



# SHAPES

Smart and Healthy Ageing  
through People Engaging in supportive Systems

## D1.5 – First report on SHAPES Advisory Board Activities

<b>Project Title</b>	Smart and Healthy Ageing through People Engaging in Supportive Systems
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## Revision History

Table 1 Revision History

Revision #	Date	Editor	Comments
0.1	01/10/2021	Philip Franke (CCS)	Main author
0.2	15/10/2021	Philip Franke (CCS)	Changes based on review provided by Sari Sarlio-Siintola (LAUREA)
0.3	25/10/2021	Olaf Mueller (CCS)	Changes based on review provided by Ian Spero (AAA)
1.0	27/10/2021	Olaf Mueller (CCS)	Finalization

## Table of Contributors

Table 2 Deliverable Contributors

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<b>2 Advisory Board Contributions and Involvement</b>	Philip Franke (CCS), Borja Arrue (AGE)
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<b>6 Advisory Board Actions and Activities</b>	Philip Franke (CCS)
<b>7 Conclusion and Outlook</b>	Philip Franke (CCS), Borja Arrue (AGE)

## Table of Acronyms and Abbreviations

*Table 3 Acronyms and Abbreviations*

Acronym	Full Term
<b>AB</b>	Advisory Board
<b>T</b>	Task
<b>D</b>	Deliverable
<b>M</b>	Month
<b>SHAPES</b>	Smart and Healthy Ageing through People Engaging in Supportive Systems
<b>WP</b>	Work Package

### Keywords

Advisory Board, External Consultancy and Guidance, eHealth, Digital Health

### Disclaimer

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## Executive Summary

This deliverable summarizes the management of the SHAPES Advisory Board at the halfway point of the project in M24. SHAPES identified, selected, invited and successfully recruited 15 independent experts that form a heterogeneous group of advisors for SHAPES by providing input, consultancy and guidance on a voluntary basis.

We managed to meet with all Advisory Board members in virtual meetings, presented the content and intentions of SHAPES and invited the advisors to provide input and consultancy on tasks, issues and deliverables. SHAPES task leaders were informed about the availability of the external consultancy of the advisory board.

So far, the members of the board were involved in two SHAPES deliverables, the evaluation of the applications for SHAPES open call one and the networking and dissemination activities of the project.

As SHAPES further unfolds, the managing partners of the Advisory Board (CCS and AGE) will aim for a stronger involvement of the advisors in the actions of SHAPES during the second half of the project.

# 1 Introduction

SHAPES as a European innovation action to facilitate active and healthy ageing comprises several interconnected and heterogeneous work packages and tasks. Although the expertise of the SHAPES consortium covers managerial, technical and knowledge-based requirements for all the tasks, Task 1.5 aims to establish and manage an advisory board consisting of external and independent experts to be consulted throughout the project. SHAPES invites these experts to provide knowledge, guidance and constructive criticism to address any challenges and issues that the project consortium might face during the project's runtime. The activities of the advisory board include the review and evaluation of project deliverables, performance assessment of project outputs and consultancy on critical areas and issues.

## 1.1 *Rationale and purpose of the deliverable*

This deliverable describes and summarizes the work of T1.5 Advisory Board Management that started in M1 of the project. In M24, this document provides the status of the SHAPES Advisory Board Management and activities aiming to provide external consultancy to the consortium throughout the project.

Based on open and online meetings and communication via email, this deliverable provides the current status towards an interconnection and active exchange between the SHAPES consortium and the advisory board. The document also provides a brief description of the input provided by each advisory board member.

### 1.1.1 Deliverable Objectives

As defined in the Description of Action (DoA), this report describes the activities performed by the members of the SHAPES Advisory Board throughout the project, so far until M24. At the halfway point of SHAPES at M24, this report is the first iteration of the Advisory Board activities that will be continued until the project's end.

### 1.1.2 Key inputs and outputs

#### **Key Inputs:**

The activities in T1.5 as well as this deliverable draw from all tasks, the Advisory Board meetings, the discussion with advisors and their involvement in the making of SHAPES deliverables to be handed in until M24, as in their making the consultancy of the Advisory Board members is potentially needed.

**Key Outputs:**

The key outputs of this deliverable are:

- The list of Advisory Board members
- The connection of Advisory Board members to deliverables until M24
- The further steps for T1.5 during the second half of SHAPES

## *1.2 Structure of the document*

This deliverable includes seven chapters. The first chapter comprises an introduction to the aims of the SHAPES Advisory Board and the rational, objectives and key inputs and outputs of this report.

Chapter 2 focuses on the Advisory Board contributions and involvement in SHAPES.

Chapter 3 provides the rational of the identification and selection of the Advisory Board members.

Chapter 4 list the final Advisory Board members including a short background description of each member.

Chapter 5 summarizes the first Advisory Board meeting.

Chapter 6 delineates the actions and activities of the SHAPES Advisory Board during the first half of the project.

The final chapter 7 provides a conclusion of the presented Advisory Board activities and an outlook for the management of the advisory board in the second half of the SHAPES project.



## 2 Advisory Board Contributions and Involvement

The SHAPES Advisory Board (AB) activities include the review and evaluation of project deliverables, performance assessment of project outputs and consultancy on critical areas and issues. The AB activities aim to facilitate and extend cooperation with stakeholders of the project results. The Advisory Board is composed of experts or organisations that provide additional expertise in health care provision, independent living, assisted living, cost reduction priorities, and cost benefit analysis, related to user requirements as well as impact creation and business models. The aim is to benefit from the practical expertise and know-how of experts from additional countries, stakeholders, user organisations, without growing the consortium to a too large number of partners. This expertise and external outlook on SHAPES is extremely beneficial to ensure the consistency, quality and impact of project work and outcomes.

The Advisory Board provides an independent external view, whilst enabling for flexibility in the composition of the expert group. Additionally, the SHAPES partners will open the AB to additional experts in the course of the project as suitable.

The following lists the Advisory Board Member Contributions:

- SHAPES invites AB members to review and evaluate 1 - 2 chosen SHAPES deliverables.
- SHAPES invites AB members to assess the performance of SHAPES outputs.
- SHAPES invites AB members to join the SHAPES dialogue workshops and oblige AB members to evaluate the outcomes of the dialogue workshops (assessment of summary report).
- SHAPES invites AB members to provide consultancy on critical areas and issues.
- SHAPES invites AB members to provide recommendations based on the sum of the assessed SHAPES actions.

The SHAPES partners CCS and AGE are responsible for the management of the SHAPES Advisory Board and for aggregating the consultancy and guidance provided by the independent advisors of the board. The management of the Advisory Board aims for at least one meeting per year and to schedule additional meetings, if needed. The main communication channels are Email correspondence and TEAMS virtual meetings.

### 3 Advisory Board member identification and selection

To identify potential members for the advisory board, CCS asked the SHAPES consortium for nominations and assessed its own network for potential candidates. Additionally, during the time of proposal preparation, a number of important experts have been approached and became aware of the SHAPES project concept and objectives, all of which were invited to join the SHAPES Advisory Board. Candidates were chosen to cover a broad range of expertise to appropriately support the needs of SHAPES tasks and actions.

The Advisory Board (AB) comprises a maximum of 15 seats of external experts and / or users. We chose Advisory Board members from a list of potential candidates that summarized recommendations by the SHAPES partners. The criteria to choose a potential candidate as a final AB member were:

- The candidate is not a representative of any SHAPES partner. The candidate is independent and external.
- The candidate has proven expertise in the domain of the four broad SHAPES stakeholder groups (based on the quadruple helix): academia, industry, healthcare and government, civil societies.
- The candidate accepts to work for the AB on a voluntary basis.
- The candidate has no potential conflict of interest in association with any SHAPES partner.

## 4 Final members of the Advisory Board

This chapter lists and briefly introduces the final members of the SHAPES Advisory Board that voluntarily joined the project.

### 4.1 *Sotiria Palioura - SP*

Dr Sotiria Palioura is a US-trained Surgeon Ophthalmologist based in Athens, Greece. She also holds the positions of Adjunct Assistant Professor of Ophthalmology at Yale School of Medicine and Voluntary Assistant Professor of Ophthalmology at Bascom Palmer Eye Institute.

### 4.2 *Diana Whitehouse - DW*

Since 2008, Diane Whitehouse has focused on areas including policy development and stakeholder engagement in digital health and digital innovation. Diane is a social scientist whose work is centred on the social, organisational, and ethical aspects of ICT. Through EHTEL, she is involved in a number of digitally health-related European projects, such as Digital Health Europe, SCIROCCOExchange, and vCare.

### 4.3 *Kara Mackenzie - KM*

Kara Mackenzie provides support to the Digital Health and Care Innovation Centre project portfolio, with a focus on approved projects, including 2 EU funded projects, TITTAN and NWE CHANCE. Based in Edinburgh, Scotland, Kara keeps track of project progress, milestones and provides network updates to ensure that all projects run smoothly. The Digital Health & Care Innovation Centre is unique in its ability to bring together world leading industry and academic expertise and direct their efforts towards real-world challenges in caring for people's health and wellbeing.

### 4.4 *Liat Ayalon - LA*

Prof. Ayalon is a clinical psychologist and a researcher in the school of social work at Bar Ilan University, Israel. She is the coordinator of a Marie Curie ITN Ph.D. program in the field of ageism (EuroAgeism.eu). Her research covers the topics of ageism as well as home care and long-term care services for older people.

### 4.5 *Klaus Niederländer - KN*

Klaus Niederländer is currently the Director of the Ambient Assisted Living (AAL) Association, an international public-public partnership of national and regional Health, Innovation & Research Ministries/Funding Agencies from 19 countries (mainly in

Europe plus North America and Asia). This support programme focuses on active & healthy ageing with support of digital-based solutions.

#### *4.6 Caroline Costongs - CC*

Caroline Costongs is Director of EuroHealthNet, the European Partnership for improving health, social equity and wellbeing, based in Brussels. Caroline leads a multi-disciplinary team working on European Union and (sub)national policy, advocacy, research and capacity building. Caroline has a strong international background with 25+ years of public health and health promotion experience. Her areas of work include health inequalities, healthy and active ageing, (digital) health literacy, integrated, community-based services, sustainability and healthy living environments.

#### *4.7 Michael Wendt - MW*

Michael Wendt is an anaesthesiologist who has been chair of the department at the University of Greifswald following the reunification of Germany in the years 1992 to 2014. Beside reestablishment of modern medicine, Michael was involved in the construction of a new university hospital. He focussed on processes and process management and opening the hospital to the region based on advanced technologies and processes independent from the hospital. Following retirement, Michael Wendt has been supporting health organizations in their shift towards digital concepts.

#### *4.8 Gianni D'Errico - GE*

Gianni D'Errico MPol, EMBA Laureate, is International & Strategic Project Officer at Toscana Life Sciences, the main regional player in the biomedical field and policy support in Tuscany Region.

#### *4.9 Henrique Martins - HM*

Henrique Martins, MD, PhD, MLaw, FIAHSI is Associate Professor in Health Management, Leadership and Digital Health at FCS-UBI, ISCTE-IUL. He is the past co-chair of the eHealth Network and was president of SPMS, Portugal's Digital Health Agency for about 7 years. He is now co-leading ISCTE-HEALTH, member of several advisory boards, and member of the Board of Directors of HL7 Europe Foundation. He works as academic, providing independent consultancy in Digital health to International Organizations and Projects.

#### *4.10 Sarah Bowman - SB*

Sarah Bowman is Director of Strategic Engagement and Impact Assessment within the Office of the Dean of Research at Trinity College Dublin in Ireland. Sarah facilitates engaged research for societal impact, assisting governments, community service organizations, research institutions, corporate partners, and advocates in working together to improve health, social and environmental outcomes. Between 2017 and 2020, she served as programme director of the Health Research Board-Irish Research Council Ignite Office at Trinity College, advancing public and patient involvement in health research.

#### *4.11 Soo Hun - SH*

Soo Hun is the Innovation & Digital Eco-system Lead for Digital Health & Care Northern Ireland (DHCNI). She has more than 30 years' experience in ICT, half of which with health & social care NI delivering projects aimed at providing better quality and more effective care to patients, service users and carers through the innovative use of digital technology and data. She has also been involved in a number of EU projects covering a wide range of clinical and non-clinical areas.

#### *4.12 Simone de Bruin - SdB*

Simone de Brui is the coordinator of SUSTAIN, a Horizon 2020 project on integrated care. She has extensive knowledge of integrated care systems, including innovation in this field. Simone is a very good potential contributor on what works and what does not in enabling and running integrated care.

#### *4.13 Sirpa Pietikäinen - SP*

Sirpa Pietikäinen is a Finnish member of the European People's Party (EPP) in the European Parliament since 2008. She is a former Finnish Minister of Environment (1991-1995). Her career at the Finnish parliament is extensive, ranging from the year 1983 to 2003. At the European Parliament, Ms. Pietikäinen is a member of the Women's Right and Gender Equality Committee and the Economic and Monetary Affairs Committee as well as a substitute member of the Environment, Public Health and Food Safety Committee. A graduate from the Helsinki School of Economics, Ms. Pietikäinen holds MSc in Business, and teaches university courses on negotiations theory and practices. She is active in several organisations, her positions of trust including Chairmanship of Mieli, Mental Health of Finland.

#### *4.14 Lisa Byers - LB*

Lisa Byers is an experienced Pharmacy Advisor at the Department of Health Medicines Policy Branch in Northern Ireland with a demonstrated history of working in the Health and social care, regulatory and government industries. Lisa is skilled in advising on the Primary Care and general practice arena, medicine safety, clinical practice and education across healthcare sectors. Lisa promotes strong healthcare services professional with a Doctor of Philosophy - PhD from Queen's University Belfast.

#### *4.15 John McGory - JM*

John McGory calls himself “an advocate of accessibility to technology and education for all. The extended lifespan is a reality and is happening, so let's create an environment where it is a healthier, happier and an affordable quality of life with greater dignity”. John McGory began commercial life abroad on the production of automobiles and later performing and documenting destructive testing on Programmable Logic Controllers. John is a now lecturer at Dublin Institute of Technology and a researcher regarding to extend the developed agent based intelligent validation technology for use on mobile devices for use in buildings, on animals and medical patients. Overlapping with his ongoing research, John has worked with international companies on documenting the performance of cross-discipline projects.

## 5 Advisory board meetings

The first advisory board meeting was held on 9<sup>th</sup> February 2021. The meeting started with an introduction round of all participants, SHAPES representatives and Advisory Board members alike. Afterwards, NUIM provided a presentation and introduction to SHAPES, whereas CCS and AGE introduced the advisory board tasks and potential workload (please find the presentations used in the meeting in the annex 1 and annex 2 of this deliverable)

The advisory board members showed interest and their willingness to participate in SHAPES as assistive advisors. For contributions, CCS explained to connect the Advisory Board members to the task leaders of SHAPES and to stay in contact about upcoming developments and potential issues within SHAPES.

## 6 Advisory board actions and activities

### 6.1 Review and comments on deliverables

CCS promoted the connection of Advisory Board Members to the task leaders of all work packages that had deliverables to be finalized until M24. The goal was to inform task leaders about the availability of the expertise of the SHAPES Advisory Board and to inform the Advisory Board Members about potential upcoming contributions that they could deliver. CCS sent out emails containing a Deliverable - Advisory Board Member matrix (Table 4).

Table 4: Deliverable - Advisory Board Member matrix. The ID number of advisory board members in the last column refers to the number of the member in chapter 4.

Del. N°	Name	Content	WP	Lead	Due Date [M]	Potential guidance by AB members suggested by CCS [Initials match member initials in chapter 4]
D1.8	SHAPES Action Report V2	This report presents the results of the SHAPES work in the first, second and third years of the project and outlines the work plan for the completion of the remaining project activities, to be presented and discussed at the associated reporting period review meeting.	WP1	NUIM	18	SP, DW, CC, GE, HM, SH
D2.1	Understanding Older People: Lives, Communities and Contexts	This report provides a detailed and comparable picture of older people, their care networks and their articulations to formal and informal health and social care sectors across the SHAPES Pilot Sites that forms the baseline of the SHAPES Platform and the selection of appropriate socio-technical interventions and their ongoing evaluations.	WP2	NUIM	24	KM, KN, CC, SH, SdB
D2.2	Accessibility of Older Individuals to Physical Spaces	This report reviews public physical spaces establishing their accessibility rated by and for older individuals.	WP2	AELTD	24	DW, LA, KN, CC, GE, SB, SP
D4.1	SHAPES TP Requirements and Architecture	This report presents the SHAPES TP's functional and non-functional requirements, architecture and interfaces.	WP4	ICOM	18	MW, HM, SH, LB



D4.3	Integration Plan and Test Cases v1	This deliverable describes the integration plan and integration testing related to the software components of WP4. An extensive set of test cases will be documented in 4.3.	WP4	ICOM	24	MW, HM, SH, JM
D9.1	SHAPES Ecosystem Building, Findings and Breakthroughs V1	This report describes the building and enlargement of the SHAPES Ecosystem (focusing on networking and cross- fertilisation activities) and the main findings and results of the activities developed within the think-tank for European integrated care, considering the status quo, the innovation watch and the exercise of foresight.	WP9	CCS	24	All
D9.5	SHAPES Open Calls for Innovation and Collaboration – Publication, Evaluation and Selection Process	Explains the process of SHAPES Open Calls up to the selection of tenderers.	WP9	ICOM	24	All

CCS asked all Advisory Board members for consultancy with regards to the stakeholder analysis performed for D9.1 Ecosystem building, findings and breakthroughs. CCS asked for additional stakeholders that should be included in the stakeholder analysis and for reasons why to include them. (see annex 3). CCS received positive feedback on the provided stakeholder list and additional mentions from Diana Whitehouse, Kara Mackenzie, Sarah Bowman, Gianni D’Errico and Klaus Niederländer. Their input was considered in D9.1 Ecosystem Building, Findings and Breakthroughs.

Specifically, Diana Whitehouse provided additional mentions for the SHAPES stakeholder list, such as trade unions or professional associations that aim to handle the welfare of an ageing workforce or the issues that are raised post-retirement. Additionally, she mentioned housing associations and house builders as considerable stakeholders. However, by critically assessing the provided list of stakeholders, she gave the advice to focus on the key stakeholders first and provide a list of involving actions to build a basis for the SHAPES ecosystem.

Kara Mackenzie acknowledged the provided list of SHAPES stakeholders and stressed the consideration of the third sector and charitable organizations as they can provide key services, support and a way to access the other stakeholder groups like citizens and informal caregivers that are traditionally harder to reach. In that regard and from her network and project experience, she mentioned Alzheimer’s Scotland, The Alliance (Home Page - Health and Social Care Alliance Scotland. Additionally, as

an example, Kara provided a stakeholder overview from one of her past projects for the Digital Health and Care Innovation Centre (see annex 3).

Sarah Bowman provided a long list of potential stakeholders to consider:

- Advocacy Organisations (e.g. AARP, Age Friendly Network, U3A)
- Umbrella Organisations (e.g. Health Research Charities Ireland or The Wheel, as examples)
- Students, educators and researchers (as part of academia)
- Authorities, Boards & Commissions (e.g. National Standards Authority but also do a search of EC efforts to see who they have engaged in setting priorities)
- Emergency Responders (e.g. police, fire, ambulance, if relevant)
- Major Employers (e.g. Human Resources; those focused on 'Third Age' efforts; corporate social responsibility programming (e.g. Men's Sheds)
- Volunteer Coordinators (e.g. Older Person Services; Meals on Wheels)
- Industry Associations (e.g. Technology Transfer Offices, Smart / Future Cities, if relevant)
- Print/Broadcast Media (e.g. nationally and linked through EC Communications Office)
- Foundations (e.g. recognised ageing leadership)
- Faith Based Organisations (e.g. both for their ageing demographic and who they serve)
- Other Relevant Influencers (e.g. well-known advocates for ageing in place, etc.)

Additionally, she provided a stakeholder engagement plan to us for outreach and involvement of stakeholders. The engagement plan provides actions for identifying stakeholders, selecting communication activities, planning of a timeline to perform the activities, choosing communication channels and confirming key performance indicators (see annex 3).

Access Earth (AELTD) involved Sarah Bowman in the review of deliverable 2.2 Accessing Physical Spaces, which was due in M24. This report reviews public physical spaces establishing their accessibility rated by and for older individuals. Sarah Bowman provided guidance on the topic of product development covered within the deliverable, especially her guidance focused on gaps AELTD wanted to fill.

Besides the contributions to D9.1 and T2.2, the Advisory Board Members were not involved in other deliverables.

## 6.2 Other activities

Diane Whitehouse provided input from the European Health Telematics Association (ETHEL) by informing about ETHEL conferences and webinars:

- [Integrated Care Thematic Innovation Ecosystem Webinar on 7th October 2021](#), focusing on Integrated Care and the impact of COVID-19 on delivering integration
- [ETHEL's 2021 Symposium on the 30<sup>th</sup> November and 1<sup>st</sup> December](#)

Furthermore, Diane promoted the first SHAPES Open Call on the ETHEL website in December 2019 (<https://shapes2020.eu/open-calls/>) as well as an ETHEL member (Dr. George Dafoulas, <https://www.ehtel.eu/about/secretariat.html>) for the evaluation of the open call applications in March 2021. Diane was involved in the review of deliverable D9.1 Ecosystem building, findings and breakthroughs.

Michael Wendt participated in the evaluation of the Open Call applications in March 2021.

## 7 Conclusion and Outlook

SHAPES successfully established an interdisciplinary Advisory Board with experts willing to provide consultancy, guidance and input on a voluntary basis. The first Advisory Board meeting was the basis for the introduction of each member of the Board and to inform the Board about SHAPES and potential advisory contributions to the project's actions. CCS established a connection of the expertise of the AB members to the deliverables within the first half of the project. Both AB members and task leaders were informed about connection of AB members to the project deliverables. The AB members provided consultancy on two deliverables, reviewed the applications for SHAPES Open Call 1 and were involved in the networking and dissemination activities of SHAPES.

To increase the involvement of AB members in the actions of SHAPES, CCS will

- Create and distribute the AB member expertise mapping list for the deliverables due in the second half of the project
- Send out reminders to the task leaders about the availability of the expertise of the AB members
- Host the next AB member meeting including WP leaders to present status and potential issues / needs for consultancy within the WPs

Additionally, SHAPES will consider additional experts to join the Board if needed during the second half of the project.

## 8 Ethical Requirements Check

Ethical issue (corresponding number of D8.4 subsection in parenthesis)	How we have taken this into account in this deliverable (if relevant)
Fundamental Rights (3.1)	<b>Meetings and communication with the advisors fulfilled the set requirements in D8.4.</b>
Biomedical Ethics and Ethics of Care (3.2)	N/A
CRPD and supported decision-making (3.3)	N/A
Capabilities approach (3.4)	N/A
Sustainable Development and CSR (4.1)	N/A
Customer logic approach (4.2)	N/A
Artificial intelligence (4.3)	N/A
Digital transformation (4.4)	N/A
Privacy and data protection (5)	<b>Meetings and communication with the advisors fulfilled the set requirements in D8.4.</b>
Cyber security and resilience (6)	N/A
Digital inclusion (7.1)	N/A
The moral division of labor (7.2)	N/A
Care givers and welfare technology (7.3)	N/A
Movement of caregivers across Europe (7.4)	N/A

**Comments:** \_\_\_\_\_

## References

N/A

## Annex 1 – Presentation – Introduction to SHAPES



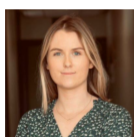
### SHAPES Coordination Team Maynooth University, Ireland



**Prof Mac MacLachlan** (*SHAPES Coordinator*) is Professor of Psychology and Social Inclusion, and Co-director of the ALL (Assisting Living & Learning) Institute at Maynooth University, Ireland. He is the National Clinical Lead for Disability Services in the HSE (Irish Health Service); Research & Innovation Lead for WHO's Global Collaboration on Assistive Technology (GATE) programme.



**Dr Michael Cooke** (*SHAPES Deputy Coordinator*) is a lecturer in Applied Psychology at the Dept. of Psychology, NUIIM. He is currently PI representing Maynooth on the new TRESSPASS and ECHO projects on border security and cybersecurity, respectively. He is an expert in human factors in sociotechnical systems and organisational psychology.



**Niamh Redmond** (*SHAPES Project Manager*) is the WP1 Lead and responsible for Project Management and Coordination within SHAPES. She holds a B.Sc. in Genetics and Cell Biology from Dublin City University and a M.Sc. in Clinical and Translation Research from University College Dublin.

This project has received funding from the European Union's Horizon 2020 research and innovation programme under grant agreement No 857159



### Advisory Board Management Team



**Philip Franke** (*Project Manager at CCS, Dresden, Germany*) is responsible for the management of the SHAPES advisory board, leading work package 9 (Ecosystem Building) and assisting the CCS lead in pilot theme 1 (Smart Living Environment for Healthy Ageing at Home). Philip has a background in molecular diagnostics, digital health and holds an MBA from FOM Berlin and a M.Sc. in biochemistry from Dresden University of Technology.



**Borja Arrue-Astrain** (*Project and Policy Officer at AGE, Brussels, Belgium*) supports the management of the SHAPES advisory board, leads work package 10 (Outreach and Awareness Generation) and contributes to work around user empowerment and integrated care. Borja has a background in political science and European affairs. He holds a MA on European affairs from Sciences Po Paris and a BA on Political Science from the University of the Basque Country.

This project has received funding from the European Union's Horizon 2020 research and innovation programme under grant agreement No 857159





## Advisory Board Members



- **Diane Whitehouse**  
*European Health Telematics Association*
- **Simone de Bruin**  
*Windesheim University of Applied Sciences*
- **Caroline Costongs**  
*EuroHealthNet*
- **Soo Hun**  
*Digital Health and Care Northern Ireland*
- **Henrique Martins**  
*Freelance professor*
- **Sotiria Palioura**  
*Yale School of Medicine & Bascom Parlmer Eye Institute*
- **Klaus Niederlaender**  
*AAL Joint Programme*
- **Sarah Bowman**  
*Trinity College Dublin*
- **Michael Wendt**  
*Greifswald University*
- **Sirpa Pietikäinen**  
*European Parliament*
- **Lisa Byers**  
*Department of Health of Northern Ireland*
- **Liat Ayalon**  
*Ilan University*
- **John McGrory**  
*School of Electrical & Electronic Engineering, Dublin*

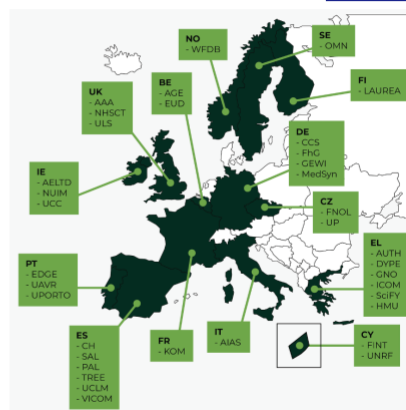
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## SHAPES CONSORTIUM



- Led by the Assisting Living and Learning Institute at Maynooth University, the consortium consist of 36 partners across 14 European Countries.
- SHAPES engages more than 2000 older individuals in 15 pilot sites in 10 EU Member States.
- SHAPES includes 8 Reference Sites of the European Innovation Partnership (EIP) on Active and Healthy Ageing (AHA), and involves hundreds of key stakeholders to bring forth solutions to improve the health, wellbeing, independence and autonomy of older individuals



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## ABOUT SHAPES



- The SHAPES Innovation Action (IA) intends to build, pilot and deploy a large-scale, EU-standardised open platform.
- The integration of a broad range of technological, organisational, clinical, educational and societal solutions seeks to facilitate long-term healthy and active ageing and the maintenance of a high-quality standard of life.
- SHAPES began in November 2019 and will run until October 2023.



**SHAPES Digital Solutions:** Include assistive robots, eHealth sensors and wearables, Internet of Things (IoT)-enabled devices and mobile applications.



**SHAPES Ecosystem:** A network of relevant users and key stakeholders working together to scale-up Platform and digital solutions.



**SHAPES Marketplace:** Seeks to connect demand and supply across H&C delivery, and to facilitate the co-creation of affordable, effective and trustworthy solutions.



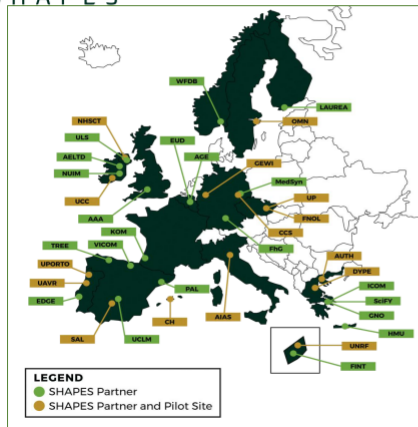
**SHAPES Recommendations:** Provide guidelines, a roadmap and an action plan, including a set of priorities dedicated to standardisation, to support key EU stakeholders to foster the large-scale deployment and adoption of digital solutions and new integrated car services in Europe.

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## SHAPES PARTNERS

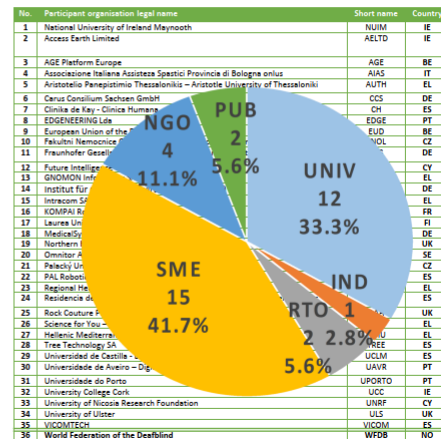
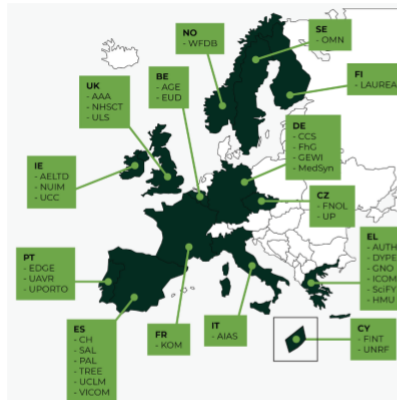


No.	Participant organisation legal name	Short name	Country
1	National University of Ireland Maynooth	NUM	IE
2	Access Earth Limited	AELTD	IE
3	AGE Platform Europe	AGE	BE
4	Associazione Italiana Assistenza Spaziale Provincia di Bologna onlus	AIAS	IT
5	Aristotle Panepistimio Thessaloniki – Aristotle University of Thessaloniki	AUTH	EL
6	Carus Consilium Sachsen GmbH	CCS	DE
7	Clinica de Ray - Clinica Humana	CH	ES
8	EDGEERING Ltd	EDGE	PT
9	European Union of the Deaf eadl	EUD	BE
10	Fakultät Neurologie Olomouc – University Hospital Olomouc	FNOL	CZ
11	Fraunhofer Gesellschaft zur Förderung der Angewandten Forschung E.V.	FG	DE
12	Future Intelligence Limited	FINI	CY
13	GNOMON Informatics SA	GNO	EL
14	Institut für Gesundheitswirtschaft e.V. (gewi)	GEWI	DE
15	Intracom SA Telecom Solutions	ICOM	EL
16	KOMPAI Robotics	KOM	FR
17	Laurea University of Applied Sciences Ltd	LAURSA	FI
18	MediSyn GmbH	MedSyn	DE
19	Northern Health and Social Care Trust	NHSCT	UK
20	Omnitor AB	OMN	SE
21	Palacky University Olomouc – Social Health Institute	UP	CZ
22	PAL Robotics SL	PAL	ES
23	Regional Health Authority of Central Greece	DYPE	EL
24	Residencia de Mayores el Salvador – Asociación Benéfico-Social el Salvador	SAL	ES
25	Rock Couture Productions Ltd – Agile Ageing Alliance	AAA	UK
26	Science for You – Epistimi Gia Sena Astin Mi Kardioskopiki Etaireia	ScFY	EL
27	Hellenic Mediterranean University	HMU	EL
28	Tree Technology SA	TREE	ES
29	Universidad de Castilla - La Mancha	UCLM	ES
30	Universidade de Aveiro – Digital Media and Interaction Research Centre	UAVR	PT
31	Universidade do Porto	UPORTO	PT
32	University College Cork	UC	IE
33	University of Nicosia Research Foundation	UNRF	CY
34	University of Ulster	ULS	UK
35	VICOMTECH	VICOM	ES
36	World Federation of the Deafblind	WFDB	NO

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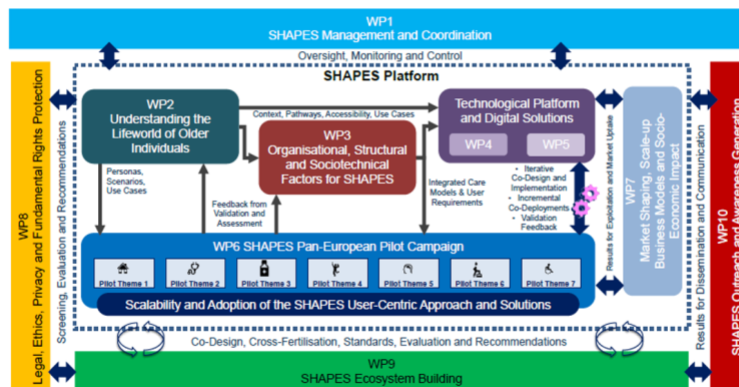
## SHAPES PARTNERS



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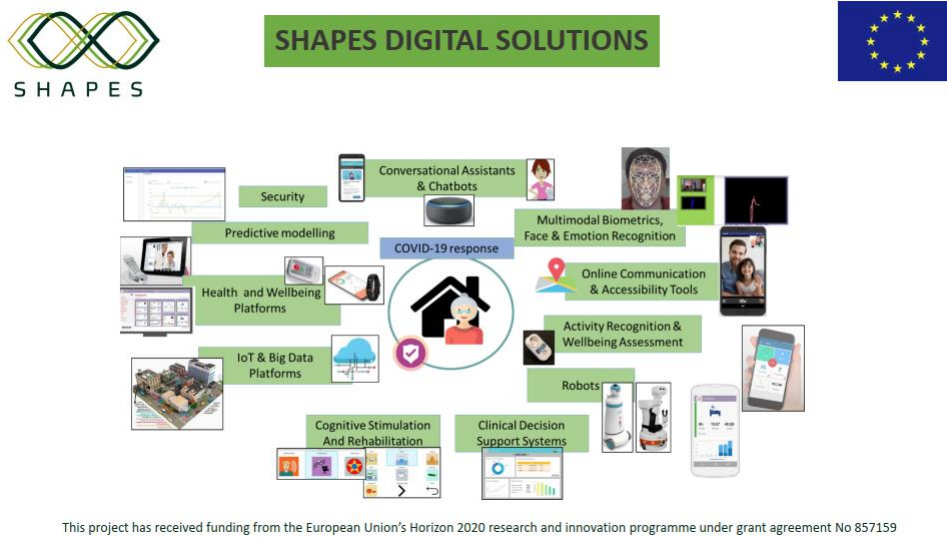
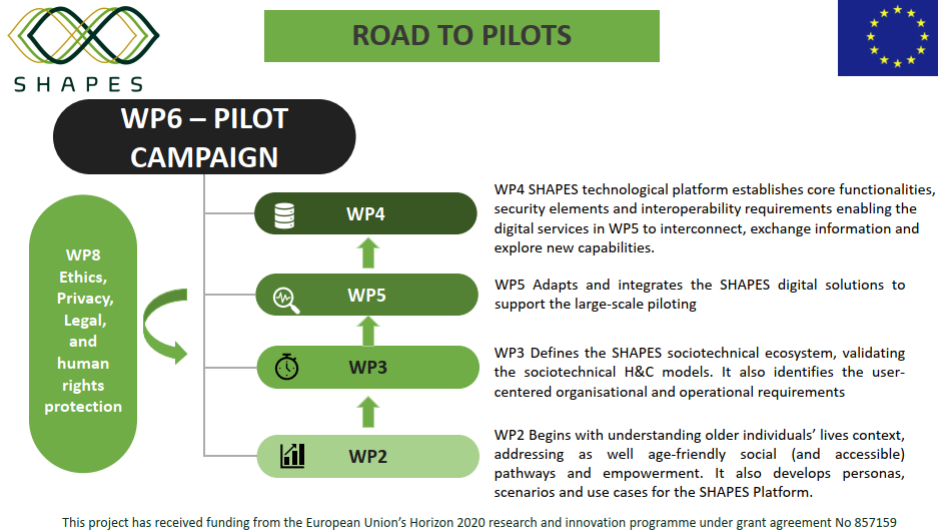
## SHAPES WORK PACKAGES



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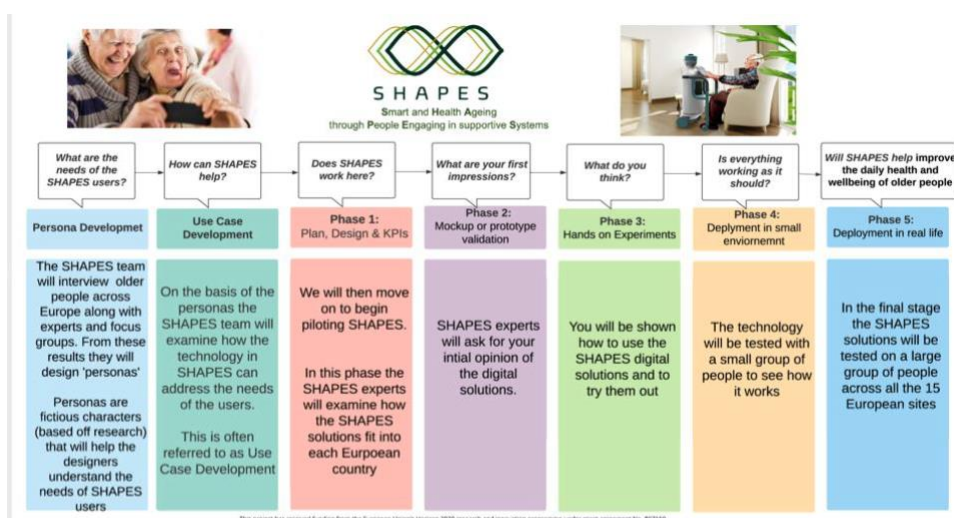


## 25 USE CASES



<b>PT1 - Smart Living Environment for healthy ageing at Home</b>	
PT1-001	Remote In-Home Wellbeing Monitoring and Assessment
PT1-002	Digital Assistant to Support Older People to Live Independently and Remain Socially Connected
PT1-003	Competent usage of digital technologies
PT1-004	Robots to Support Older People to Live Independently and Remain Socially Connected
<b>PT2 - Improving In-Home and Community-based Care</b>	
PT2-001	Monitoring of health parameters
PT2-002	Community interaction
PT2-003	Cognitive and physical training
PT2-004a	Night Surveillance Rounds at Community Care
PT2-004b	Night Surveillance Rounds in the Home-Setting
<b>PT3 - Medicine Control and Optimisation</b>	
PT3-001	In-home decompensation prediction for heart failure patients
PT3-general	Supporting multi-morbid older patients
PT3-001c	Advanced telemonitoring of patients with heart failure in home environment
<b>PT4 - Psycho-social and Cognitive Stimulation Promoting Wellbeing</b>	
PT4-001	Psycho-social and Cognitive Stimulation Promoting Wellbeing
PT4-002	Cognitive tasks Robot
<b>PT5 - Caring for Older Individuals with Neurodegenerative Diseases</b>	
PT5-001	Online information and training for informal dementia caregivers
PT5-002	Digital Assistant for Older People with Mild Cognitive Impairment
PT5-003	Technological resources for monitoring diabetic patients with mild cognitive impairment
PT5-004	Virtual Patient Scenarios (VPS) – Mobile Virtual Patients (MVP)
<b>PT6 - Physical Rehabilitation at Home</b>	
PT6-001	Training of orofacial musculature
PT6-002	Gait rehabilitation Robot
PT6-003	3D Depth Camera Rehabilitation Tool
PT6-004	Wearable Motion Monitoring Device
<b>PT7 - Cross-border Health Data Exchange Supporting Mobility and Accessibility for Older Individuals</b>	
PT7-001	Monitor older patient with chronic disease when travelling abroad
PT7-002	Foster older people's (with physical disabilities) independent living by identifying accessible locations and routes in other locations (domestic and abroad)
PT7-003	Preventing and/or handling a medical emergency while visiting another country

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## SHAPES OBJECTIVES

- ✓ To build and deliver the innovative European-led SHAPES Platform, providing a broad range of interoperable solutions to improve the health, wellbeing and independence of older individuals, while enhancing the long-term sustainability of H&C systems in Europe.
- ✓ To create, enlarge and consolidate the SHAPES Ecosystem for active and healthy ageing allowing stakeholders to exchange knowledge and expertise, identify current and future solutions for active and healthy ageing, provide mutual advice, training and support and exploit collective knowledge for social and commercial purposes.
- ✓ To promote the adoption of standards in the EU field of integrated care of older individuals, and the identification of standardisation priorities to facilitate the deployment of open and interoperable Platforms.

## EXPECTED IMPACTS

- ✓ A European-led platform for smart, healthy and independent living at home.
- ✓ Increased competitiveness of the European ICT industry, through enhanced interoperability, best practices and financing models and scalable markets.
- ✓ Links and synergies between Member States and regional initiatives.
- ✓ Improved evidence-based efficiency of health and care systems with demonstrated added-value of underlying technologies.
- ✓ Improved quality of life and health for involved users and carers, with demonstrated added-value of underlying technologies.
- ✓ User-centered, validated and innovative solutions addressing accessibility, privacy, security, vulnerability, liability and trust in connected data spaces.

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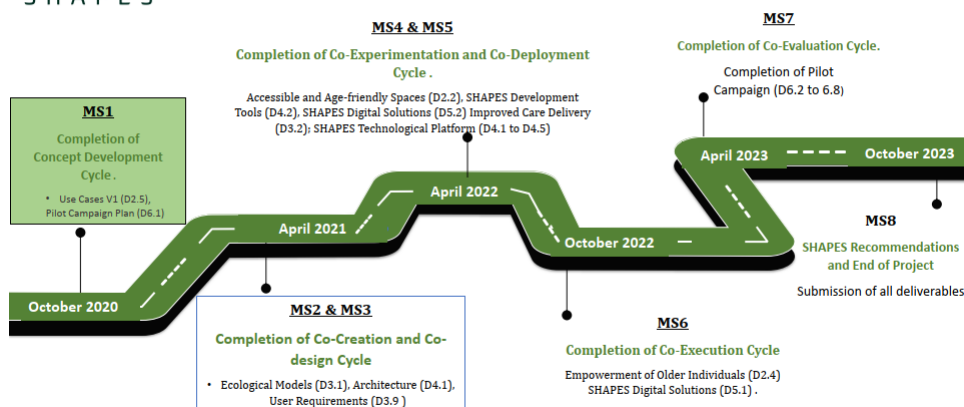
## PROGRESS TO DATE



Del. N°	Deliverable Name	WP	Due Date
D1.1	SHAPES Project Handbook	WP1	M03
D1.2	SHAPES Quality Plan	WP1	M04
D2.5	SHAPES Personas and Use Cases V1	WP2	M06
D2.6	SHAPES Personas and Use Cases V2	WP2	M12
D3.1	SHAPES Ecological Organisation Models	WP3	M12
D3.2	Scaling-up Improved Integrated Care Service Delivery V1	WP3	M15
D3.7	Draft User Requirements for the SHAPES Platform V1	WP3	M08
D3.8	Draft User Requirements for the SHAPES Platform V2	WP3	M12
D5.1	SHAPES User Experience Design and Guidelines	WP5	M09
D5.2	SHAPES Digital Solutions V.1	WP5	M12
D6.1	SHAPES Pan-European Pilot Campaign Plan	WP6	M07
D8.1	Set-up Ethical Advisory Board	WP8	M04
D8.2	Baseline for Project Ethics	WP8	M06
D8.4	SHAPES Ethical Framework	WP8	M07
D8.5	First Periodic Ethical Report	WP8	M12
D8.13	SHAPES Data Management Plan	WP8	M06
D9.4	SHAPES Open Calls – Rules of Participation	WP9	M07
D10.1	SHAPES Dissemination and Communication Plan	WP10	M04
D11.1	Ethics Requirements 1	WP11	M06
D11.2	Ethics Requirements 2	WP11	M06
D11.3	POPD	WP11	M12



## MILESTONES



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## SHAPES OPEN CALLS



Our 1st Open Call is currently open for applications with a deadline of the 28th of February 2021.

As part of the evaluation process, we are currently looking for two external experts to independently assess the applications.

### This will involve 2 meetings:

1 to introduce the topic and evaluation methods to the external evaluators.

1 consensus meeting with the Open Call management team.

Evaluation to take place in March 2021.

### OPEN CALL 1

**Aim**

The SHAPES open calls aim to promote innovation by identifying challenges within the SHAPES pilot sites and inviting SMEs and all EU organisations that are eligible to EC funding under the rules of Horizon 2020 to meet these challenges with innovative solutions that can be integrated in the SHAPES Platform in support of active and healthy ageing and independent living. The SHAPES open calls provide opportunities for organisations to integrate their solutions in a large ecosystem at European level.

**Funding**

Total budget of €300,000. Subject to the eligibility criteria being met, at least once a proposal will be funded per challenge, up to €100,000 per project. Other amounts may be accepted if sufficiently justified.

**Deadline**

Proposals must be submitted before the 28th of February 2021 at 17:00 CEST

**What are the challenges?**

The SHAPES pilots have identified a number of challenges that applicants are invited to propose solutions for. They include the following:

CHALLENGE IDENTIFIER	CHALLENGE
SHAPES-OC1 - Enablers-011	Uniqueness in home setting
SHAPES-OC1 - Enablers-012	Monitoring of nutrition intake
SHAPES-OC1 - Enablers-013	Monitoring hydration and quantity of fluid intake
SHAPES-OC1 - Enablers-014	Smart Connectables for health and well-being
SHAPES-OC1 - Enablers-015	Speech-enabled Chatbots
SHAPES-OC1 - Enablers-016	Social support in local community
SHAPES-OC1 - Enablers-017	Open Topic

**Reference documents**

- SHAPES-OC1 - Enablers-Digital Solutions.pdf
- SHAPES-OC1 - Enablers-Ethical Criteria.pdf
- SHAPES-OC1 - Enablers-Evaluation Criteria.pdf
- SHAPES-OC1 - Enablers-Data for Analytics.pdf
- SHAPES-OC1 - Enablers-Technical Details.pdf
- Deliverable D6.1 - SHAPES Pan-European Pilot Campaign Plan.pdf

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Smart and Health Ageing  
through People Engaging in  
supportive Systems



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## Annex 2 - Presentation - Advisory Board Framework

### SHAPES Advisory Board: mission



To provide an external viewpoint, with a diversity of cultural and professional backgrounds



Feedback on deliverables and other outputs



Advice to overcome issues and challenges

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## SHAPRS Advisory Board: **how?**



**Ad-hoc:** you may expect us to contact you in advance for specific requests



**Reasonable workload:** precise requests

- ✓ Reviewing specific aspects of deliverables
- ✓ Assessing the quality and performance of SHAPES outputs
- ✓ Providing recommendations on the development of the project



**Via email, telcos and face-to-face meetings**

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## SHAPES AB: **how do you benefit from it?**



**Firsthand knowledge** about project activities and outcomes



**The opportunity** to contribute to an ambitious Horizon 2020 project



**New contacts and network**



**Recognition and experience**

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## SHAPRS Advisory Board: **contacts**

- Philip Franke, CCS (Germany)

[Philip.Franke@uniklinikum-dresden.de](mailto:Philip.Franke@uniklinikum-dresden.de)



- Borja Arrue, AGE (EU/Belgium)

[borja.arrue@age-platform.eu](mailto:borja.arrue@age-platform.eu)



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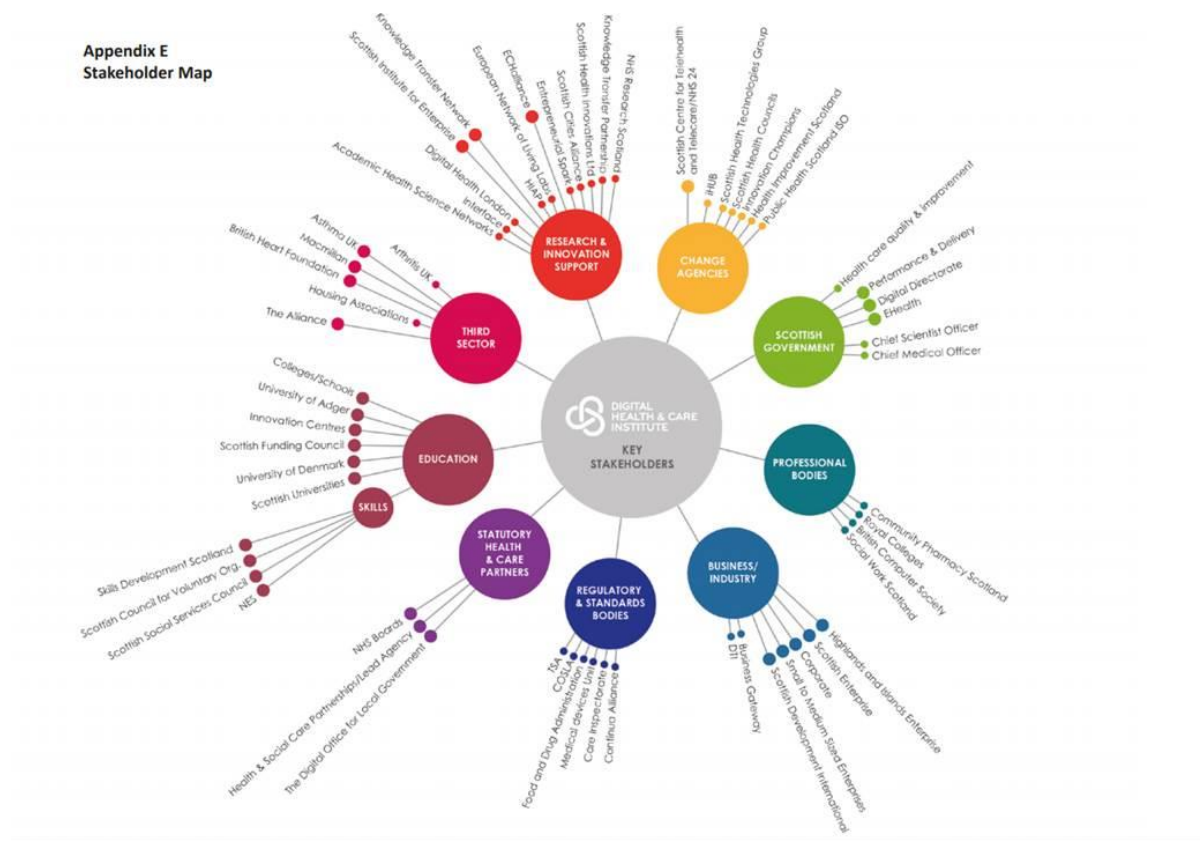
## Annex 3 – Advisory member input on stakeholder analysis

List of SHAPES stakeholders provided by CCS:

- Older People
- Informal caregivers of older people
- Civil Society
- Health and Care Service Providers
- Academia
- Industry
- Digital Health Management / Networking organisations
- Insurances / Payers
- Public authorities / Policy makers
- Standardisation bodies
- European and governmental regulatory bodies
- General public
- Media



## Stakeholder overview provided by Kara Mackenzie



## Stakeholder engagement plan provided by Sarah Bowman

Identify Stakeholders	Select the Activities	Plan the Timeline & Schedule of Activities	Choose the Communications Channels	Confirm the Key Performance Indicators
<ul style="list-style-type: none"> <li>Members of the Public</li> <li>Patients</li> <li>Carers</li> <li>Advocacy Organisations</li> <li>Students</li> <li>Researchers</li> <li>Academic Staff</li> <li>Government Staff</li> <li>Elected Officials</li> <li>Boards &amp; Commissions</li> <li>Policy makers</li> <li>Emergency Responders</li> <li>Major Employers</li> <li>Property/Landowners</li> <li>Business Owners</li> <li>Volunteer Coordinators</li> <li>CSOs / NGOs</li> <li>Industry Associations</li> <li>Print/Broadcast Media</li> <li>Foundations</li> <li>Philanthropists</li> <li>Faith Based Organisations</li> <li>Neighbourhood Boards</li> <li>Service Providers</li> <li>Other Influencers</li> </ul>	<ul style="list-style-type: none"> <li>Research</li> <li>Work Programme Dev.</li> <li>Focus Groups</li> <li>Consultation</li> <li>Design Charrette</li> <li>Open House</li> <li>Workshop</li> <li>Demonstrations</li> <li>Summit/Congress</li> <li>Summit/Congress</li> <li>Competitions</li> <li>Poster Calls</li> <li>Peer Networking</li> <li>Surveying</li> <li>Presentations</li> <li>Webinars</li> <li>Cross Promotion</li> <li>Fair/Festival Presence</li> <li>Tool /Resource Development</li> <li>Publications</li> <li>Suggestions</li> <li>Knowledge Translation</li> <li>Knowledge Exchange</li> <li>Other Activities</li> </ul>	<ul style="list-style-type: none"> <li>Develop the calendar of activities by stakeholder, date and geographic location</li> <li>Identify complementary events and programmes for cross-promotion</li> </ul>	<ul style="list-style-type: none"> <li>Twitter</li> <li>LinkedIn</li> <li>Storify</li> <li>Instagram</li> <li>Website(s)</li> <li>Podcasts</li> <li>Blog(s)</li> <li>YouTube/Hulu</li> <li>Print/Broadcast Media</li> <li>Newsletters</li> <li>Outreach Materials</li> <li>Personal Emails/Calls</li> <li>Mailings</li> <li>Surveys</li> <li>Signage</li> <li>Presentations</li> <li>Fair/Festival Presence</li> <li>Flyers/Postcards</li> <li>Hangtags</li> <li>Meeting Minutes</li> <li>Networks/Mailing Lists</li> <li>Other Channels</li> </ul>	<ul style="list-style-type: none"> <li>Work Programme KPIs</li> <li>Reduction in Bad Behaviours</li> <li>Increases in Good Behaviours</li> <li>Increased Public Dialogue</li> <li>Event Attendance</li> <li>Diversity of Attendees</li> <li># of Likes, Shares, Comments</li> <li>Media Engagement</li> <li>Survey Responses</li> <li>Evaluation Responses</li> <li>Spin-Out Activities</li> <li>Leveraged Funding</li> <li>Other Qualitative Data</li> <li>Other Quantitative Data</li> <li>Diversity of Outputs</li> <li>Other KPIs</li> </ul>