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Deliverable Summary

This document is the summary report of the Invest4Health mid-term workshop organized on the 10th of December 2024.

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Glossary

Acronym	Meaning
I4H	Invest4Health
SCI	Smart Capacitating Investment

1 INVEST4HEALTH

Invest4Health (I4H) is a Horizon Europe project with eighteen partners, including four regional testbeds designed to challenge traditional methods of financing health promotion and disease prevention. By introducing innovative strategies such as Smart Capacitating Investment (SCI), social franchising, and new governance mechanisms involving also citizens, the project redefines health as a long-term investment rather than merely a cost. I4H emphasizes community-centred approaches, delivering socially equitable services while linking health outcomes to broader economic and social benefits. This transformative vision aims to inspire collaboration among diverse stakeholders to create sustainable, impactful solutions to health challenges.

2 MID-TERM WORKSHOP

This workshop served as a significant milestone for our project, marking the first time we provided a comprehensive public overview of our work. Participants gained insights into the key findings of our research on Smart Capacitating Investment (SCI) and SCI-compatible financing models. We demonstrated the practical applications of our approach using various tools and exploratory exercises, drawing on current testbeds in Galicia (Spain), North-Rhine Westphalia (Germany), Skåne (Sweden), and Wales (United Kingdom) while highlighting key challenges and important messages. In addition to summarizing our achievements and challenges, we introduced an Open Call to invite new regions and other actors to collaborate with our consortium. We also discussed health promotion and investment challenges from a global perspective. The participants were welcomed by Alison Maassen, workshop moderator (EuroHealthNet), and Katarina Lindeberg, Invest4Health project coordinator (Region Skåne).

To watch the full recording of the workshop, please visit:

3 KEY FINDINGS AND TAKEAWAYS

PART 1 - INTRODUCTION TO THE INVEST4HEALTH PROJECT

Context of Invest4Health

Joanna Lane (Stichting Health ClusterNET) provided the context for Invest4Health by addressing the challenges facing health systems, which systems are large, complex, and slow to adapt. The disruptions caused by the fiscal crisis and COVID-19, along with aging populations, have further strained healthcare systems, making the need for urgent reform clear. With a projected shortage of four million healthcare workers by 2030 and rising healthcare costs, the pressure on these systems is mounting. Health systems require smart spending to build resilience, with a focus on

creating healthy populations. Chronic diseases, which account for over 75% of healthcare costs, highlight the critical importance of prioritizing prevention.

However, prevention should be seen as an investment rather than a cost, as evidence demonstrates its potential to save money in the long term. The concept of Smart Capacitating Investment (SCI), developed by a 2017 high-level task force, aims to increase investment in social infrastructure such as health, long-term care, and education. SCI builds on over a decade of research into capacitation through social investment and seeks to create a sustainable financing mechanism to incentivize investment across these sectors. Securing funding for this project provided a timely opportunity to further develop and test SCI, enhancing investment in and between these key sectors.

What is Smart Capacitating Investment?

Jacob Davis (Bangor University) presented our research findings on Smart Capacitating Investment (SCI), which helps us frame and communicate about this new innovative investment.

The current working definition of Smart Capacitating Investment (SCI) has evolved through multiple iterations, initially being complex but later simplified to focus on its core components for practical application. *SCI includes both financial and non-financial investments, with a primary focus on health promotion and disease prevention. These investments are essential for enhancing individual and community capacity for healthier behaviours, addressing health determinants, and reducing health inequalities. SCI investments can involve either new resources or the reallocation of existing ones.*

To help visualize the SCI framework, a flow chart was introduced, which aids investors and stakeholders in understanding the terminology and landscape, alongside a "prevention pyramid" that structures disease prevention and health promotion across three levels. SCI models were combined with the prevention pyramid, highlighting approximately 80 examples from the literature.

Social Impact Bonds (SIBs) were identified as the most common SCI model, with compelling evidence from the Oxford Government Outcomes Lab. Primary prevention was the most common focus in the identified examples, though secondary and tertiary prevention were also represented. Notable examples of SCI in practice include Project Familia in Portugal, which raised €400,000 to reduce child institutionalization and achieved a 91% success rate, the Finland Cross-Municipality Social Impact Bond, a €5 million intervention targeting at-risk children that improved well-being and received performance bonuses, and Social Prescribing in West London, which reduced healthcare burdens for the elderly, generating a social return of £2.85 for every £1 spent.

The importance of a realist framework was emphasized for evaluating SCI, focusing on understanding what works, for whom, and in what contexts. Key barriers to SCI implementation include challenges in multi-sector collaboration, managing stakeholder expectations, and local priorities. Successful SCI implementation can be facilitated by engaging local institutions, building trust, conducting pilot studies, and monitoring performance indicators, which help increase stakeholder buy-in and investment confidence.

What are SCI compatible finance models?

Balazs Babarczy (Syreon Research Institute) summarized the research findings on finance modelling.

The focus of the project is to create tailor-made investment and finance models for healthcare, beginning with test beds and eventually expanding beyond them. The success of these models depends on the local context in which they are implemented, as each model has its own set of advantages and drawbacks.

The project aims to develop new, flexible investment models based on conceptual frameworks identified in a scoping review, which may include novel approaches. The approach follows a four-step process: (1) Visualizing stakeholders and their relationships to identify key players involved in public health interventions; (2) Defining value propositions to understand how proposed interventions create value for stakeholders, securing political buy-in and economic incentives; (3) Designing tailor-made investment and finance models based on literature and specific regional needs; and (4) Testing investment readiness by evaluating barriers to successful implementation. This process is centred on customizing investment models to meet the specific needs of regions and interventions, and in some cases, going beyond established frameworks.

Visualizing stakeholders is crucial for building a shared understanding of who has the most significant impact on investment and finance models, including public bodies, external investors, and target groups. Creating a Value Proposition Matrix helps identify both financial and non-financial value elements that resonate with stakeholders, ensuring alignment. After identifying value propositions, investment and finance models are designed to meet the unique needs of each region and intervention. Testing for investment readiness involves identifying and addressing potential barriers to ensure success. Finally, feasibility and readiness testing are essential to assess stakeholder partnerships, risk allocation, and the viability of the selected model for scaling.

Multi-stakeholder governance and collaborative action spaces to manage SCI

Bengt Stavenow, project coordinator from Innovation Skåne, summarized our key achievements and related challenges when engaging and involving stakeholders in our work and the decision-making processes:

While collaboration across sectors and administrative levels is essential for addressing societal issues, there are significant barriers, including conflicting stakeholder interests, historical tensions between organizations, difficulties in sharing resources, and data-sharing issues. Overcoming these obstacles is critical for success. For effective collaboration, stakeholders must be ready to co-govern, share resources, and make joint decisions. This requires a deep understanding of managing complex dynamics and aligning everyone's interests with the shared goal.

It is crucial to understand who the stakeholders are locally, what their competencies are, and how they can contribute to the shared goal. Stakeholders must understand they need to align their

individual purposes with the common objectives of the collaborative effort. Successful collaboration demands transparency in decision-making and information-sharing. Stakeholders must co-create solutions together, ensuring that different perspectives are considered and conflicts of interest are managed.

A key objective is actively involving citizens, particularly in health promotion and prevention. Creating an I4H Citizen Patient Advisory Group helps us ensure that citizens' voices are heard and represented in decision-making. The planned governance structures of different stakeholders, including citizens need to be adapted to the specific needs of the collaboration. Decision-making must be flexible to accommodate varying roles and responsibilities within the partnership. To ensure successful collaboration, it is important to have defined support structures, including data transparency, coordination mechanisms, and transparent processes for aligning local interventions with broader strategic planning.

PART 2 - WHY DO WE NEED INNOVATIVE FINANCING?

Health promotion and investment challenges

The high-level panel addressed key topics related to health promotion and its integration into investment strategies. First, the discussion explored how health promotion can make health systems more sustainable and cost-effective. Second, the panel examined strategies for building the confidence of health professionals to advocate for greater resources for health promotion and disease prevention. Lastly, the role of citizens in driving health advocacy was discussed, with a focus on how to effectively engage the public in supporting policies for health and well-being.

Our panellists were Caroline Costongs, Director of EuroHealthNet, advocating for increased investment in health promotion and disease prevention across Europe; Lars Münter, Founder of the Nordic Well-being Academy, focusing on citizen involvement in health advocacy and building trust in new financial models; Gonçalo Rebelo de Andrade, Partner at Indaco Bio Fund, with expertise in managing investment funds, discussing the challenges of funding long-term health promotion projects. Key messages:

Prioritizing health promotion is essential for creating sustainable health systems and reducing long-term healthcare costs. Investing in prevention, such as fall prevention and early childhood education, is key to building a healthier society and offering significant returns. Moving beyond GDP as the primary economic indicator to reflect long-term benefits of investing in people's health and the planet is critical. Such proactive health measures demonstrate the value of early intervention and prevention in improving overall societal health.

However, health promotion projects often face difficulties in attracting investors due to their long-term timelines and harder-to-measure outcomes. This makes them less attractive to traditional investment funds that typically have fixed repayment periods. Alternative investment approaches, such as social impact bonds, have shown potential, though challenges remain in aligning them with the financial goals of typical investors. Co-investment with non-commercial entities, like

foundations or pension funds, offers a pathway to support health promotion projects with longer horizons and lower immediate financial returns.

Building confidence among health professionals is also crucial for securing more resources for health promotion. Strong economic arguments and clear value propositions are necessary to gain their support. Additionally, simplifying health promotion messages for both citizens and policymakers is vital. Clear and effective communication ensures trust and facilitates collaboration, enabling impactful advocacy and long-term policy alignment.

Involving citizens in health advocacy is also key to generating political will and fostering trust in new financial models. Simplifying complex financial tools helps engage the public and allows them to understand how innovative approaches can improve their daily lives, such as through better housing or reduced environmental harm. Citizens and patients can play a significant role in advocating for health and well-being policies, bridging the gap between policymakers and the public. Translating technical concepts into relatable benefits further enhances trust and enthusiasm for proposed solutions.

Finally, health promotion projects must be framed in ways that appeal to investors, with a focus on scalability, measurable outcomes, and alignment with investor expectations, drawing inspiration from successful models in the green investment sector.

PART 3 - HOW INVEST4HEALTH CAN HELP YOU?

Key steps and strategies employed by Invest4Health with regions

Supporting our testbeds in securing sustainable, innovative investments for health promotion initiatives and disease prevention is done through several steps. Alison Maasen (EuroHealthNet) presented the main objectives and tools:

STEP 1 Assessing 'readiness' and 'maturity' in your context

- Assessing the readiness of health systems to adopt investment models, using self-assessment and stakeholder collaboration to identify strengths and areas for improvement
- Using the SCIROCCO Maturity Model.

STEP 2 Support to define a common vision for the future

- Defining a vision, carrying out situational analysis, problem identification, stakeholder analysis to develop actionable steps to test new investment models and scale health promotion initiatives - Deep-dive and sharing and learning workshops, logic models and problem tree, stakeholder analysis methods, coaching to help regions.

- Identifying long-term health trends and their relevance and influence locally to create action plans for 2040 that guide regions toward achieving a sustainable, health-focused future, including increased resources for health promotion initiatives - Employing foresight methodologies, such as PESTLE analysis and scenario development.

STEP 3 Addressing needs for training & advocacy

- Advocacy and stakeholder engagement including citizen-patient involvement to ensure decision-making and political commitment which is critical to the success and sustainability of health promotion initiatives – Interviews, workshops, building collaborative spaces for decision-making.
- Building local capacity among local stakeholders - Providing training activities for decision and policy-makers

STEP 4 Evaluating your progress

- Measuring interventions for long-term impact in health promotion - Building and integrating evaluation frameworks.

Open Call for new tranche of regions

Invest4Health is going to launch an Open call for a second tranche of regional testbeds presented and coordinated by Theologos Xenakis (Norway Health Tech). The call will invite regional stakeholders to help refine our investment models and learn to apply them to health promotion initiatives in their own context.

Activities will include assessing readiness to implement innovative financial models, capacity-building and training, simulation exercises on social impact investments (SCI), and opportunities for networking and collaboration with other testbeds. Eligible participants include local and regional governments, municipalities, health authorities, social enterprises, community-driven initiatives, and EU projects aligned with the initiative's goals.

Applications will open by December 13th, with a deadline of February 27th. Responses will be provided by mid-March, and activities will run from May 2025 till June 2026. The Open Call documentation will be available on the website: <https://invest4health.eu/invest4health-open-call/>.

PART 4 – EXPERIENCES AND INSIGHTS FROM CURRENT TEST-BEDS

The workshop featured four case studies from our test-bed regions, each focusing on unique health promotion initiatives involving a range of local stakeholders. They shared insights into how they are adopting and testing strategies in I4H like Smart Capacitating Investment (SCI), addressing local challenges, and exploring new financing mechanisms to sustain health interventions.

Galicia, North-Rhine Westphalia, Skåne, West-Wales

Galicia (Beatriz Salgado – Galician Health Knowledge Agency ACIS): The testbed is addressing cystic fibrosis with a focus on telemonitoring in CF patients' lives to support their quality of life/promote their health through a comprehensive, region-wide health initiative. The I4H project helped Galicia engage local stakeholders in collaborative efforts and rethink financing strategies to enhance the quality of care for patients. Engaging stakeholders, like foundations and non-profit organizations, is key to securing funding and ensuring the project's growth. Success will be measured by patient satisfaction, improvements in quality of life, savings from reducing hospital visits, and fewer transfers to medical centres.

West Wales (Gareth Davies – Hywel Dda University Health Board): Wales focuses on diabetes prevention and management and uses, among others, social prescribing as a health promotion tool. Social prescribing is integrated at the initial stage and at a six-month review to help patients stay engaged in their health management through community-based activities. The project is funded through a combination of NHS Wales Local Health Board, local authority contributions, Welsh Government funding, and local business donations, ensuring sustainability. By integrating community-based health interventions into primary care, the I4H project facilitated the development of new models to support these interventions, fostering collaboration among local authorities, healthcare providers, and community organizations. Continuous data collection and evaluation are used to assess and improve the impact of the interventions. The I4H project is focused on ensuring that successful interventions can be scaled and sustained long-term, after the pilot, ensuring broader community impact.

North Rhine-Westphalia (Karol Puscus – Institute for Industrial Management FIR): The initiative here centres on promoting health in the home office environment, responding to the rising challenges of remote working. I4H supports the development of a more tailored and scalable business model for promoting workplace well-being, engaging stakeholders in understanding how to implement financing mechanisms that could sustainably address this growing health concern. Stakeholder and citizen interviews are being conducted to better understand their incentives and barriers. Moving forward, the testbed will develop a financial and governance framework and create a platform prototype to show how the services and stakeholders can work together. Regular collaboration with other testbeds has been valuable in sharing insights and addressing shared challenges.

Region Skåne (Bengt Stavenow – Department of Future Public Health Services): The testbed focuses on promoting children's health, specifically targeting mental well-being and early intervention with a challenge due to the fragmented structure of healthcare and social services in the regions that create complexity when implementing interventions. (33 independent municipalities handle welfare and social services). The I4H project can provide valuable insights into creating financial models that support long-term, coordinated efforts across municipalities and regional health authorities. The key benefit was improving the alignment between stakeholders, enabling more effective early interventions that address both physical and mental health challenges. The region seeks to pool and share resources from various levels for more efficient planning and scaling of interventions, preferably till year 20 of young adults.

4 Conclusions

In conclusion, we thank everyone who participated in this workshop and those who may listen to the recording later. We hope that the session was valuable and insightful for all involved. We are excited about the opportunity for collaboration to explore further the innovative financial solutions and investment opportunities we are developing, and we look forward to working together with new regions to advance these approaches and make a lasting impact on health promotion and disease prevention.

We would be grateful for your feedback on the event. Please fill in the evaluation questionnaire <https://forms.gle/y6YwyHAS9hsTEkvZ8>.

Sign up for our newsletter: <https://invest4health.eu/> and follow us on [X](#) and [LinkedIn](#).

Thank you for your engagement and support.

The Invest4Health team

Annex 1 - Participants and Represented Organisations

This mid-term public workshop gathered 57 unique participants representing a broad range of stakeholders from across Europe and beyond. Participants included representatives from public authorities and public health services, civil society organisations and professional networks, academia and research institutions, private sector organisations, international organisations, EU institutions, and independent experts.

Regarding gender distribution, 36 participants identified as female (63.2%), 19 as male (33.3%), and 2 participants preferred not to disclose their gender (3.5%).

Regarding stakeholder representation, public authorities and public health services constituted the largest group with 18 participants (31.6%), followed by civil society organisations and professional networks with 16 participants (28.1%). Academia, universities, and research organisations accounted for 10 participants (17.5%), while 6 participants (10.5%) represented private sector organisations and industry. International organisations contributed 4 participants (7.0%), EU institutions and bodies were represented by 2 participants (3.5%), and 1 participant (1.8%) attended as an independent expert/freelance researcher.

A participant list was collected for internal reporting purposes. However, in line with GDPR and data minimisation principles, only aggregated participant information is included in this public deliverable.

ANNEX 2 - WORKSHOP PROGRAMME AND BACKGROUND RESOURCES

Workshop programme

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 business and finance models

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

- Highlight the global relevance and policy context and linkage of I4H with the Economy of Wellbeing

- Showcase available investment opportunities if regions know how to pitch their goals effectively

11.15 - 11.30 BREAK

11.30 – 12.00 Why engage with Invest4Health?

- Launch of the I4H Open Call

- Accessing Invest4Health expertise and resources

12.00 - 12.25 Experiences and insights from current I4H testbeds

- Galicia (ES)

- North-Rhine Westphalia (DE)

- Skåne (SE)

- Wales (UK)

12.25 – 12.30 Next steps and closing remarks

12.30 CLOSURE

Workshop recording

<https://www.youtube.com/watch?v=BNoyvtT2Dog>

Workshop presentation

Find here the workshop presentation, and other publicly available project documents:

https://invest4health.eu/wp-content/uploads/2024/12/Invest4Health-project_Midterm-Workshop- Full-presentation_10122024.pdf

I4H Open Call

Find the Open Call documentation here.

<https://invest4health.eu/invest4health-open-call/>