**Partner search**

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| **Programme** | INTERREG Europe |
| **Call for proposals** | 5.04 – 31.05.2022 |
| **Specific objective** | Equal access to health care, health systems resilience, family-based and community-based care |
| **Project Title** | Remote Healthcare for Silver Europe (CARES) |
| **Challange** | The process of ageing of European citizens is progressing at a rapid pace and it is defined as one of the most serious challenges for Europe in 21st century. The population of the EU on 1 January 2021 was estimated at 447.2 million. Older people (aged 65 or over) had a 20.8% share (an increase of 0.2% compared with the previous year and an increase of 3% compared with 10 years earlier). The ageing population of Europe is a demographic challenge, therefore, European countries are facing the increased cost for caring. The public health care system is supposed to respond to growing health care needs and guarantee the availability of services in a range and time adjusted to justified health care needs and not limited by geographical considerations, material status or architectural barriers, etc. It should also be emphasized, that deficiencies in accessibility are often a consequence of staff or infrastructure shortages, so in the longer term the availability of services is strongly linked to the development of the health system's staff and infrastructure. Therefore, in the face of demographic changes, actions aiming at disperse and increase the access to healthcare services, e.g. through development of homecare and social care and wider use of telemedical solutions, are of crucial importance.  In the context of the ongoing epidemic of COVID-19, it is also very important to adapt the healthcare system infrastructure, including solutions with the use of telemedicine, to take quick, effective and efficient actions in crisis situations and to ensure continuity and safety of health care services at all levels of the healthcare and social care system.  The demand for remote solutions in healthcare and social care is expected to grow rapidly in the forthcoming years. Technological progress in the development of innovative digital services has proven to be one of the key drivers for the implementation of telehealth. It is expected that the digitization process will progress both in terms of systemic digital health services, consolidation and use of health data, and the development of remote forms of service delivery.  Considering the above, the project addresses the challenges of universal access to remote medical and care services for the elderly and disabled people in European countries. Through interregional cooperation, including exchange of experiences and good practices, the aim is to improve local and regional policies that will be responsible for the systemic implementation of telecare and telemedicine solutions. |
| **Key Objectives** | The key objective of the project is to improve policy instruments among the participating partner regions, related to both structural funds and regional policies, in order to specialize and disseminate telehealth services for the elderly and disabled people.  The project will address 3 thematic fields, which are at the same time specific objectives of the project:  1. Increased availability of telecare and telemedicine services for the European population, making care fairer within the region;  2. Widespread use of innovative tools for medical care and diagnosis (easy-to-use tools that enable shorter time until diagnosis and possible treatment with the reduction of the number of hospital stays);  3. Greater institutional capacity and educated staff (management platforms, coordination centers, staff trainings). |
| **Activities** | **Section 1 - Exchange of experience and mutual learning**  a) Preparation of Policy Context Analysis (PCA) - the description of the competences of the institutions involved, description of the policy instrument, internal regulations, EU and national laws in terms of healthcare.  b) Establishment of a stakeholders group.  c) Good practice pool - identification of 3-5 good practices per partner divided into 3 macro-categories:  1) Access to services  2) Modern distance healthcare tools  3) Increased institutional capacity  All good practices gathered within the project will be reviewed and evaluated by project partners and external experts (ranking list).  d) Organization of 3 Tutoring Sessions (TS) - 1 session for each of the 3 categories.  e) Organization of Study Visits to present the selected good practices and conduct technical meetings and workshops.  **Section 2 - New and improved policy instruments**  a) Identification of selected good practices.  b) peer review of earmarked policy instruments (each partner),  c) the roadmap - implementation scheme for building/improving a policy instrument  d) Summary report (or Action Plan, if needed)  **Section 3 – Follow-up phase - monitoring the effectiveness of implementation** |
| **Expected Partners** | **We are looking for policy responsible authorities only:** national, regional, local public authorities and other relevant bodies directly responsible for elaborating and/or delivering regional development policies. |
| **Partnership**  (Identified so far) | Kujawsko-Pomorskie Voivodeship (LP) - Poland  Gérontopôle of Nouvelle-Aquitaine – France  Health Innovation Centre – Denmark  Local Health Authority ULSS 7 Pedemontana - Veneto Region, Italy  Styria Region – Austria (?)  Union of Municipalities of the Attica Region – Greece  Saxony-Anhalt State – Germany (?)  Linkoping City – Sweden (?) |
| **Duration** | 3 years - exchange of experience and policy change  + 1 year to monitor policy improvements  Timeframe 01.2023 – 12.2026 |
| **Project budget** | 1,5-2 mln EUR  Co-financing 80% ERDF (public bodies) |

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| **Institutions interested to join the project, are invited to answer the following questions:** |
| 1. Can your organisation be regarded as policy responsible authority? – If yes, please justify. 2. Please introduce the organisation in brief, highlighting its competences in terms of telehealth. 3. Which policy instrument would be addressed by the partner? 4. How do you plan to improve the policy instrument in the project (content of document, management system, new projects)? |
| Please send your answers to  [M.Kruk-Szarszewska@kujawsko-pomorskie.pl](mailto:M.Kruk-Szarszewska@kujawsko-pomorskie.pl) and  [r.modrzewski@kujawsko-pomorskie.pl](mailto:r.modrzewski@kujawsko-pomorskie.pl)  until 29th April 2022 |

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| **Kujawsko-Pomorskie Voivodeship (KPV)** is one of the 16 regional self-government authorities in Poland. It administers the area of 18.000 square kilometers and 2.1 mln inhabitants. KPV is supervising a number of fields of social and economic activity, including: spatial and regional planning, infrastructure, environment, education, health, culture, sport, tourism, international co-operation and others. It determines, implements and monitors a strategic directions of the regional policy in terms of sustainable development, innovation and social activity.  KPV actively participates in international projects realised within the framework of the European Territorial Cooperation, cooperating with about a hundred partners located in the countries of the European Union. KPV has been involved in the implementation Interreg projects and European Commission programmes since 2004. Since then, 18 such long-term projects have been realised, while 6 projects are currently being implemented, mainly from the programmes: Interreg Baltic Sea Region, Interreg Central Europe and Interreg Europe.  In the fifth edition of the Interreg programmes for 2014-2020, the voivodeship implemented a total of 9 projects on various themes, among others in the field of transport and logistics, smart specialisation, social economy, environment, tourism or creative industry. |