 2007,

CIDER, Engaging co-creators and other stakeholders, <https://co-creation.mobile-age.eu/en/guidebook/co-creation-process/2>

COOKE V. et al, Participation and legitimacy: the case for good deliberation, in Participation Nation, ed. S Creasy, Involve, 2007,

DAVIES Anna -Julie SIMON, Engaging Citizens in Social Innovation: A short guide to the research for policy makers and practitioners. A deliverable of the project: "The theoretical, empirical and policy foundations for building social innovation in Europe" (TEPSIE), European Commission – 7th Framework Programme, Brussels: European Commission, DG Research.<https://youngfoundation.org/wp-content/uploads/2013/11/Engagign-citizens-in-social-inno.pdf>, 2013, June

EUROPEAN COMMISSION, Defining Value in "Value based healthcare", Luxembourg: Publications Office of the European Union, 2019,

EUROPEAN INNOVATION PARTNERSHIP, 12 personas have been developed to enable the EIP on AHA to envision realistic health and care needs of certain groups in the society,<https://ec.europa.eu/eip/ageing/news/12-personas-have-been-developed-enable-eip-aha-envision-realistic-health-and-care-needs-certain_en>,2018, December 20

GAVENTA John -Gregory BARRETT, So What Difference Does it Make? Mapping the Outcomes of Citizen Engagement? Working Paper, Volume 2010 Number 347, IDS, CDR, 2010

KOLOTUSHKINA Olga. Engaging citizens in sports mega-events: the participatory strategic approach of Tokyo 2020 Olympics VL - 31, Communication & Society, 31(3), 45-58 (2018)

KRONEMAN M. et al., *Health Systems in Transition*, Netherlands Health system review. *18*(2), 2016.

LOENEN T., van et al., *Trends towards stronger primary care in three western European countries*; 2006-2012. BMC Family Practice, 17(1), 59. https://doi.org/10.1186/s12875-016-0458-3, 2016

MEDTRONIC. Value Based Healthcare, <https://www.medtronic.com/it-it/trasformazione-assistenza-sanitaria/Value-Based-Healthcare.html>

PORTER Michael E. -Thomas H. LEE, The strategy that will fix health care, <https://hbr.org/2013/10/the-strategy-that-will-fix-health-care>, 2013

MULTI-DISCIPLINARY TEAM (MDT) meetings, A simple guide <https://www.ageuk.org.uk/isleofwight/our-services/living-well-approach/>

NATIONAL VOICES. A narrative for Person-Centered Coordinated Care, 2013

NEJM Catalyst, What is value-based healthcare? <:https://catalyst.nejm.org/what-is-value-based-healthcare/>, 2017 January 1

Jean-Philippe PLATTEAU, Pitfalls of Participatory Development, Chapter prepared for the United Nations, 2008

STAKEHOLDER ENGAGEMENT, <https://stakeholderengagementnz.wordpress.com/tag/stakeholder-mapping/>, 2011

STAKEHOLDER INFORMATION MANAGEMENT SOFTWARE, How to Encourage Stakeholder Participation, <https://www.sustainet.com/how-to-encourage-stakeholder-participation/>, 2019, January 11

STAKEHOLDER INFORMATION MANAGEMENT SOFTWARE, Communication strategy for stakeholder engagement, <https://www.sustainet.com/communication-strategy-for-stakeholder-engagement/>, 2019 March 12

THE YOUNG FOUNDATION, Social Innovation Overview, A deliverable of the project: "The theoretical, empirical and policy foundations for building social innovation in Europe" (TEPSIE), European Commission – 7th Framework Programme, Brussels: European Commission, DG Research, 2012

User Journey,

<https://designers.italia.it/assets/downloads/Designers_UserJourney_Esercizio.pdf

VALENTIJN P. et al., Understanding integrated care: a comprehensive conceptual framework based on the integrative functions of primary care. International Journal of Integrated Care, 13, 20 February 2013.

Valuecare Project, Horizon 2020 (2019). Proposal number: 875215

WATZLAWICK P. et al., Pragmatics of Human Communication: A Study of Interactional Patterns, Pathologies and Paradoxes, 2011.

WHO (2016) Integrated care models: an overview. Working document, WHO Publications, Denmark.

https://www.iwantgreatcare.org/ Viewed on 21 August, 2012

https://www.patientopinion.org.uk/ Viewed on 21 August, 2012

http://www.ideklinikken.dk/index.php?menu_id=27 Viewed on 29 August, 2012

https://www.ageuk.org.uk/cornwall/

https://sefacproject.eu/

https://ichom.org/files/medical-conditions/older-person/older-person-flyer.pdf