



**Invest4Health**

# INVEST4HEALTH

**Mid-term Workshop**

10th of December

10.00AM - 12.30PM CET

[www.invest4health.eu](http://www.invest4health.eu)



This project has received funding from the European Union's Horizon Europe Research and Innovation Programme under Grant Agreement 101095522



# PART 1:

# Introduction to the Invest4Health project

Alison Maassen

*Programme Manager  
EuroHealthNet*

Katarina Lindeberg

*Invest4Health Coordinator  
Region Skåne, Sweden*

# Agenda

**10.00 – 10.05 WELCOME**

**10.05 – 10.45 Presentation of the Invest4Health project**

- Project objectives and achievements
- The concept of smart capacitating investment (SCI) and its role in health promotion
- SCI-compatible finance models
- Multi-stakeholder governance for SCI

**10.45 – 11.15 Setting the scene: Why do we need innovative financing models? High-level panel**

**11.15 – 11.30 BREAK**

**11.30 – 12.00 Why engage with Invest4Health?**

- Available Invest4Health expertise and resources
- Launch of the I4H Open Call

**12.00 – 12.25 Experiences and insights from current I4H testbeds:**

- Galicia (ES)
- North-Rhine Westphalia (DE)
- Wales (UK)
- Skåne (SE)

**12.25 – 12.30 Next steps and closing remarks**

**12.30 CLOSURE**



**Invest4Health**



# Setting the context for the Invest4Health project

Joanna Lane

*Founder and Managing  
Director  
Stichting HCN*



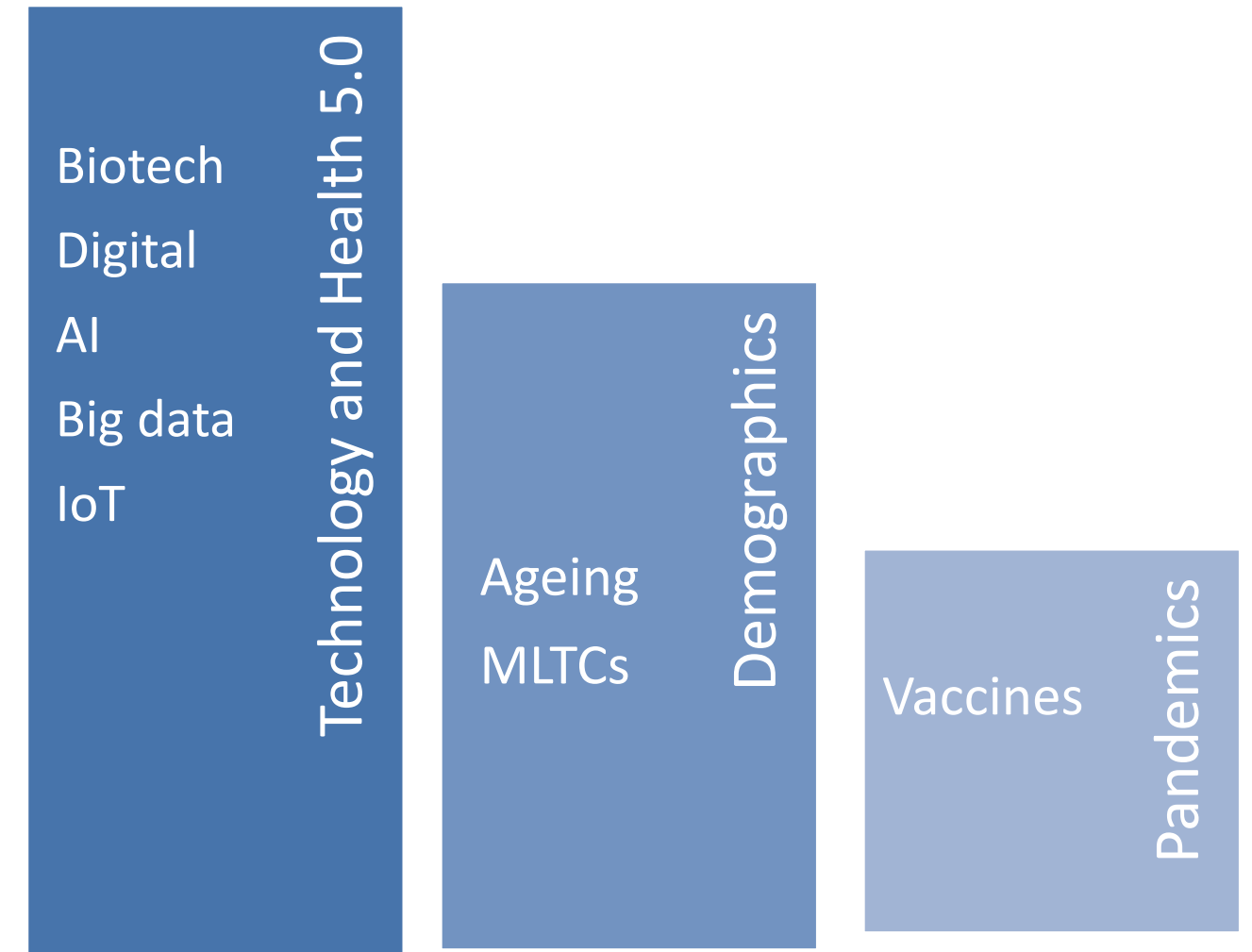
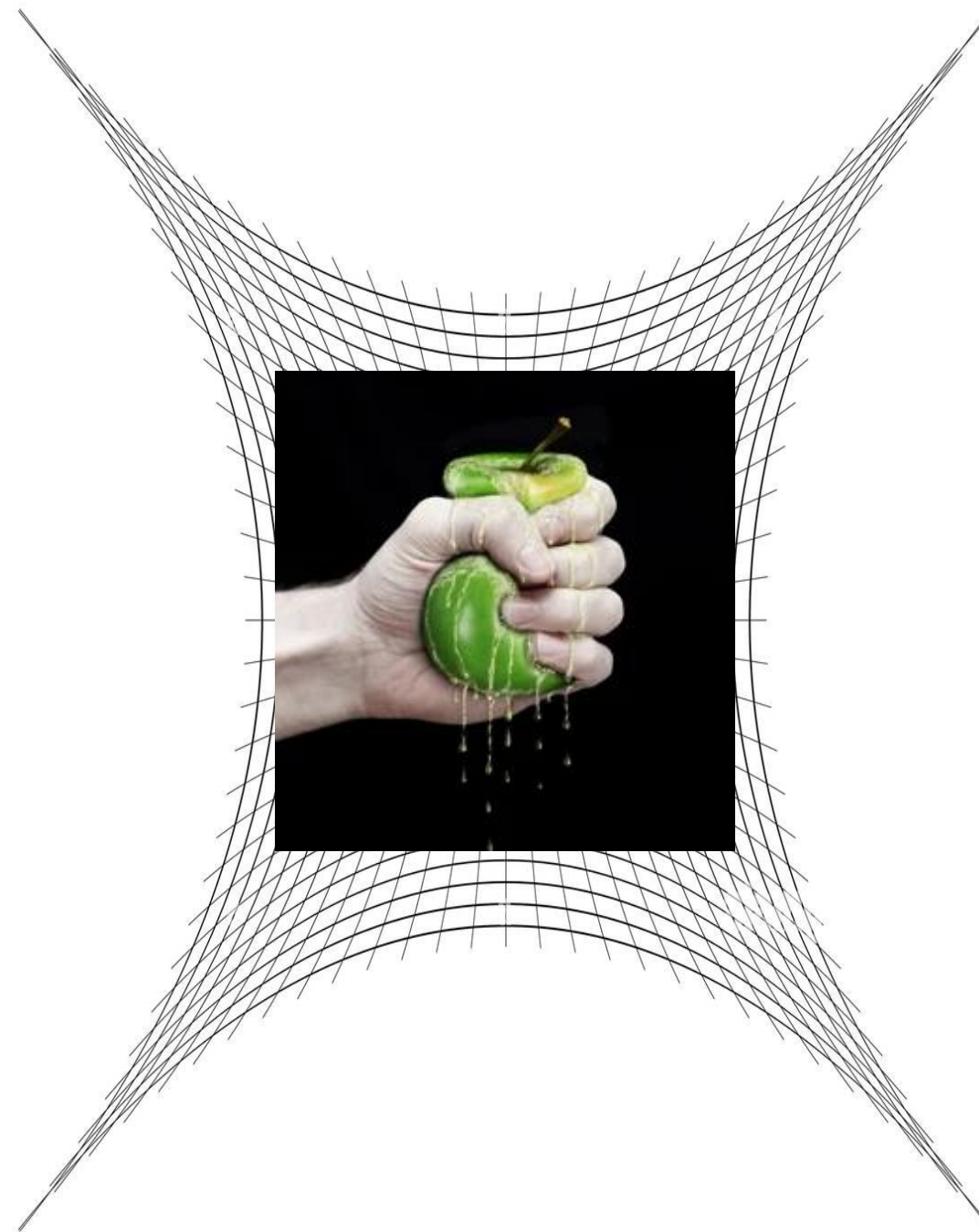
Invest4Health



# Setting the context

- The biggest source of long-term expenditure pressure will be healthcare
- In certain countries, the fiscal impact of unsustainable underfunding has been in part hidden from view by the off-budget accumulation of debt by public and quasi-public hospitals.
- There will be powerful pressure to make cuts to baseline expenditure in other areas so as to provide the fiscal space required for additional spending on healthcare, long-term care, global warming
- Sickness, disability and unemployment benefits will be further limited

**Long-term expenditure pressure...**



**What will drive health spending**

# Reimagining health and care in a post-COVID world



SEVENTY-SEVENTH WORLD HEALTH ASSEMBLY  
Agenda item 15.5

A77/A/CONF./2  
29 May 2024

## Economics of health for all

**Draft resolution proposed by Austria, Belgium, Brazil, Canada, Chili, China, Ecuador, Ethiopia, Finland, Hungary, Iceland, Ireland, Italy, Luxembourg, Netherlands (Kingdom of the), Slovenia and United Arab Emirates**

The Seventy-seventh World Health Assembly,

(PP1) Having considered the consolidated report by the Director-General;<sup>1</sup>

(PP2) Recalling the Constitution of the World Health Organization, which recognizes that health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, and that the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition;

PRESS RELEASE | Feb 10, 2024 | Brussels | 5 min read

## Commission welcomes political agreement on a new economic governance framework fit for the future

PAGE CONTENTS

Top

Quote(s)

The Commission welcomes today's agreement between the European Parliament and the Council on the most ambitious and comprehensive reform of the EU's economic governance framework since the aftermath of the economic and financial crisis.

The Lancet Regional Health - Europe 6 (2021) 100152



Contents lists available at ScienceDirect

The Lancet Regional Health - Europe

journal homepage: [www.elsevier.com/lanep](http://www.elsevier.com/lanep)



Commentary

The impact of COVID-19 on primary care in Europe

Faraz Mughal<sup>a,\*</sup>, Christian D Mallen, Professor<sup>a</sup>, Martin McKee, Professor<sup>b</sup>

<sup>a</sup>School of Medicine, Keele University, Keele, UK

<sup>b</sup>Department of Health Services Research and Policy, London School of Hygiene and Tropical Medicine, London, UK

ARTICLE INFO

Article History:

Received 18 May 2021

Accepted 20 May 2021

Available online xxx

COVID-19 continues to dominate the policy agenda across Europe. By 15 May 2021, there had been nearly 54 million cases of COVID-19, resulting in a million deaths in the European Region [1]. Countries in central and eastern Europe have been particularly badly hit, with some of the world's highest per capita death rates [2]. Primary care has already played a crucial role in the health system response to COVID-19 and will continue to do so as we recover, but only if it is supported, as we now describe.

Primary care workers have struggled. Those in many countries, including Poland, Finland, Sweden, Greece, Ireland, and Germany have described some of the difficulties they faced when the pandemic began. As frontline health workers they confronted the fear and reality of becoming infected, the struggle to support their families, and

primary care teams played as the first point of contact for assessing patients with COVID-19 symptoms. They were able to order COVID-19 tests and interpret results, and some were also involved in contact tracing [7]. Remote primary care consultations were quickly implemented in many European countries, such as in Hungary, Greece, Estonia, and England, although this often created problems where patients paid out of pocket for consultations, and with reimbursement by insurers [7]. A report from one English region early in the pandemic found that 90% of general practitioner consultations were conducted remotely but complexities around clinical decision making were identified [8]. The digital expansion of primary care was forced due to COVID-19; rather than coordinated and planned.

Primary care is at the forefront of the COVID-19 vaccination campaign in many countries. Primary care staff, as trusted professionals who know their patients, are well placed to tackle vaccine hesitancy, especially in disadvantaged, and minority populations. However, the scale of the challenge of achieving equitable and high levels of vaccination, leaving no-one unprotected, is great [9].

As we move beyond the pandemic—now a real possibility because of the successful development of vaccines—public health will continue to be needed. The pandemic will leave a long legacy, with families con-

The Economist

Menu

Weekly edition

The world in brief

Search

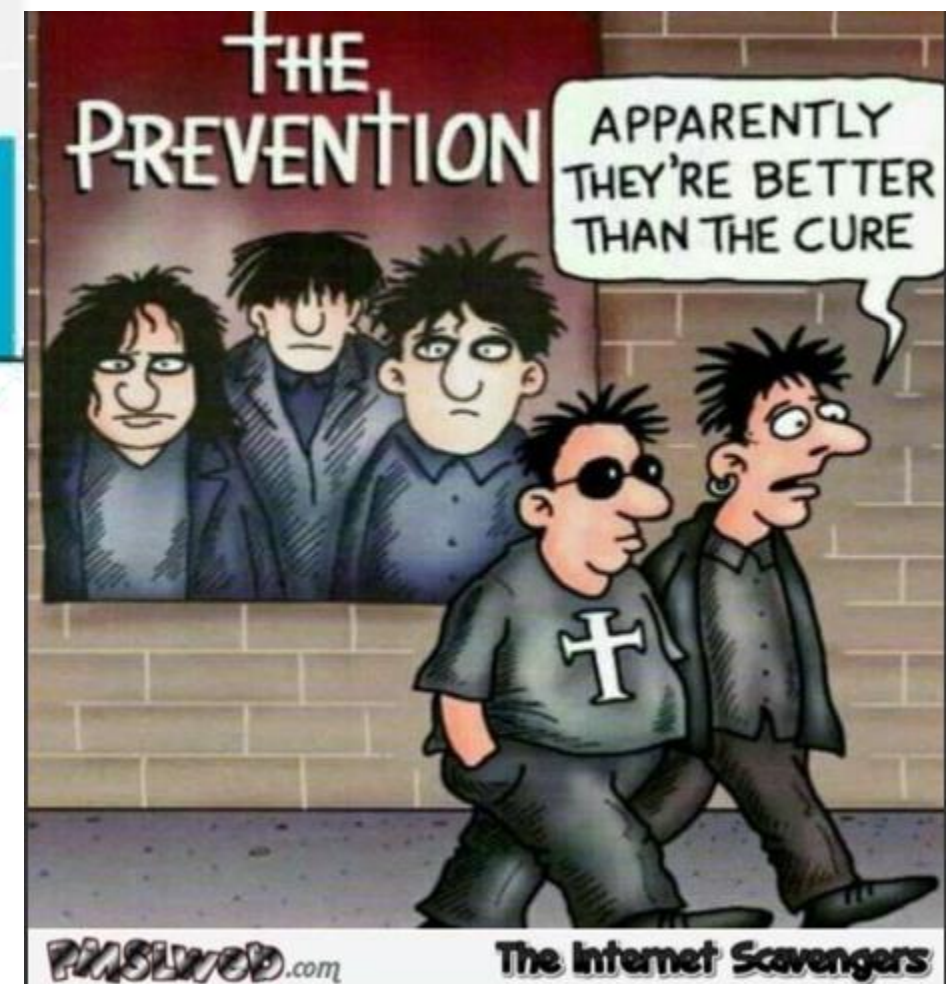
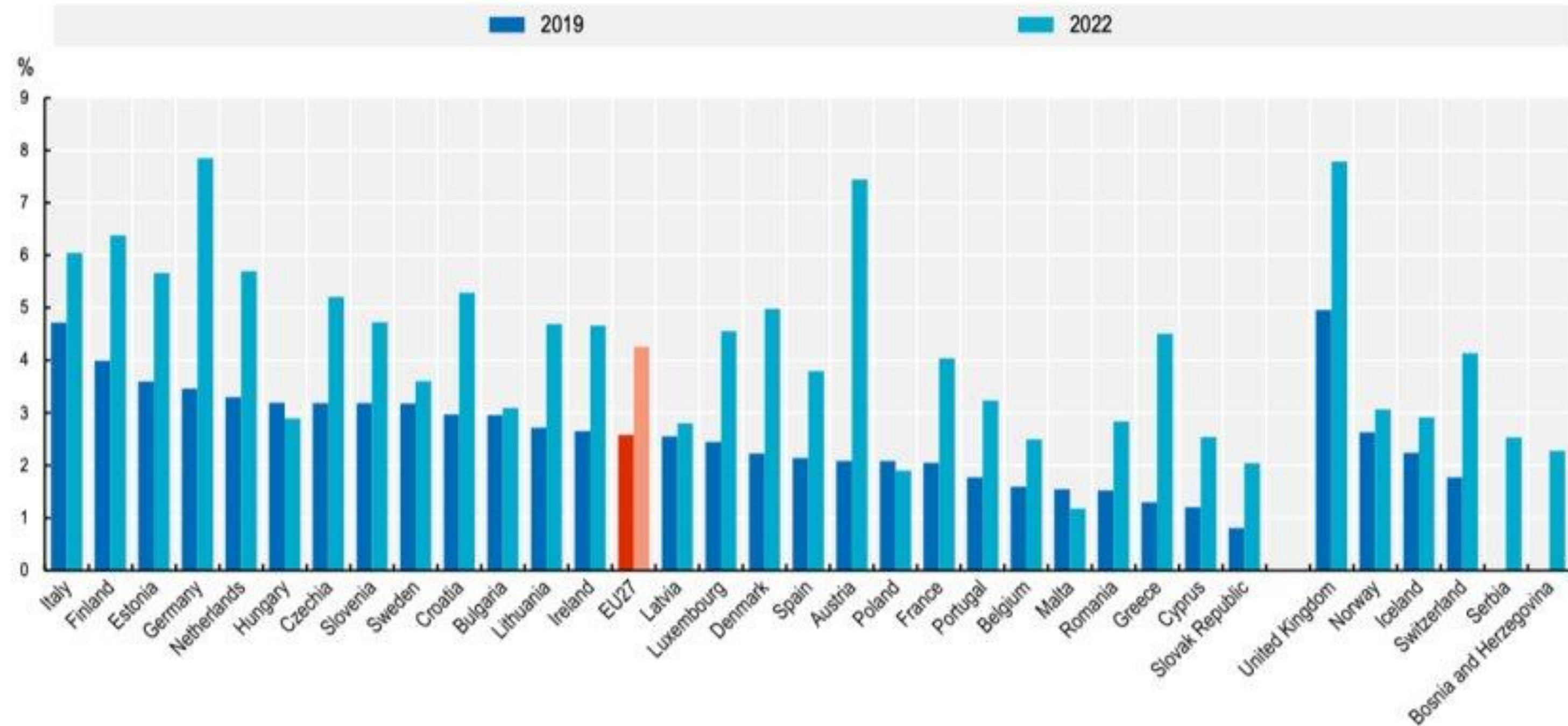
Britain | Ward mentality

## To survive, Britain's NHS must stop fixating on hospital care

Community care is the route to better health



# Share of spending on prevention in current health expenditure, 2019-22





# Agile investment options for health promotion and disease prevention

The Invest4Health project considers that investments in health promotion (and disease prevention) can be:

- Financial or non-financial
- Public or private (or a mix of both)
- Made within or outside of the health sector (e.g., education, transport)
- Oriented towards financial return or oriented towards social return on investment
- Made with new resources or made with existing resources that are reallocated towards health promotion

# What is Smart Capacitating Investment?

Prof. Rhiannon Tudor Edwards

*Co-Director Centre for Health  
Economics and Medicines  
Evaluation,  
Professor of Health Economics,  
School of Health Sciences*

*Bangor University, Wales*



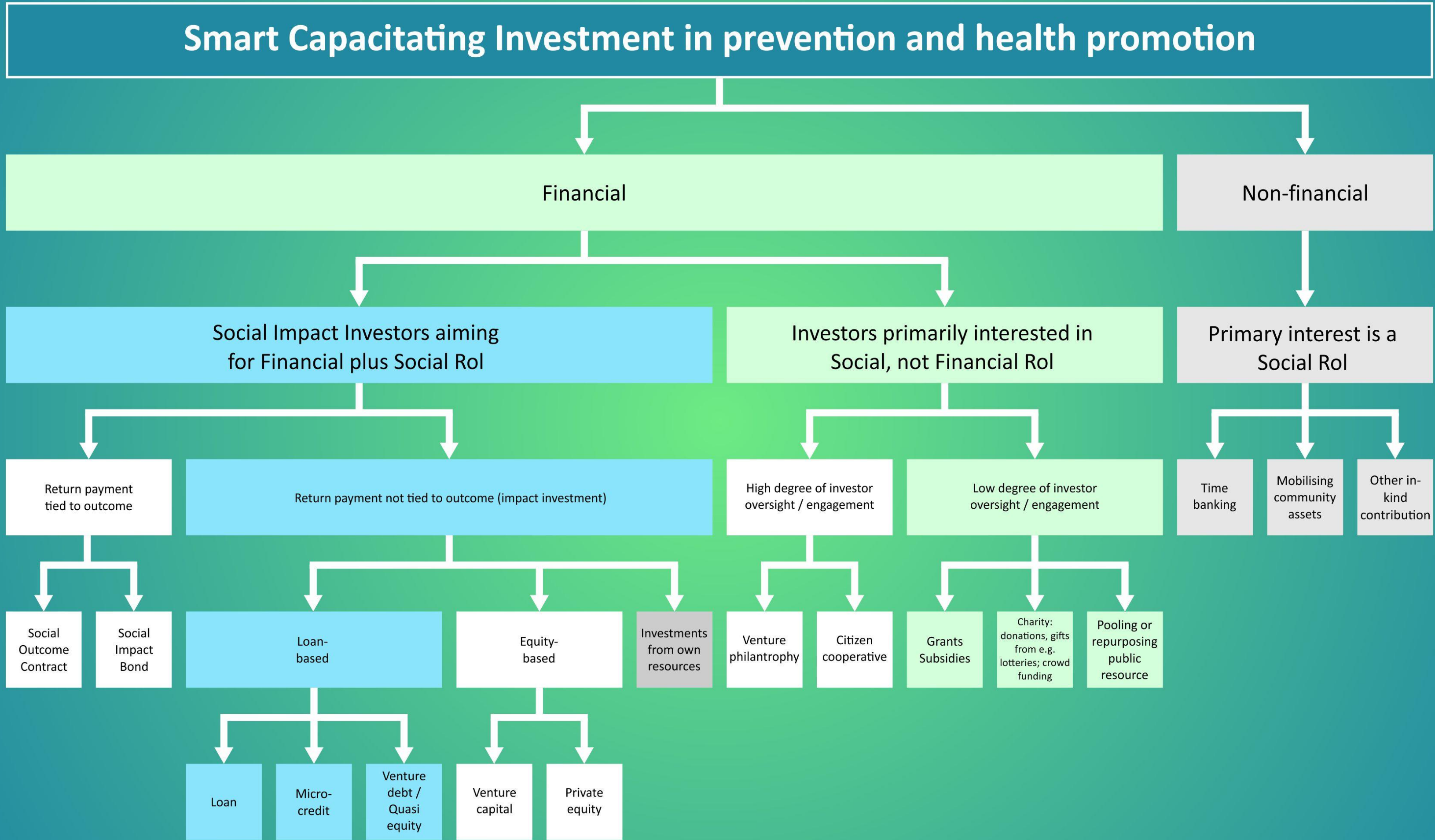
Invest4Health

# SCI Definition

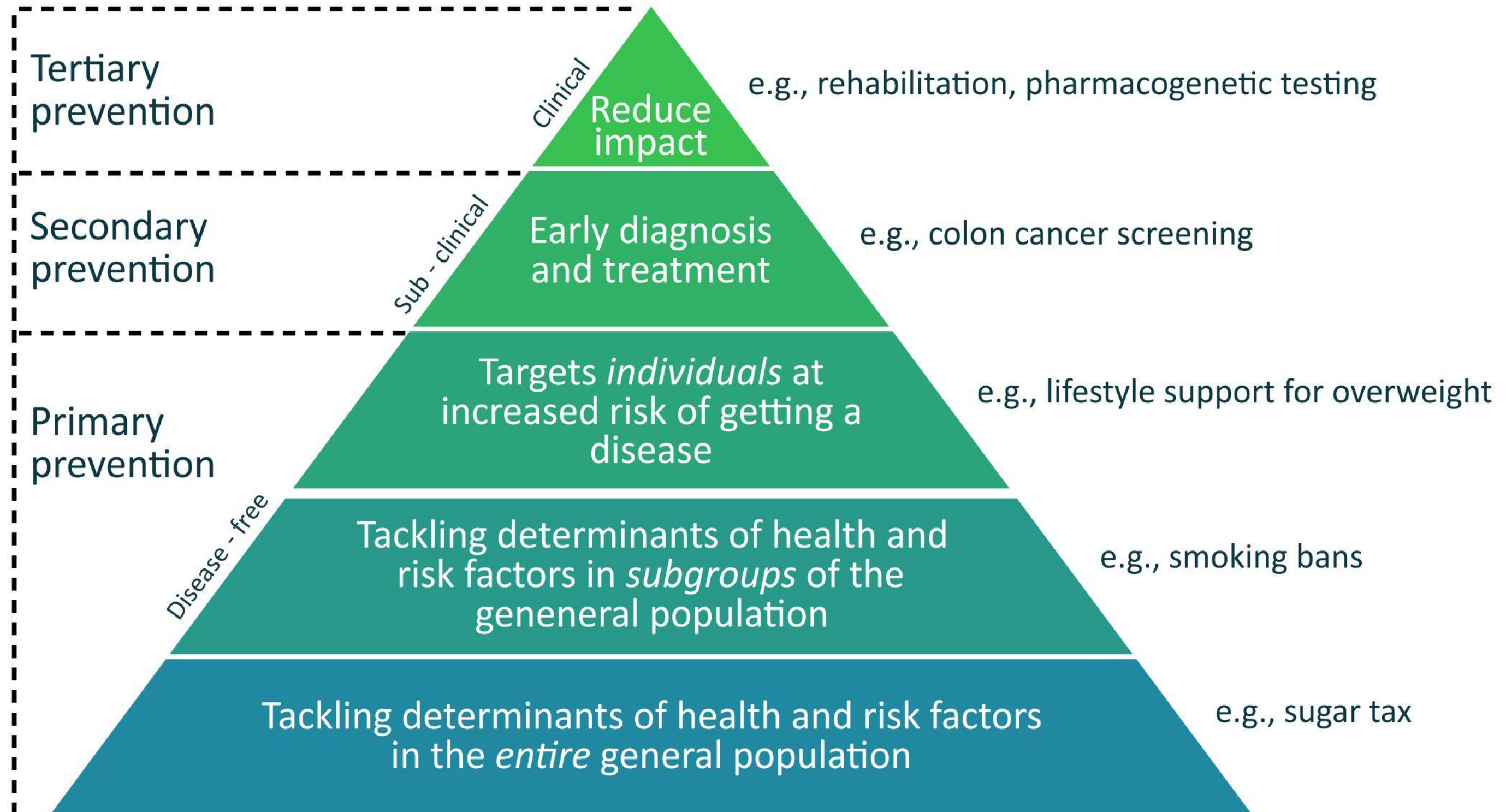
---

Smart Capacitating Investment (SCI) involves **unconventional** investments, **financial or non-financial**, in health promotion and disease prevention. These investments, made by **social impact investors, philanthropists, and public authorities**, aim to enhance individual and community capacity for healthier behaviours, address health determinants, and promote **sustainable change** while **reducing health inequalities**. The investments may consist of **new resources or resources reallocated** towards enhancing health promotion and disease prevention.





# Prevention Pyramid





# SCI Heat map

SCI model\Pyramid level	Prim prev entire pop	Prim prev subgroups	Prim prev individuals	Secondary prev	Tertiary prev	Total
Social Impact Bond	1	6	20	6	2	35
Pooling or re-purposing public resources	4	5	4	2	0	15
Grants, subsidies	1	6	5	1	0	13
Charity	2	7	7	0	0	16
Mobilising community assets	0	1	3	5	0	9
Other in-kind contributions	1	3	2	1	0	7
Venture philanthropy	3	3	0	1	0	7
Social Outcomes Contract	0	1	3	0	1	5
Loan-based impact investment	0	2	3	0	0	5
Expenses from own resources/profits	0	5	0	0	0	5
Time banking	0	0	0	1	0	1
<b>Total</b>	<b>12</b>	<b>39</b>	<b>47</b>	<b>17</b>	<b>3</b>	<b>118</b>



# Case study #1: Projeto Família

## CONTEXT

- **Problem:** 7,000+ children institutionalised due to lack of parental supervision, costing €59–€85 million annually.
- **Aim:** reduce institutionalisation by promoting family preservation.

## INTERVENTION

- **Financing Model:** Social Impact Bond, with 433 276€ from the Calouste Gulbenkian Foundation and Montepio.
- **Intervention:** Identify at-risk children, intensive 6-week family support, follow-up.
- **Outcome Goal:** 60% of children stay with families for 9+ months post-intervention.

## OUTCOME

- **91% success rate:** 180 children supported; only 17 institutionalised.
- **Cost savings:** 90%+ compared to institutionalisation.
- **Investor reimbursement:** 99% of investment returned.



# Case study #2: Children's Welfare Social Impact Bond

## CONTEXT

- **Problem:** Predominantly remedial child welfare services; late interventions harm children.
- High municipal costs, especially for foster care (~43 000€ per child annually).
- Limited resources for transitioning to preventative approaches.

## INTERVENTION

- **Financing Model:** Social Impact Bond, providing upfront private investment to fund novel preventative services without affecting remedial funding.
- **Investors:** Total 5 million€ investment from 8 Finnish organisations.
- **Intervention:** Tailored services by providers like SOS Children's Village and Icehearts to address needs of each municipality.

## OUTCOME

- **600** children and young people enrolled.
- **Outcomes:** Well-being improvements and 4 million € in performance bonuses paid so far (*ongoing*).



# Case study #3: Self-Care Social Prescribing (NHS West London Clinical Commissioning Group)

## CONTEXT

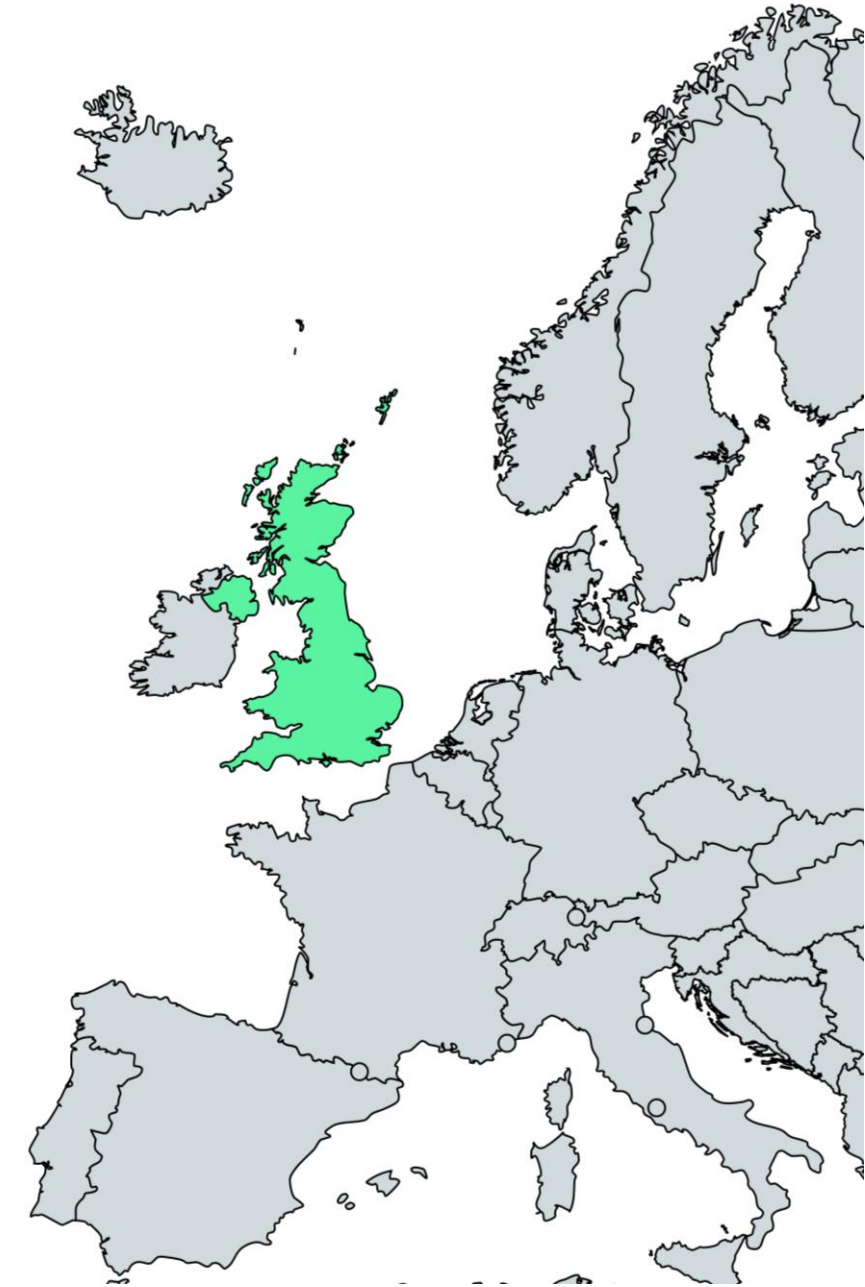
- **Problem:** Frail elderly presenting with increasingly complex cases. These patients have frequent contacts with primary (GP) and secondary care (hospitalisations).
- Social prescribing can signpost patients to non-medical services to manage their conditions.

## INTERVENTION

- **Financing Model:** Repurposing own financial resources towards a health promotion model of healthcare in a region of London.
- **Investors:** No outward investment received.
- **Intervention:** The Self-Care social prescribing model enables GP practice staff to refer patients with a nonmedical health and wellbeing need onto appropriate specialist services from the voluntary and community sectors.

## OUTCOME

- Evidenced a Social Return on Investment of **£2.85 per £1** invested.
- **£102,000** of GP healthcare resource saved and **£106,000** in hospital admissions avoided in pilot year.
- **11.5%** reduction in hospitalisations across pilot year, in which 800 patient contacts were made.





# SCI Implementation Barriers & Facilitators

- A realist-informed synthesis of available evidence (gathered via literature review and horizon scanning) explored ‘what worked, for whom, in what context’.

## Example common implementation barriers:

- Multi-sectoral collaboration can be undermined when partner contributions are not **recognised or valued** equally, and/or where one partner holds more **power** than another.
- Managing multiple stakeholder expectations and ensuring consistent and effective service delivery across **large geographic areas** (e.g. at a regional to national scale) can be challenging due to variation in local priorities and contexts.
- Failure to **engage and build trust** with the **local** population, community organisations and local authorities and/ or understand local needs, interests and contexts can hinder effective delivery.

## Example common implementation facilitators:

- **Regular monitoring and reporting** of performance indicators/ key outcomes to stakeholders can help foster a positive culture of collective collaboration and impact towards social goals.
- The availability of **evidence** regarding the effectiveness of an initiative or intervention, such as a pilot study or published evaluations, can increase stakeholder support and willingness to invest.
- Understanding the political context and encouraging and maintaining **political buy-in** for programmes can support implementation.

# What are SCI compatible finance models?

Dr. Balázs BABARCZY

*Senior Researcher  
Syreon Research  
Institute, Budapest*



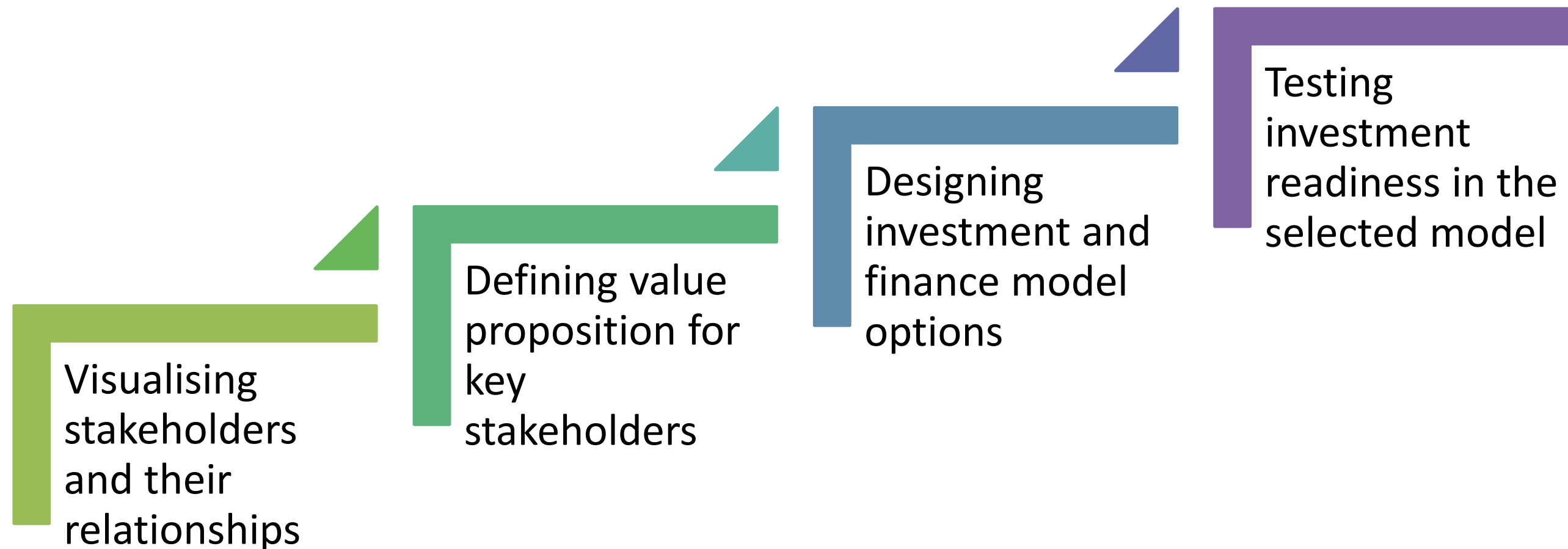
Invest4Health



# Investment & finance model toolkit

---

**Objective:** to develop tailor-made investment and finance models allowing to increase the resources available for prevention in target regions



# What could you get out of this process?

---

- Identify key stakeholders and their objectives
- Define multiple possible SCI investment and finance models that could help reach the objectives of all stakeholders
- Describe selected investment and finance models
- Analyse what is there and what is still needed for the implementation of SCI investment and finance models

Multi-stakeholder  
governance and  
collaborative action  
spaces to manage SCI

Bengt Stavenow

*Innovation Manager  
Innovation Skåne*

*on behalf of*

Dr. Vidya Oruganti, Norwegian  
School of Economics



Invest4Health



# Understanding what SCI models have

## SCI initiatives have ...

- multiple stakeholders
- a shared common purpose among stakeholders
- collaborative advantage (combined effort )

## But SCI initiatives also have ...

- competing stakeholder interests
- potential frictions between stakeholders
- a need to share resources and data effectively



**A need for collaborative readiness, e.g. through multi-stakeholder management and co-governance capabilities**

# Multi-stakeholder management

## Identifying existing and potentially new stakeholders

- Tool: *Stakeholder Mapping*
- Who to engage with? And why?

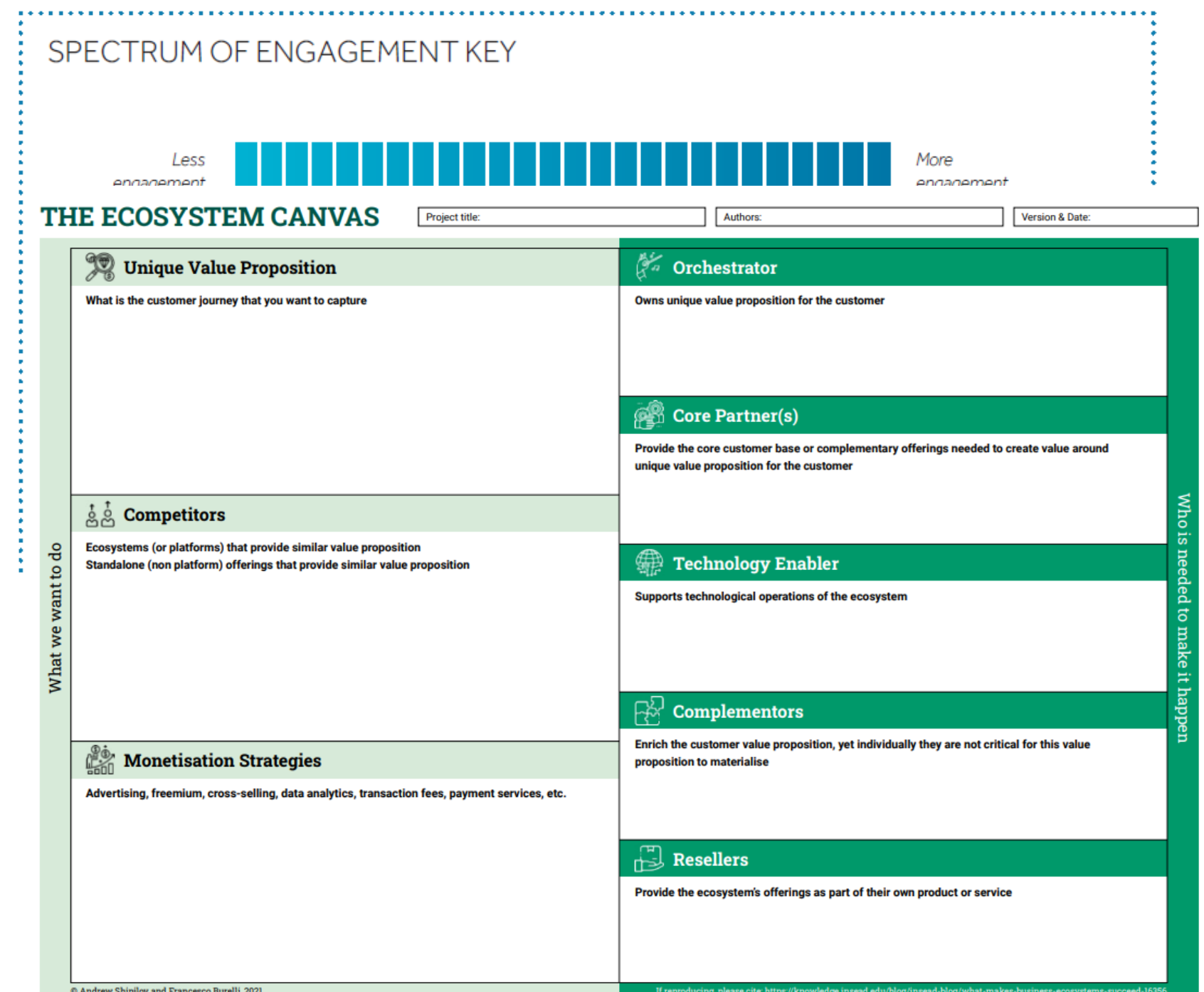


## Engaging stakeholders

- inform  $\leftrightarrow$  co-create
- Tool: *Mendelow power-interest matrix*
- How much to engage with each stakeholder?  
What's in it for them?

## Creating joint value (shared purpose)

- Tool: *Ecosystem Canvas*
- What will stakeholders collaborate for?



# Citizens' involvement

---

- A basic principle in the Invest4Health initiative is that citizens are stakeholders and thus involved in stakeholder management and co-governance activities to develop co-ownership
- Invest4Health implements citizen science practices to get learnings on involvement in relation to system-level topics
- A Citizen and Patient Advisory Group (CPAG) was established:
  - To overall advise on project activities
  - To represent citizens as stakeholder in regional testbeds





# Multi-stakeholder governance

Stakeholders...

- are embedded in their respective systems, structures and governance models
- need to adapt to contribute to the shared purpose in the multi-stakeholder context

How are value and effort distributed?

- 3 governance models
- 8 governance principles to checklist

**(Multiple) Stakeholders are willing to commit to:**

**DP 1. Boundaries**

**DP2. Division of joint value created**

**DP3. Participation in decision-making**

**DP 4. Monitoring**

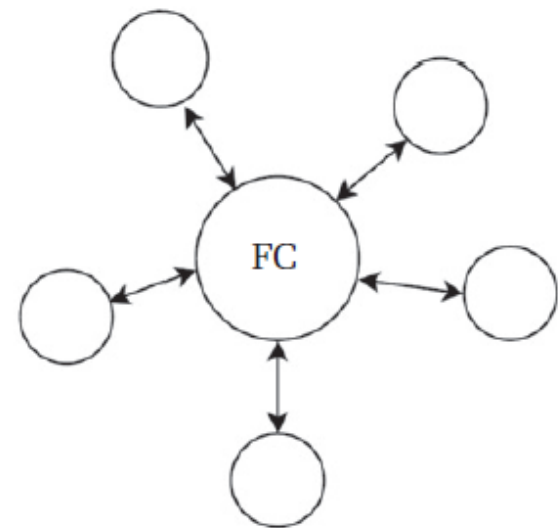
**DP 5. Sanctions**

**DP 6. Conflict resolution**

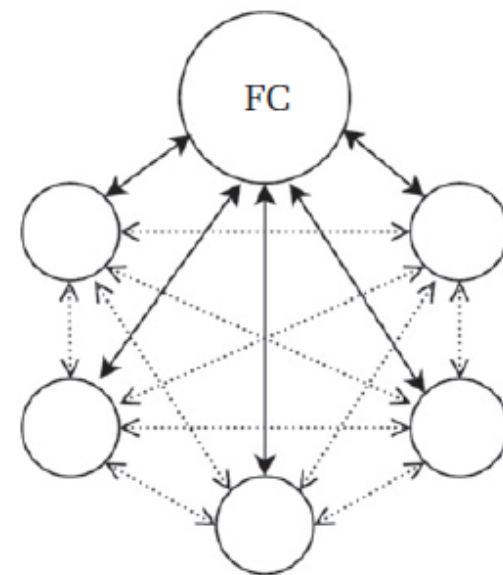
**DP 7. Right to organize**

**DP 8. Polycentricity**

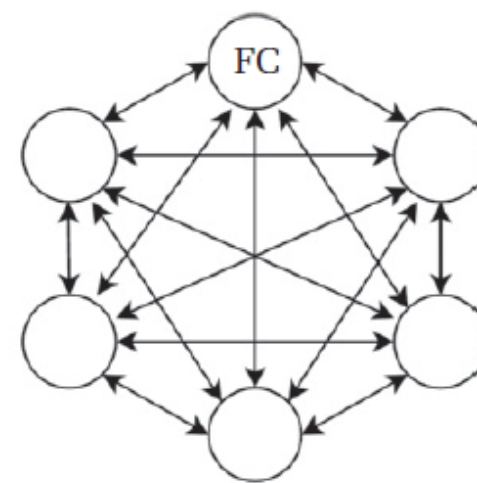
The Three Stakeholder Governance Forms



*Hub-and-spoke governance form*



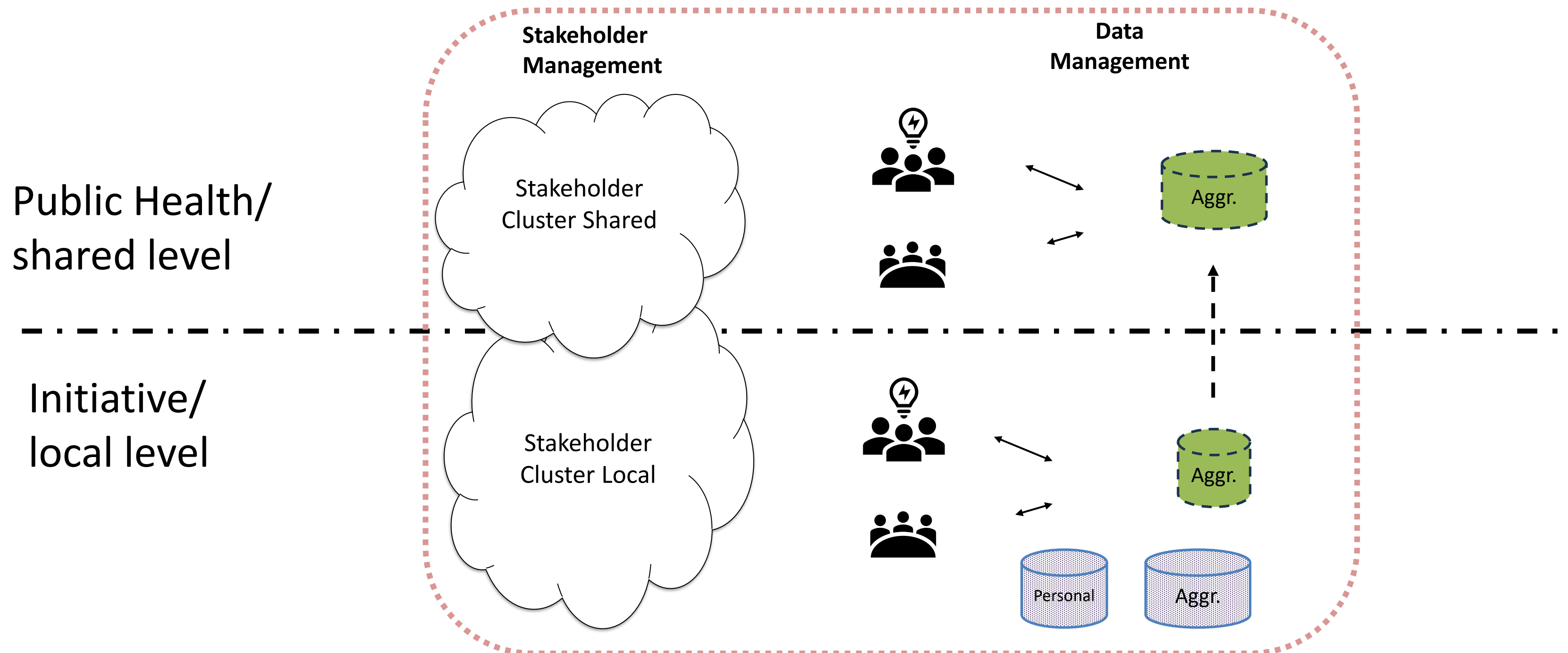
*Lead role governance form*



*Shared governance form*

# Collaborative action Spaces and Data Management

Example of multi-stakeholder collaboration at multiple Systems levels



# Q&A

10 mins



Invest4Health







## PART 2:

Why do we need innovative  
financing models?

High-level panel

# Speakers

**Moderator**  
**Alison Maassen**  
Programme Manager  
at EuroHealthNet



**Caroline Costongs**

Director at EuroHealthNet  
Partner in Invest4Health's  
'Operational Readiness'  
activities



**Gonzalo Rebelo De Andrade**

Partner of the Indaco BIO Fund at  
Indaco Venture Partners SGR



**Lars Münter**

Founder and International Director  
Nordic Wellbeing Academy  
Member of Invest4Health's Citizen  
and Patient Advisory Group

# BREAK

(please return by 11:30 CET)



**Invest4Health**





## PART 3:

# How can Invest4Health help you?

Alison Maassen

*Programme Manager  
EuroHealthNet*

Theologos Xenakis

*EU Project Manager  
Norway Health Tech*



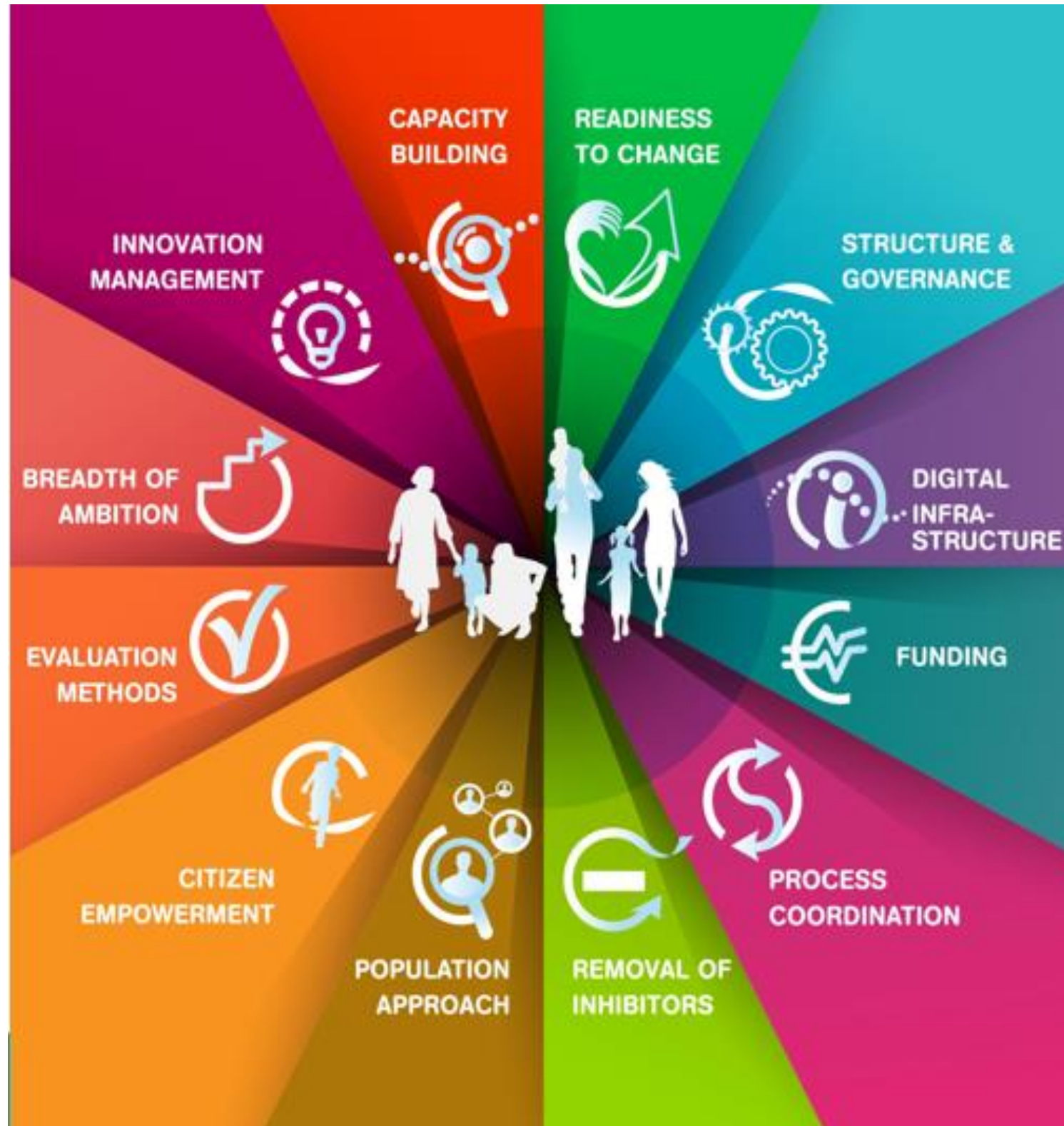
# Step 1:

Assessing 'readiness' and  
'maturity' in your context



**Invest4Health**

# SCIROCCO Maturity Model & Self-Assessment Tool



## Objective:

- **Capture the perceptions of stakeholders** on maturity and readiness of their health and care systems to adopt new, innovative approaches
- **Facilitate multi-disciplinary discussions and dialogue**, to:
  - identify strengths and weaknesses of the current system, and
  - building consensus about the current situation to inform future actions
- **Provide a basis for further improvement** of a particular dimension through knowledge transfer and potentially, twinning and coaching activities.



# Assessing current strengths and areas for growth: Invest4Health test-bed SCIROCCO results



# Organizational readiness is an iterative process

---

- Organisational readiness for change is an evolving process! It does not exist but is created over time.
- Engaging with a project like Invest4Health offers a 'clarifying focus' around which to frame questions, identify relevant actors, and discuss how the work relates to existing initiatives and activities (e.g., regional action plans, multi-annual budget planning).
- Invest4Health's consortium partners can serve as an informed and 'neutral' third party which can help catalyse and facilitate discussions in your context.



# Step 2:

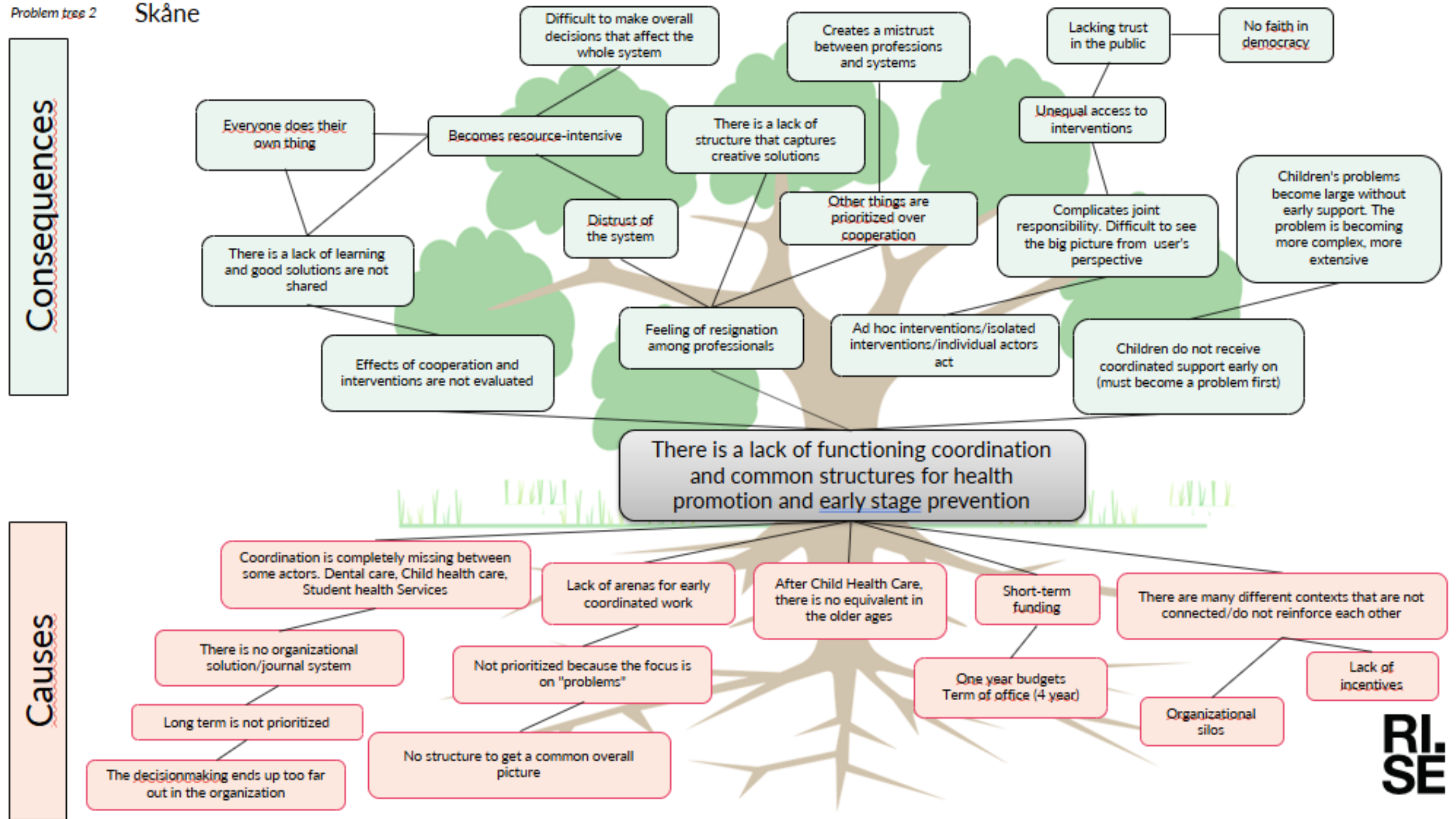
Support to define a common  
vision for the future



Invest4Health

# Logic models & problem trees: getting to the root of the issue

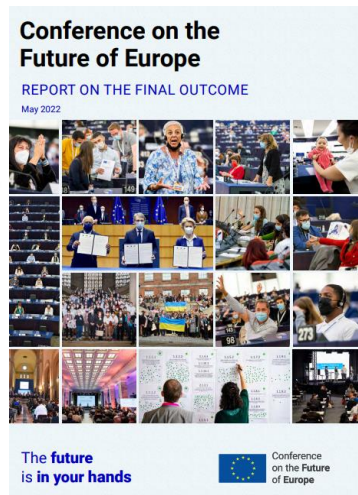
Invest4Health partners can help you walk through a logic model process, identifying the value proposition of your proposed intervention and the potential investment case.



# Foresight: Horizon scanning, trend validation, and generating future scenarios

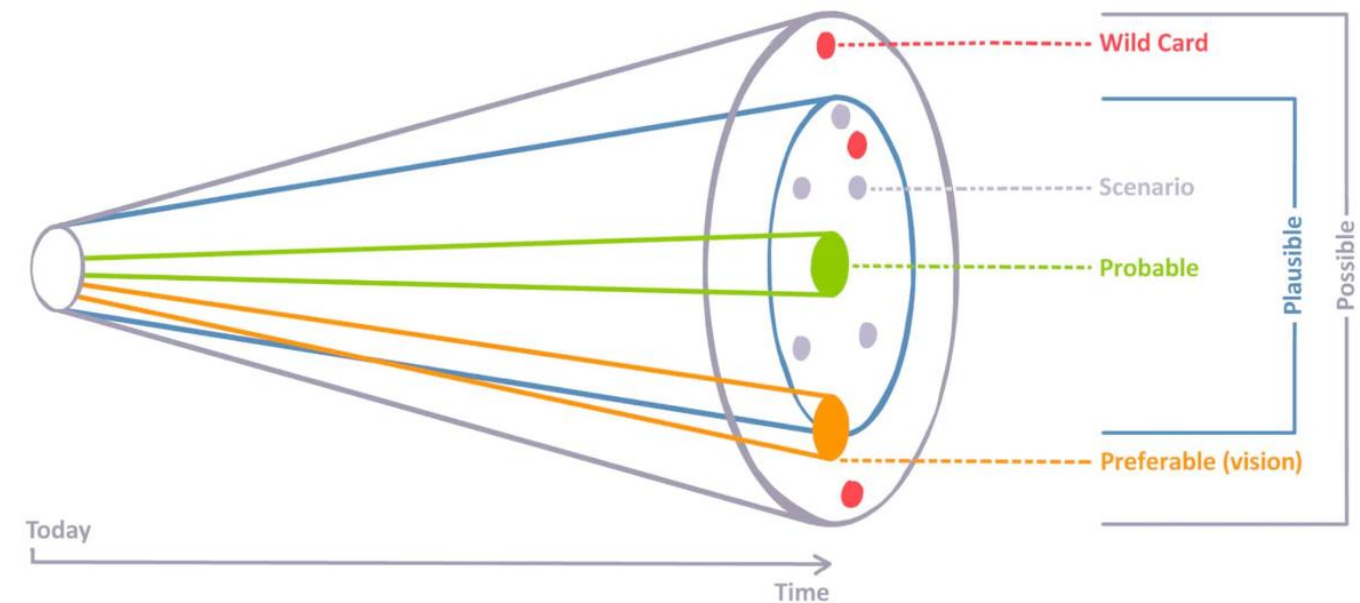
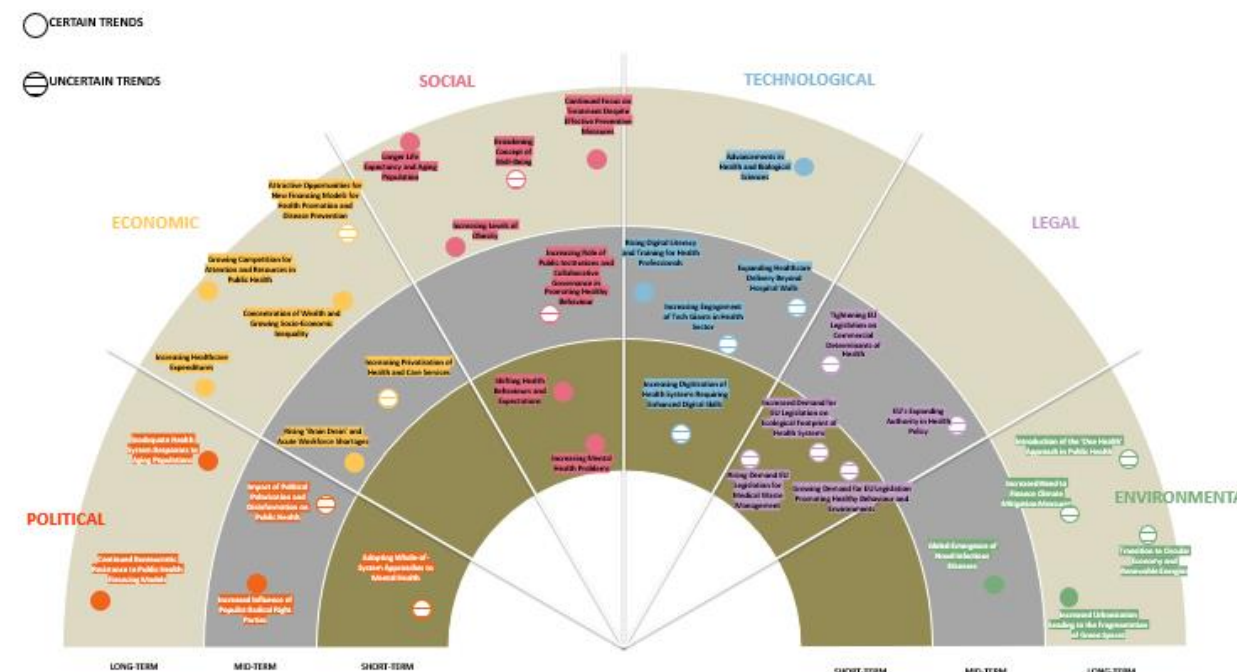
How can we increase sustained investment in health promotion and disease prevention from within the health system and beyond by 2040?

**MEGA-TREND-CARDS**



Horizon scanning

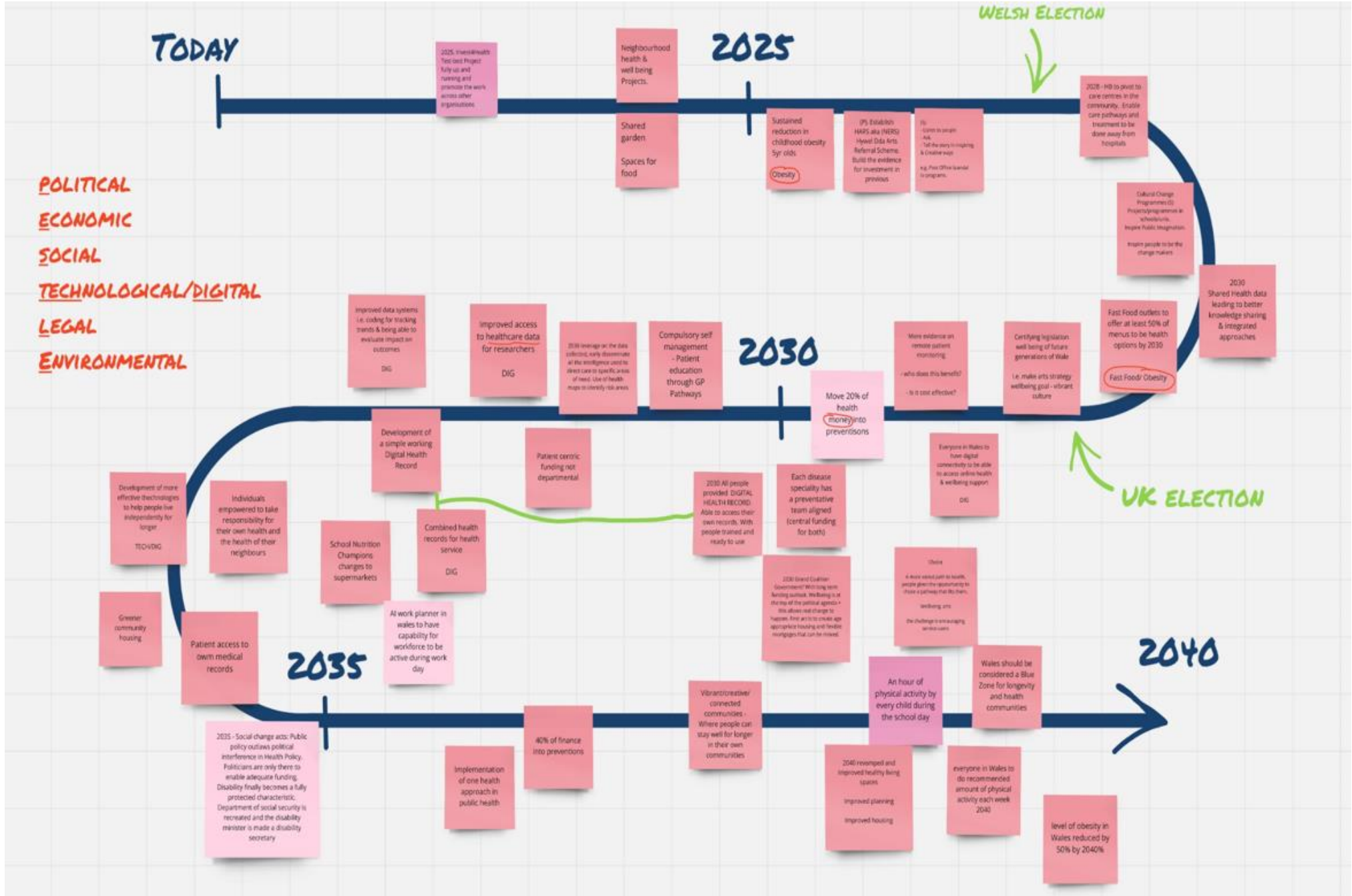
Trend validation



Generating future scenarios



# Foresight: Backcasting and action plan towards 2040



Results of backcasting (Hywel Dda, Wales)



Local foresight workshop (Galicia, Spain)



# Step 3:

Addressing needs for training  
& advocacy



Invest4Health

# Invest4Health Training Programme for decision and policy-makers

---

**Primary objective:** enable participants to understand, evaluate and apply SCI models within their region and/or at organizational level. Foster sustainable solutions through evidence-based decision-making and strategic investment.

**Target participants:** decision-makers and policymakers from various organisations involved in health outcomes. These may include not only health authorities, but patient associations, foundations, and other public sectors such as transport, housing, and education.

**Format:** 11 modules delivered through online workshops in a 'learn-by-doing' format. Incorporates real-world case studies and is currently under development/iteration with existing pilot sites.

# Training programme modules 1-3: What is SCI and is it right for my context?

LO	Module#	Title	Key elements
LO1	1	<b>Introduction to SCI and HPDP programmes</b>	<ul style="list-style-type: none"> <li>• What is SCI?</li> <li>• how it can help</li> <li>• examples in SIBs, SOCs, Venture philanthropy</li> <li>• grants and everything in-between</li> </ul>
LO1	2	<b>Identifying the problem worth solving</b>	<ul style="list-style-type: none"> <li>• Identify critical pain points and long-term vision</li> <li>• Supporting data</li> <li>• examples of insight from sick leave data and pre-diabetes SIB</li> </ul>
LO1	3	<b>Build the right team</b>	<ul style="list-style-type: none"> <li>• What makes a good team?</li> <li>• Using high level idea of the problem, target population</li> <li>• learners need to define Team roles, expertise required, in-house and ones that need to be contracted externally</li> </ul>

# Training programme modules 4-6: How do I define: my problem, my target population, and my outcomes?

LO	Module#	Title	Key elements
LO2	4	Define the problem	<ul style="list-style-type: none"> <li>• Define problem and solution clearly</li> <li>• Using input from problem definition to create logic model</li> </ul>
LO2	5	Define target population	<ul style="list-style-type: none"> <li>• data / evidence about the problem and target population, target audience must work out which groups are high risk?</li> <li>• for whom have existing services not worked yet?</li> <li>• Also, knowledge on how they can be identified / stratified; participants need to work towards a precise definition of target population (e.g., males 20-55 working as bus drivers, with pre-diabetes) and how you will identify them</li> <li>• Call to Action that you can send out to stakeholders</li> </ul>
LO3	6	Define outcomes	<ul style="list-style-type: none"> <li>• using knowledge of existing services</li> <li>• external stakeholder knowledge and expertise, learners need to define clearly short, long and intermediate outcomes</li> <li>• soft and hard outcomes; outputs v outcomes v impact</li> <li>• Impact measurement tools and methodologies</li> </ul>



# Training programme modules 7-8: Who are my stakeholders and how do I incentivise them?

LO	Module#	Title	Key elements
LO4	7	Stakeholder engagement and management	<ul style="list-style-type: none"> <li>• using all previous outputs especially the logic model</li> <li>• external stakeholder knowledge</li> <li>• knowledge about existing services, learners need to identify stakeholders and their relationships (e.g., purely transactional? or collaborative etc).</li> </ul>
LO4	8	Investor and Payer relations	<ul style="list-style-type: none"> <li>• outcomes from the previous activity; the payment landscape: is it common for payers to pay for outcomes? how close have they come before? what kind of contracts have existed? who's the most radical payer? Learners need to come up with a list of funding sources: outcomes payers or investors or long-term programme funding</li> <li>• Develop a narrative and learn how to pitch to investors and stakeholders</li> <li>• Build a sound narrative, confidence that your intervention works and above all a great team who know their stuff</li> </ul>

# Training programme modules 9-11: How do I make this sustainable?

LO	Module#	Title	Key elements
LO5	9	<b>Business modelling</b>	<ul style="list-style-type: none"> <li>• your intervention details, clear value proposition (which comes from a clear problem definition)</li> <li>• related components (e.g., how you will reach your target population, which network partners you need to rely on, resources you need, activities you need to do, costs and revenue ideas)</li> <li>• learners need to create revenue and identify who they will serve</li> </ul>
LO5	10	<b>Financial and payment model</b>	<ul style="list-style-type: none"> <li>• business model and revenue model.</li> <li>• everything you know about the target population (e.g., how many are likely to drop out?)</li> <li>• What capacity you need (e.g., human resources) to deliver the intervention</li> <li>• calculate price of an outcome</li> </ul>
LO5	11	<b>Scaling and sustainability</b>	<ul style="list-style-type: none"> <li>• Financial and social return on investment models</li> <li>• Social franchising models in health promotion and disease prevention</li> <li>• Social outcomes contracts (Social impact bonds, pay for performance contracts)</li> <li>• Venture philanthropy, grants, mobilisation of Community assets, etc.</li> </ul>



# Invest4Health Training Programme pre-requisites for participation

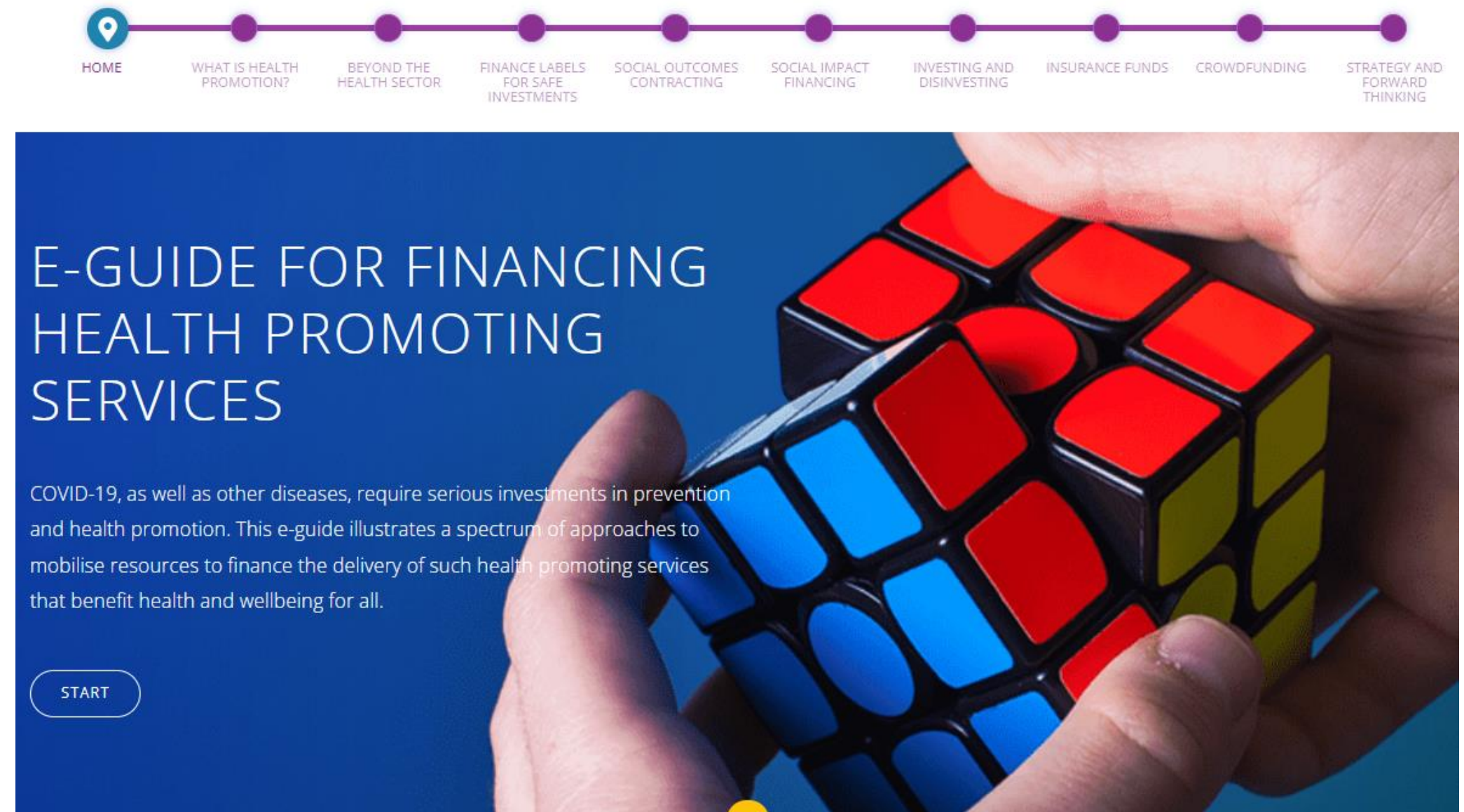
- The target organisation has a “significant stake” in the outcome and **their commitment goes beyond the training programme itself.**
- This implies that the **organisation involved makes a substantial investment or commitment, which could be financial or non-financial,** and therefore has a direct interest in addressing the issues they put forward. Some **examples include:**
  - Implicating resources of a multi-disciplinary team from the main learner organisation for the programme
  - Engagement with external organisations who have a stake in the problem identified
  - Dedicated resources to addressing the problem outside of the training programme (offline work)
  - Gaining or maintaining political ‘buy-in’





# Invest4Health advocacy approaches

- The Invest4Health training programme can help build technical capacity to implement innovative financing models in a new context.
- Supportive advocacy messages can help sustain these changes by generating political will and ownership from more stakeholders
- **Building on new case studies from Invest4Health, the EuroHealthNet Guide for Financing Health Promotion will be relaunched in early 2025.**





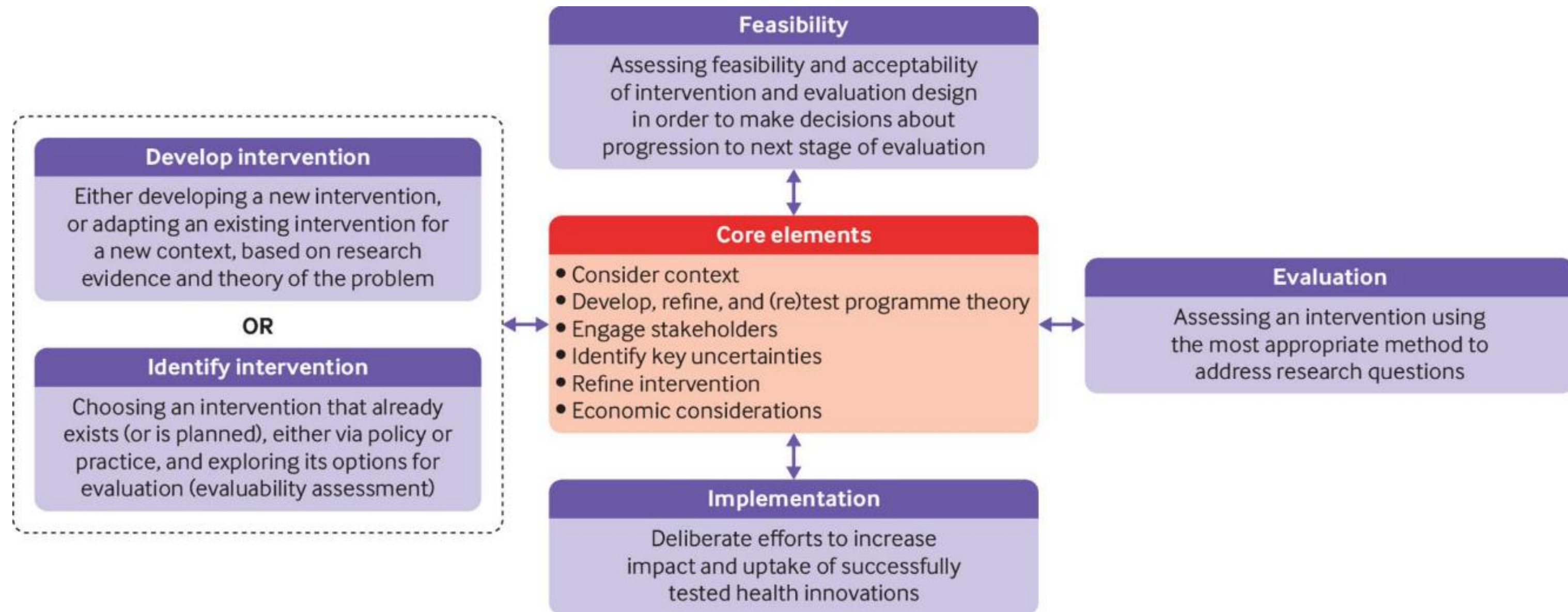
# Step 4:

Evaluating your progress



Invest4Health

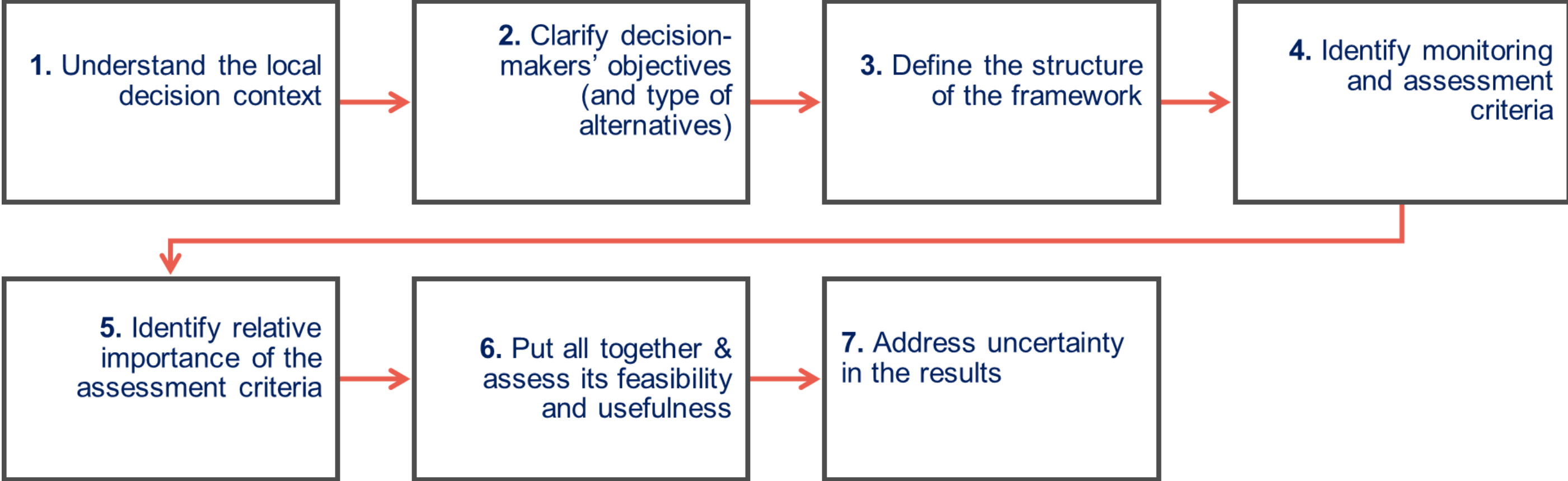
# Medical Research Council framework for evaluating complex interventions



*The framework challenges the view that unbiased estimates of effectiveness are the cardinal goal of evaluation. It asserts that improving theories and understanding how interventions contribute to change, including how they interact with their context and wider dynamic systems, is an equally important goal. ([BMJ 2021;374:n2061](#))*

# A cross-sectoral approach to evaluation

Steps to undertake cross-sectoral evaluation



Value realised across government sectors



Value realised across public and private sectors



# Want more?

The Invest4Health  
open call



**Invest4Health**



# Are you keen to get engaged? Apply to our Open Call!



## SMART CAPACITATING INVESTMENT (SCI) CONCEPT DEVELOPMENT

Developing and testing novel finance and business models for health promotion and disease prevention. Developing a prototype collaborative platform for governing SCI initiatives.

## SCI VALIDATION IN 4 REGIONAL TESTBEDS (SE, ES, DE, UK)

Assessing and enhancing organizational readiness for testing SCI models in regional testbeds. Mobilizing and training stakeholders in regional communities on novel investment strategies to support health promotion.

## OPEN CALL FOR NEW REGIONAL TESTBEDS

Open Call to attract a second group of regions to test and provide feedback on the effectiveness of the proposed models and tools, through simulation exercises.

## SCI SCALING AND IMPACT

Developing a replicable SCI package of models, tools, and governance mechanisms for large-scale adoption. Developing a social franchising approach as a vehicle for widespread uptake of the SCI Package.

# What is the Open Call about?

---

Invest4Health aims to support new regional testbeds, by offering:

- Capacity building activities and
- Simulation exercises

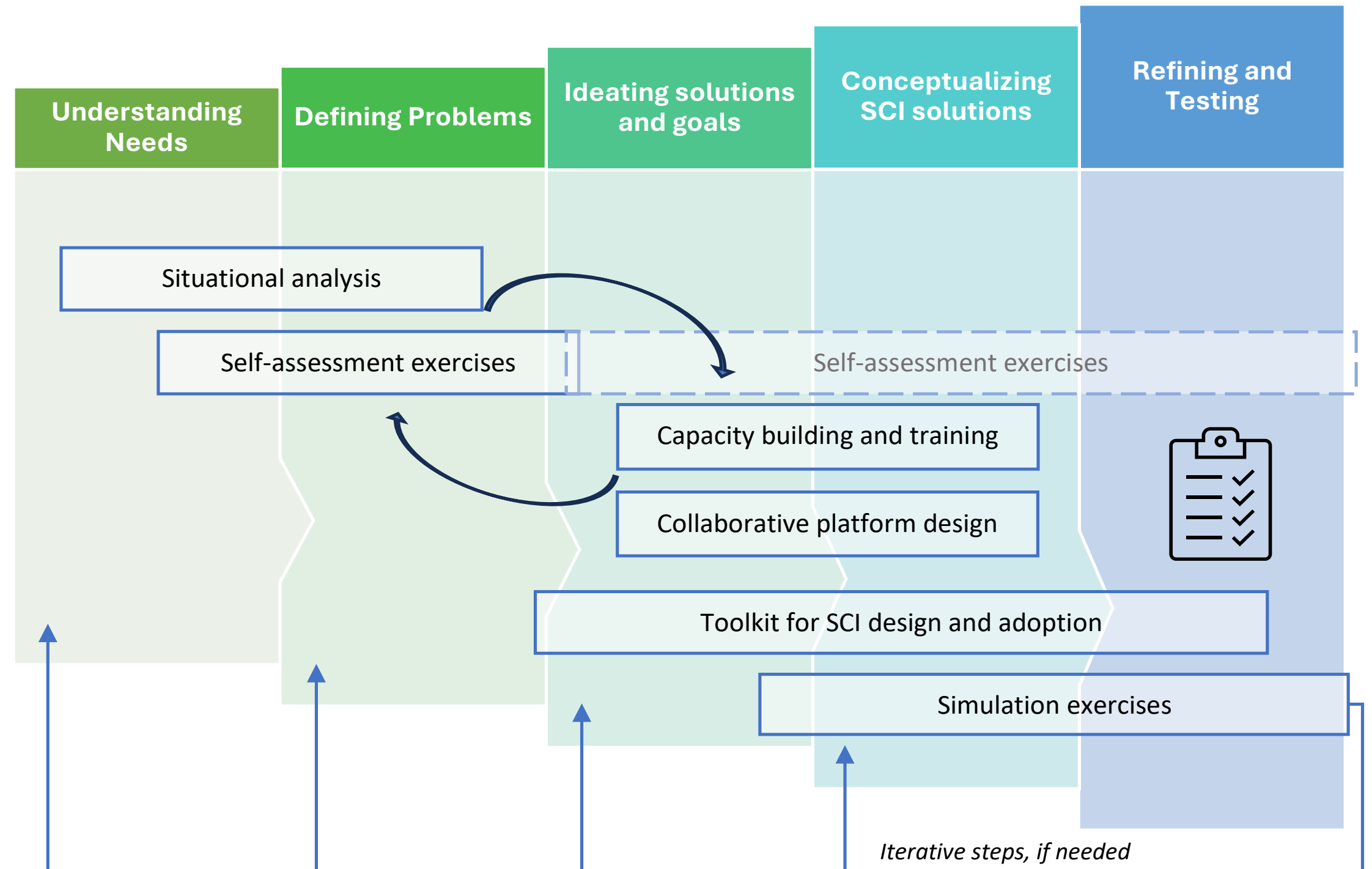
On testing novel business models, financial and investment models on **health promotion and disease prevention initiatives**, delivered by the Invest4Health consortium partners.

Your participation can help us generate impact on local, national, and international level!



# What value will you get?

- **Understand your readiness and needs** for testing and implementing novel financial, investment, and governance models in your initiatives
- **Build your capacity** and competence on new, innovative ways of financing
- **Participate in simulation exercises** on how SCI could be adopted in your region to solve your challenges
- **Connect with other testbeds** internationally to learn and collaborate!



## Who is this call for?

---

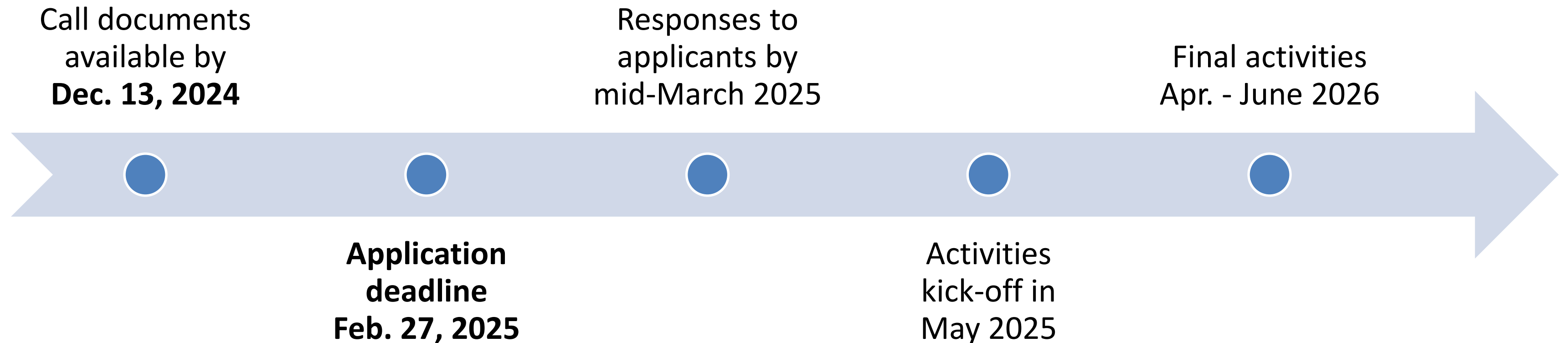
- Local and regional governments
- Cities and municipalities
- Health authorities
- Community-driven initiatives
- Social enterprises
- Other actors working on health promotion and disease prevention initiatives

Interested in exploring new, innovative ways of financing their initiatives



# Where can I find more information?

- Visit our website: [invest4health.eu](https://invest4health.eu)
- Open Call and supporting documents uploaded by the end of this week.
- Call and activity timeline:



We look forward to hearing from you!

# Q&A

10 mins



Invest4Health





## PART 4:

# Experiences and insights from current I4H testbeds

Galicia (ES), North-Rhine, Westphalia (DE), Skane (SE), and Wales (UK)

# Galicia

# SPAIN

Beatriz Salgado Pardal

*Project Manager*  
*Galician Health*  
*Knowledge Agency (ACIS)*



Invest4Health



# GALICIA: the region



- North-west of Spain (2.7 million inhabitants) with autonomous government institutions in areas such as health.
- Low geographic concentration, with many sparsely populated rural areas.
- 7 health areas, covering specialized and primary care.
- Difficulties for isolated population centres in accessing health care.

## Target population (Cystic Fibrosis)

- CF affects the whole population and can be divided in paediatrics and adults.
- [83 patients in the Galician CF Association](#), but the estimated number of patients in the region is **120**.
- **Population dispersion**: few patients in urban areas. E.g. 41 patients in the province of A Coruña, only 12 in the city.

# PILOT PROJECT: Cystic fibrosis

---

- CF patients need continuous monitoring of their disease by different healthcare professionals.
- Proposal prepared by the [Galician Cystic Fibrosis Association](#), that aims to add to TELEA (Home telemonitoring platform) the tracking of CF patients to:
  - Guarantee their care in situations of confinement.
  - Reduce the number of face-to-face appointments, follow-up consultations and hospital admissions.
  - Prevent them for travelling to health centers, to avoid the risk of unnecessary infections.

**Barrier:** high cost of the equipment needed to monitor patients.

# How to finance it?

---

- Three main stakeholders:
  - **ACIS:** training for patients (and/or families) and healthcare professionals.
  - **SERGAS** (healthcare provider in Galicia): telemonitoring tool (TELEA) and staff (case management nurse).
  - **Galicia Cystic Fibrosis Association:** contact with CF patients, aware of their issues. They also provide some more services (respiratory physiotherapy, nutrition).
- One more possible stakeholder: a **foundation** who would be willing to put money in this project.



# Benefits from participating in Invest4Health

---

- New funding possibilities in the field of health.
- Collaborative spaces that enable different actors to express their views.
- Expert partners: advice and guideness.
- Innovate in health by putting the focus on the patient.
- Focus on prevention rather than in the treatment of complications.
- Anticipate future trends in healthcare

# Next steps

---

- **Conversations with new possible stakeholders** (eg. non-profit organisations).
- **Start testing the action.** We already have the equipment to start a pilot with 10-15 patients in the Vigo Health Area.
- **Evaluate the results.** Some indicators that we could use are:
  - Satisfaction surveys to health professionals and patients/families/caregivers
  - Improvement in the quality of life of the patients/families/caregivers
  - Adherence to treatment
  - Economic savings
  - Reduction of transfers to medical centres, etc.

# Wales

# UNITED KINGDOM

Gareth Davies

*Research Project Support  
Officer (Health Economics)  
School of Health Sciences  
Bangor University*

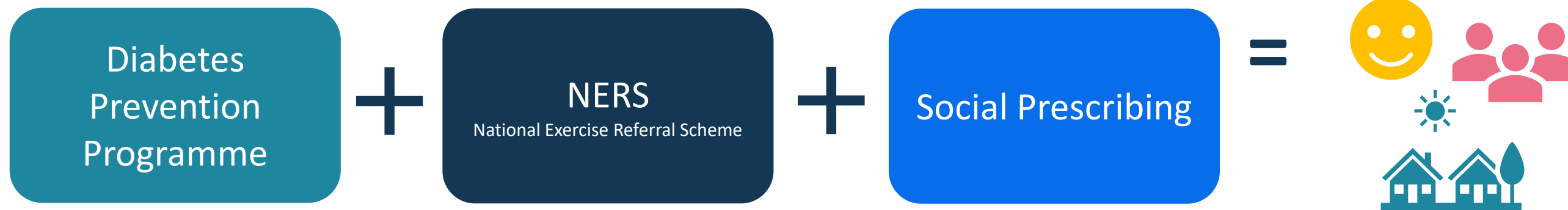


Invest4Health

# PILOT PROJECT: New Diabetes Prevention Pathway

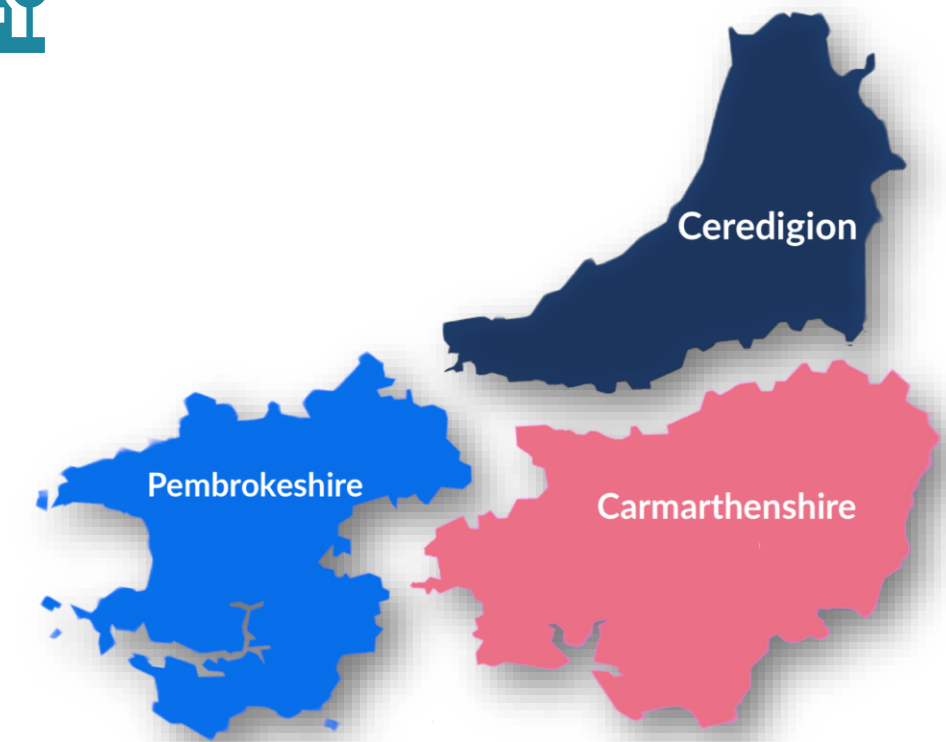
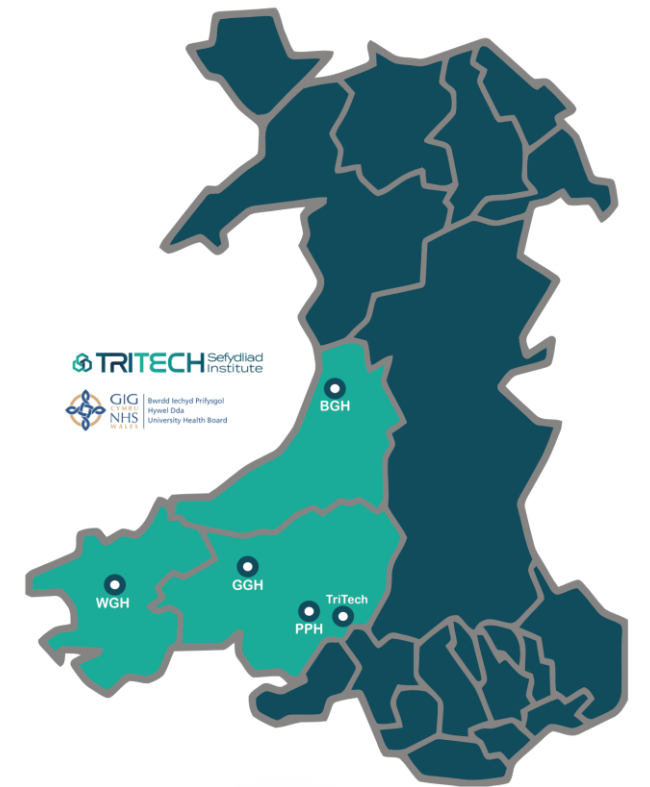
**Project focus:** Diabetes Prevention using Social Prescribing to be a complementary service to the national exercise programmes.

- Link 3 current services to develop a new patient Pathway



**Goal:** To reduce the number of patients going from Pre-Diabetic to Type 2 Diabetic

- Project will use Carmarthenshire as its testbed and other 2 counties as comparators.





# PILOT PROJECT: New Diabetes Prevention Pathway



## Problems:

- Increase of Population becoming Type 2 Diabetic
- Increasing costs of continued care
- Up take and retention of current prevention programme low
- Programmes limited funding

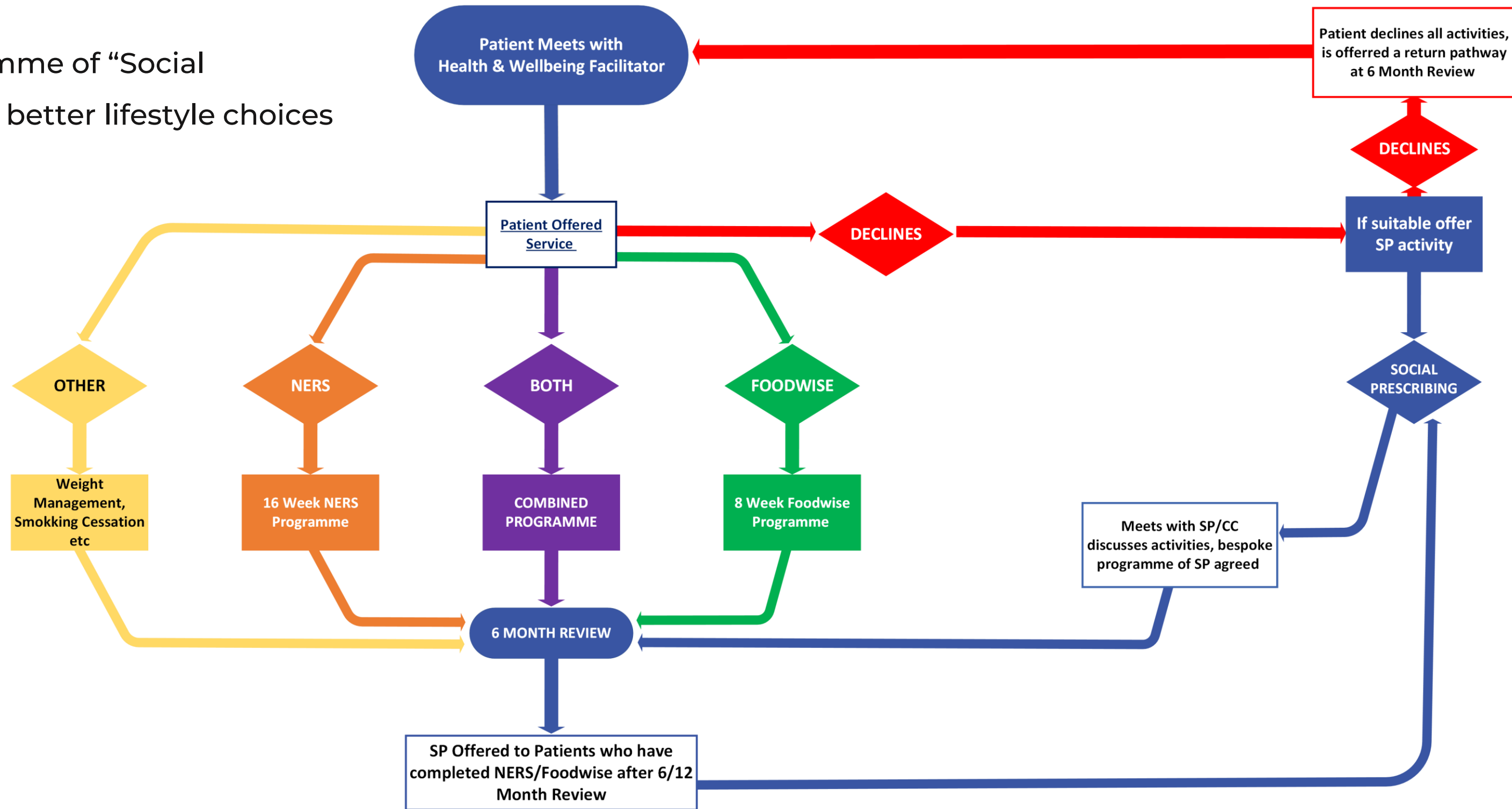


## Solutions

- Offer new pathway using Social Prescribing
- Coordinate resources through community hubs and Digital services
- Look at local community/ social investment to continue to fund programmes

# PILOT PROJECT: New Diabetes Prevention Pathway

- Offer a new bespoke programme of “Social Prescribing” to help increase better lifestyle choices
- Creating activities that are based on the patients Interests, ability, and lifestyle.
- Using Nudge Theory to change a patient’s activity
- Keeping people active, healthy and out of hospital care



# PILOT PROJECT: New Diabetes Prevention Pathway

## FUNDING



### DIABETES PREVENTION PROGRAMME

### NATIONAL EXRCISE REFERRAL (NERS)

### SOCIAL PRESCRIBING SERVICE

### SOCIAL PRESCRIBING ACTIVITIES & COMMUNITY HUBS

- Programme funded by NHS Wales/ Local Health Board

- Funded by Local Authority

- Funds from Primary care & Local Health Board

- Funded by Welsh Government, Local Business Donations, Service Users

# Benefits from participating in Invest4Health



**Diverse Perspectives:** International teams bring together individuals with varied cultural backgrounds, healthcare systems knowledge, and problem-solving approaches. This diversity fosters innovative solutions tailored to different populations and enhances creativity in tackling global health challenges.



**Broader Resource Pool:** International collaboration allows access to a wider range of expertise, technologies, and funding opportunities. This can enhance the project's capacity to address complex healthcare issues and improve resource efficiency.



**Global Networking and Collaboration:** Collaborating internationally builds connections with stakeholders across the globe, including governments, NGOs, and academic institutions. These relationships can lead to long-term partnerships and opportunities for future projects.



**Scalability and Global Impact:** Working with international groups ensures that healthcare solutions can be designed with scalability in mind, making them applicable to a wider audience. Projects benefit from shared insights on best practices and policies that have succeeded in different regions, amplifying global health outcomes..



# Next Steps

- **Data Collection & Sharing.**

Work with Information Governance to develop systems of sharing data across I4H.

- **Awareness & knowledge of Social Prescribing and its benefits.**

Increase participation in programme .

- **Monitor current pathway.**

Meet with partners to monitor pathway efficiency



# North-Rhine-Westphalia GERMANY

Karol Puscus

*Project Manager  
Business Transformation  
FIR e.V. an der RWTH Aachen*



Invest4Health



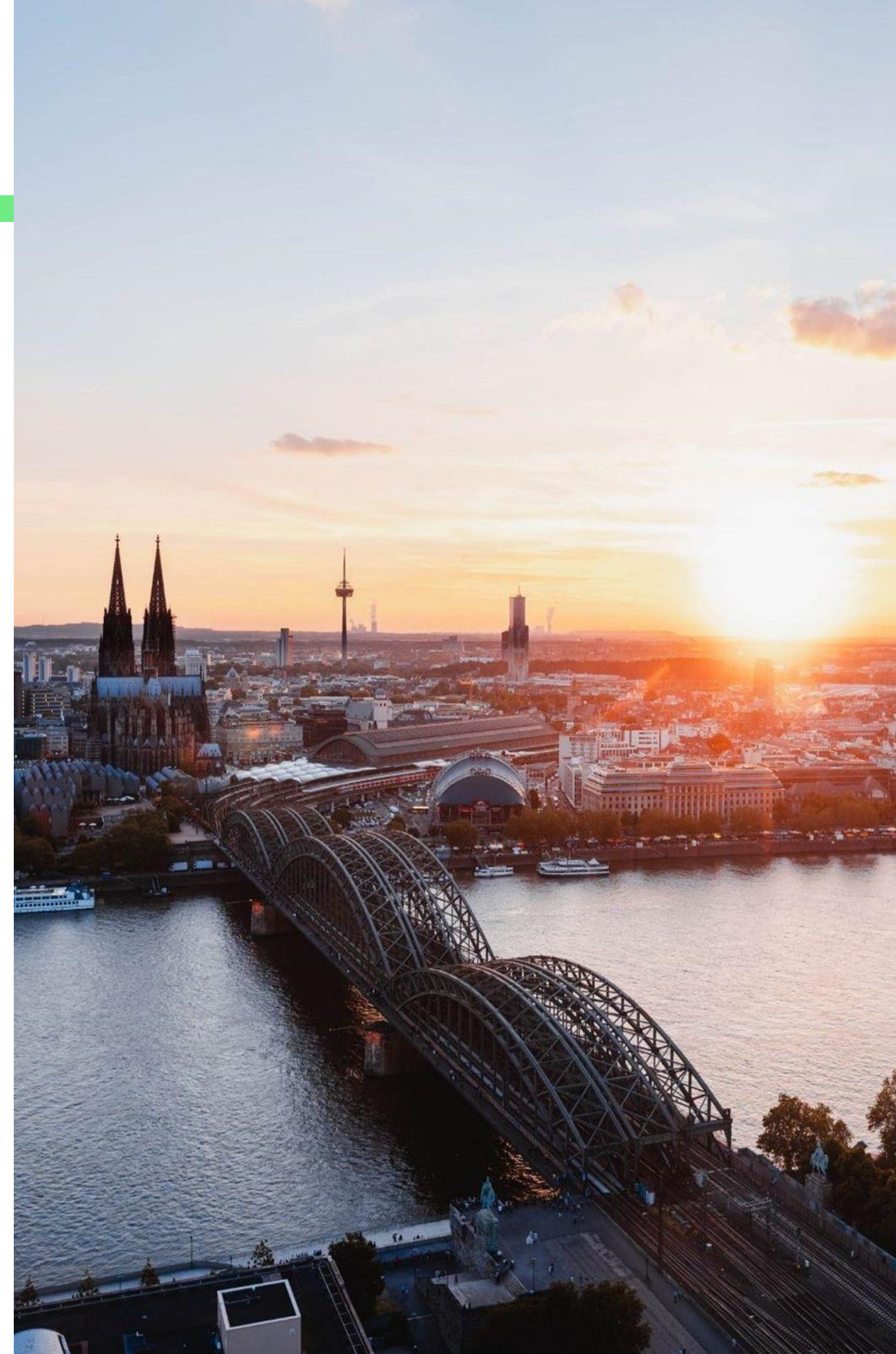
# NORTH-RHINE-WESTPHALIA

## A significant share of inhabitants in NRW is working in the homeoffice...

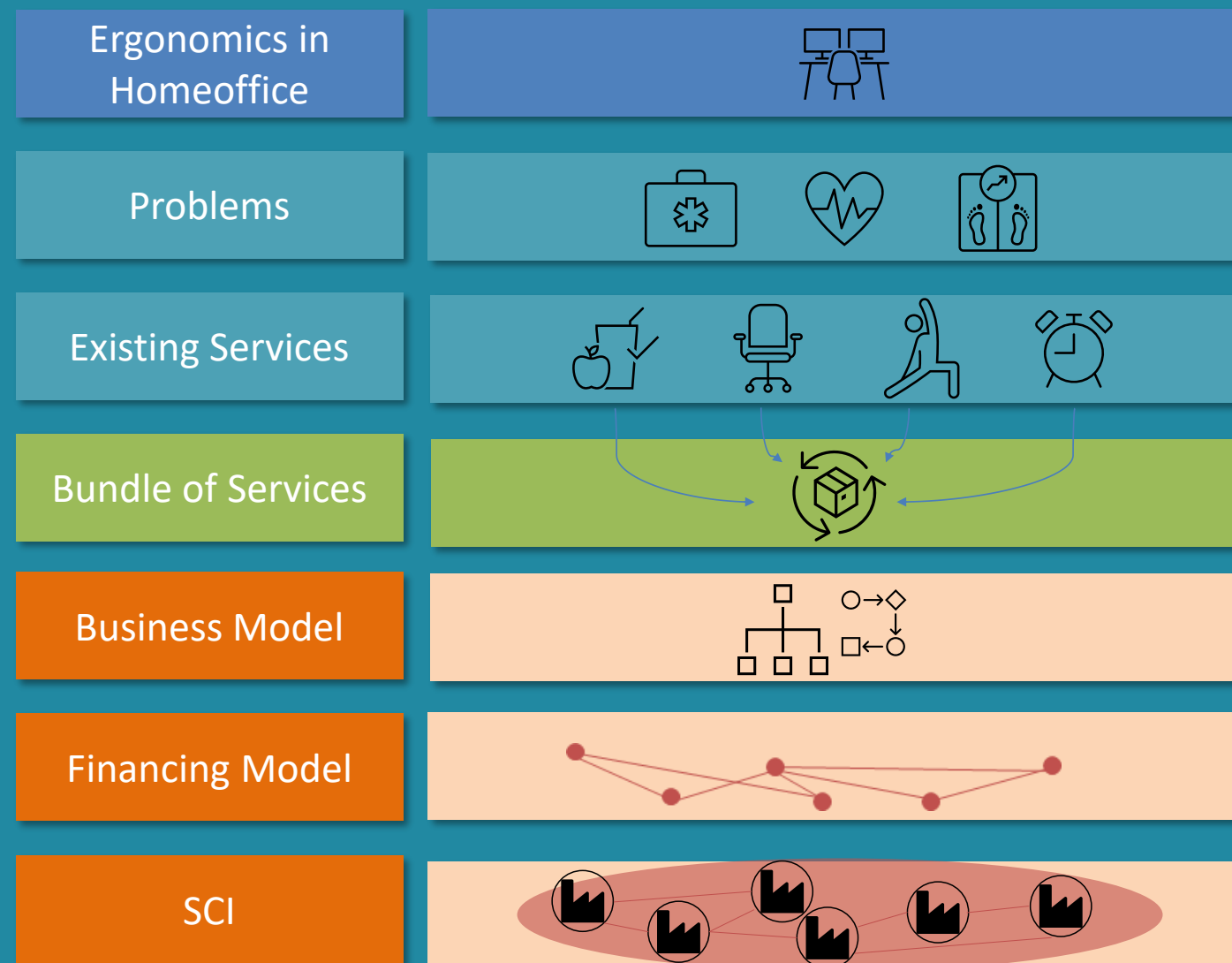
- With 18 million inhabitants, NRW is the most populous federal state in Germany, 10 million of whom are currently in employment.
- In the transition from an industrial to a service region, most people work in office-based jobs that enable hybrid or permanent teleworking.
- Currently, 64% of employees work in hybrid employment relationships and 24% of employees work from home permanently.

## ... and many of them suffer from physical complaints due to poor working environment, which could be prevented

- 66% of all employees working from home report back, head or joint pain.
- A study found that many of these ergonomic conditions could be avoided through targeted prevention, saving 27% of treatment costs.
- Many opportunities for prevention already exist, but are not being utilized



# Health Promotion Intervention



## Focus of Intervention

- Improve home-office ergonomics for remote workers to reduce physical and mental health issues.
- Promote long-term health prevention through tailored ergonomic solutions.

## Financial Model

- Exploring Smart Capacitating Investment (SCI) as an innovative funding mechanism.
- Stakeholder involvement: Employers, insurers, government, citizens, and other actors share costs.



# How do we Benefit from Invest4Health?

Impact

## Stakeholder Engagement and Collaboration

- Provided tools and frameworks that enabled successful stakeholder workshops and mapping efforts.
- Strengthened relationships with regional stakeholders through structured engagement activities.
- Foresight exercises guided the envisioning of health promotion trends and long-term scenarios for 2040.

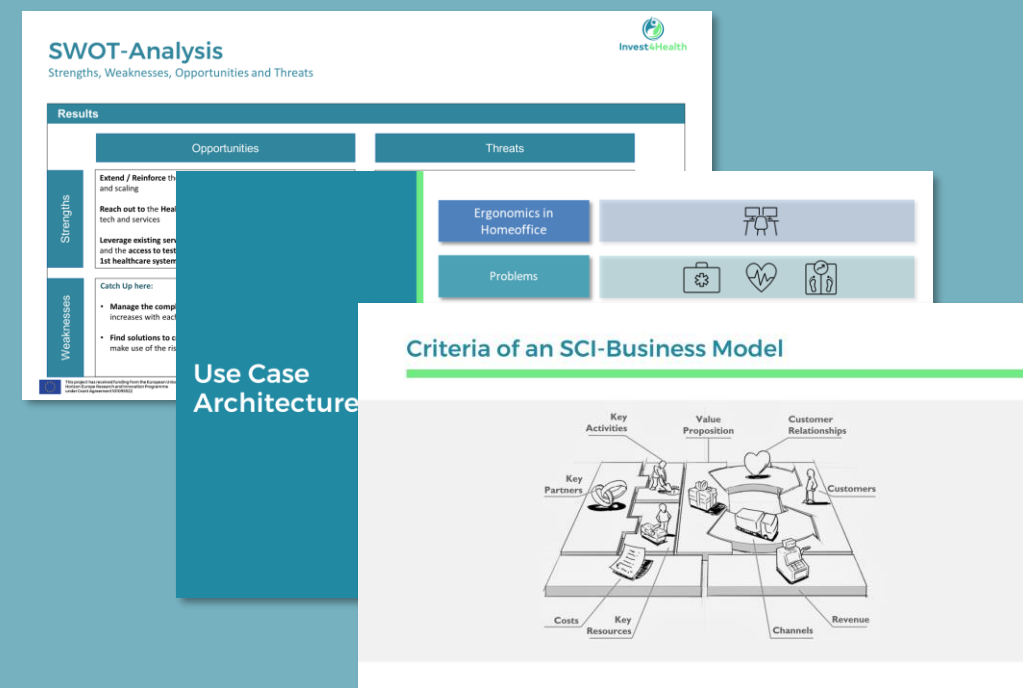
## Testbed Development

- Facilitated exchange and collaboration with other testbeds to share insights and solutions for overcoming challenges.
- Supported refinement of our testbed's interventions through SWOT analysis and the development of a problem tree.
- Helped define clear pathways using the logic model, aligning activities with long-term goals.

## Strategic Guidance

- Enabled problem identification through structured tools like the problem tree.
- Use of logic models ensured alignment with the project's objectives.
- Provided tailored guidance from SCI experts to align with the project's financial and strategic planning.

Results



# Next steps

---

- **Deepening Stakeholder Engagement:** Strengthen collaboration and management of stakeholders to align with the testbed's objectives.
- **In-Depth Data Collection and Analysis:** Conduct comprehensive interviews with citizens and stakeholders to identify key incentives, barriers, and tailored solutions.
- **Development of Financial and Governance Frameworks:** Establish a robust structure to support sustainable implementation and scaling of the testbed.
- **Creation of a Platform Prototype:** Design and present a functional mock-up to showcase and refine the envisioned platform solution.

Skane

**SWEDEN**

Bengt Stavenow

*Innovation Manager,  
Innovation Skåne*



**Invest4Health**

# Skåne: the region

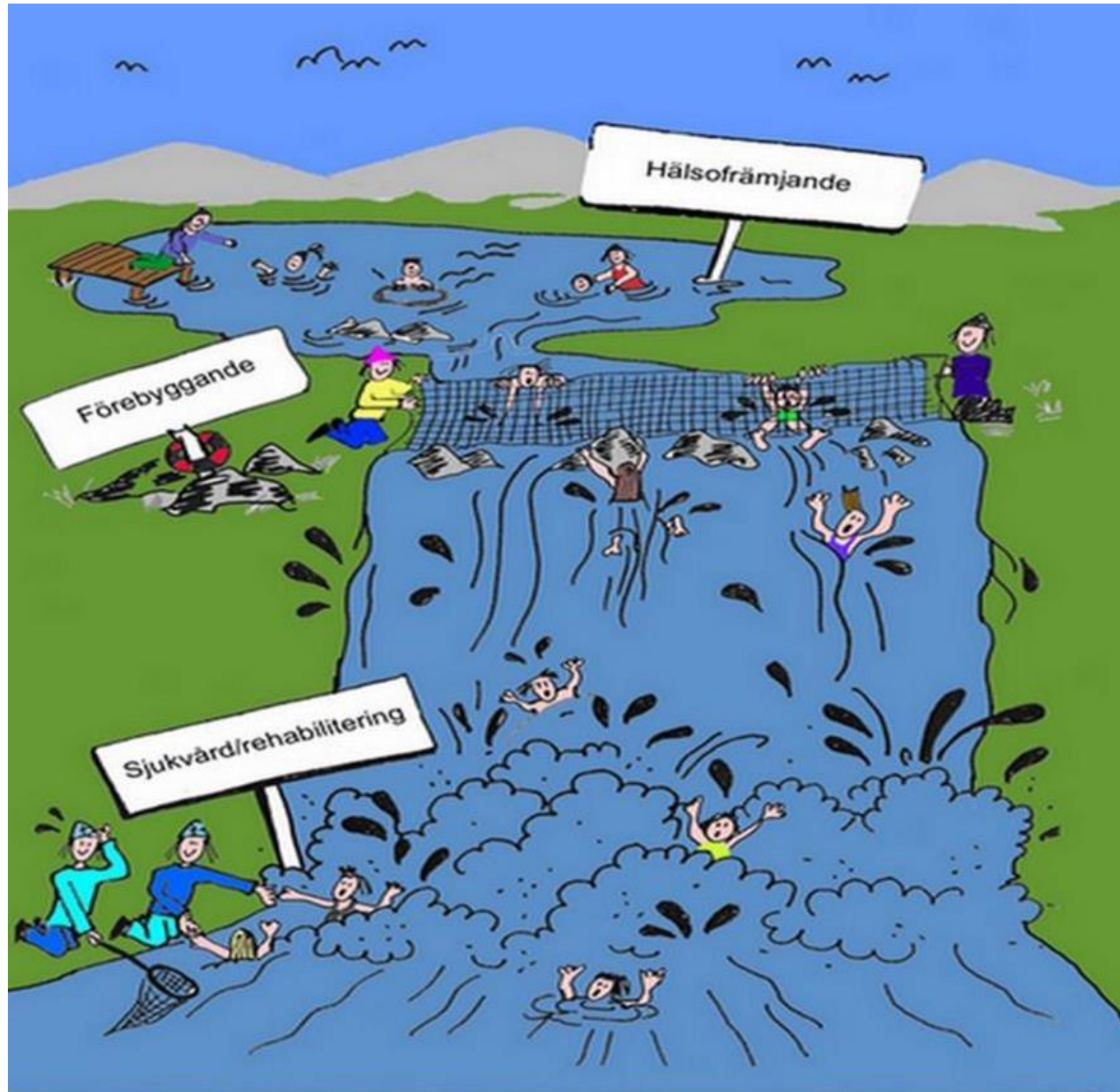
- Skåne is a province located at the most southern tip of Sweden (connected to Denmark by a bridge)
- Population is 1.2 million in an area of approximately 11000 km<sup>2</sup>, and by population the 3<sup>rd</sup> largest (of 21) province in Sweden
- Skåne has a vibrant life science industry. Skåne constitutes one of the fastest-growing regions in Europe for companies and research in the field of life science
- Region Skåne is the province administration and responsible for healthcare. Within Skåne there are one University Hospital and 7 regional hospitals. The healthcare yearly budget is approximately 5 000 M€
- Welfare and social services are a responsibility of the 33 municipalities in Skåne



**Invest4Health**



# Test-bed Skåne: What are we aiming for?



## The testbed objectives: Children and Young people Health, Mental Well-Being, and Early-stage Coordinated Interventions

- enhance health promotion for high-risk groups, with focus on school performance and quality spare time
- Improve and scale early-stage interventions, through low-threshold detection of risks and a comprehensive and coordinated (*whole community*) approach to support children, young people and their parents.
- Currently tax-based financing, co-funded by regional primary healthcare and municipalities.  
Outcome-based contracts a potential option

# Regional testbed Skåne – structures and their “purposes”

Skåne ECI Governance

ECI Strategy management team

Skåne Shared  
(system/strategic level)

Shared Implementation Resources

ECI coordination network

ECI support - communications, processes, data management, ...

Local ECI Governance  
(Initiative management)

Local ECI coordinator

Local (operational/  
implementation level)



Intervention projects 1..n

# Benefits from participating in Invest4Health

---

Support in finding a model (financing, multi-stakeholder collaboration and co-governance)

- that is adaptable to Early-stage Coordinated Interventions (ECI)
- that incentivizes health promotion and prevention by creating conditions at the structural level, and at the same time flexible/adaptable to local conditions.

Involving actors/stakeholders/citizens outside the public sector prepared to take a role in ECI.

Access to knowledge and expertise that inspire to out-of-the-box thinking and an explorative way of working.

Hands-on experience of methods and tools

- to create insights
- to develop enablers, capabilities and readiness
- to design, implement, evaluate, and scale health interventions

# Next steps

---

- Common understanding, readiness and commitment on Skåne-shared sustainable financing and governance
- Implement co-governance of pooled resources
- Paying attention to and including actors outside the public sector with special attention to their importance and role in ECI.
- ECI evaluation at structural level including data management
- Impact monitoring



# Q&A

5 mins



Invest4Health



# CONCLUSIONS & NEXT STEPS

Leave your contact details in the chat to receive a notification when the open call is launched!



Invest4Health

Sign up for our newsletter:

<https://invest4health.eu/>

Or follow us on social media:





Invest4Health

[www.invest4health.eu](http://www.invest4health.eu)

THANK YOU!

We look forward to our next steps together

