



healthclusternet

Europe's health economies
exchange

BUDAPEST CONFERENCE

28 September 2006

ABSTRACTS

Tom Warburton, Head of regeneration, ONE North East

BIOGRAPHICAL NOTE

Tom Warburton has worked at One NorthEast, the Regional Development Agency for the North East of England, since its formation in 1999. His current role involves leading One NorthEast's Regeneration Team in the Strategy Directorate. The team is responsible for developing One NorthEast's approach to regeneration, cultural investment, transport, spatial planning, housing and rural issues. One NorthEast invests around £230 million per annum of UK Government funds into the North East's economic development. Tom was part of the partnership group which researched the value of the health economy in the North East of England in 2002. This work led to the North East Health and the Economy Project and subsequently to the North East leading the *Health ClusterNET* project.

Professor Jonathan Watson, Executive Director, Health ClusterNET

BIOGRAPHICAL NOTE

Professor Jonathan Watson PhD, MSc, BA (Hons). Executive Director - Health ClusterNET; Special Professor in Health & Public Policy - University of Nottingham; Managing Director - CCL Associates Ltd (Health development & research); Managing Director - Interface (Policy Planning) Ltd. Jonathan has 22 years experience in health & public policy as a practitioner, researcher and policy advisor in the UK and Europe. He is Managing Director of Interface (Policy Planning) Ltd who won the contract to provide management & coordination support for Health ClusterNET after he had spent 2 years recruiting partner regions, ONE as the lead partner and developing the technical proposal for HCN. CCL has worked at the interface of policy, research and practice and developed a wide range of clients across the UK and Europe since setting up in 2001. He was previously Director of Research & Evaluation at the Health Education Board for Scotland from 1996 till 2001. He was appointed as Special Professor in Health & Public Policy in the Division of Epidemiology and Public Health, University of Nottingham in 2001 (re-appointed in 2004). He was a Visiting Professor in Public Health Policy at York University (1999-2001). He has been an advisor on several UK, European and international working groups, development programmes and initiatives. He has published in a range of journals and has authored/edited several books. Most recently he has edited a four-volume set of critical international readings on health care systems (reform, health care politics, financing & delivering health care, and rethinking health systems) published in 2005.

TITLE OF PRESENTATION

Leveraging health sector resources into regional development: the example of Health ClusterNET

ABSTRACT

Health ClusterNET is an Interreg IIIC funded network that is sharing

knowledge and experience among regional policy makers about **how** the health sector can be more effectively engaged with regional development agendas: ultimately helping to achieve the goals of the Lisbon Agenda.

The 13 partners represent a range of stakeholders (regional and local governments, universities, the business sector, the health sector and public health). Although their health systems differ they share a belief that persistent pressures on public sector finances require regional stakeholders to work together better to deliver more cost effective solutions to shared policy challenges.

Building on work undertaken by the Kings Fund and WHO European Office, the network is focusing on four key interfaces between health sector corporate activities and regional development policies related to social cohesion & economic competitiveness: local procurement, inclusive employment, affordable capital investment and innovation. To date, the Network has focused on procurement and capital investment producing reports that present case studies in partner regions and clear policy agendas for each theme.

This presentation establishes the European context for the Network and introduces the Network. Ultimately, increasing the scope for entrepreneurial behaviour by health care systems, organisations, professionals and managers is critical if health systems are to escape the financial cul-de-sac of cost savings in favour of a paradigm that promotes cost effectiveness, quality and local relevance.

Dr. Ulrich Hoffmann, Head of the Department for Hospital Development, Ministry of Labour, Social Services, Health and Family of the Federal State of Brandenburg

BIOGRAPHICAL NOTE

Dr Hoffmann started a career in health policy after completing his PhD in 1983. Setting out in a national nongovernmental organisation for the improvement of mental health policies, he became responsible for the implementation of a modern system of mental health care in Brandenburg from 1991 onwards. Since the year 2000 he is head of the hospital department in the Ministry of Labour, Social Services, Health and Family of Brandenburg

TITLE OF SESSION

Reviewing progress: The Bilbao Agenda & the Graz Agenda

Javier San Martín, Deputy Manager, Bilbao Chamber of Commerce

BIOGRAPHICAL NOTE

Industrial Engineer by the Bilbao Technical School of Engineering (1980)

1980-1985: Export Manager of Fundiciones Achondo S.A. (Spanish foundry working in the automotive sector)

1985-1992: Managing Director of Fundigex (Spanish Association of Casting Exporters)

1992-1994: Managing Director of Export Association of Vizcaya and Director of the International Trade Department of the Bilbao Chamber of Commerce

1993-1994: Promoter and Director of the International Business School belonging to the Bilbao Chamber of Commerce

1994-1997: Director of the Department of Company Services of the Bilbao Chamber of Commerce

1998-2005: Managing Director of Camaranet S.L. Company of Internet services belonging to the Bilbao Chamber of Commerce

1998- : Deputy Manager of the Bilbao Chamber of Commerce

TITLE OF PRESENTATION

Health, ¿the eleventh cluster in the Basque Country?

ABSTRACT

Health, ¿the eleventh cluster in the Basque Country?

The Basque Country is an area small in extension (7,234 km²) and a population of 2.1 million inhabitants and it doesn't have prime materials, nor does it have energy resources. Nevertheless the Basque Country has 10 clusters working at the moment. The health sector could be one of the next to be introduced into the cluster methodology.

The Basque Country has had its own government from 1979. From that date, the Basque Country has managed its own Tax System, Education and Culture, Health, and other public services.

In the second half of the last century, the basque economy was based on sectors which used intensive man power and standard technology, available in other countries. Also in this period, large companies existed to act as purchasers. The economic crises which happened in the 70's and 80's provoked the closing of these large companies. This situation generated up to 25% of unemployment in 1980.

In 1986 the Basque Government created the " Exceptional Relaunching Plan ". This could be considered as the first model of what later was to be considered as the Cluster, although probably without the methodology and necessary experience. For the Plan to be successful, a global outlook and generosity were required from the company owners, since the Plan demanded a part of their knowledge and market to yield to other companies. The targets of the Plan were not achieved. The companies invested the funding obtained from the Basque Government in modernizing and increasing their production systems, whilst making the same products.

In 1991 a new crises began of the Basque economy. The government understood that any new proposal of support to the enterprise sectors, had to be with a long term outlook and methodology used in other areas of the world. The Program 3R started up (Rescue, Reconstruction and Labour Reorientation). This program 3R consisted in giving financial instruments. Those credits should allow for companies to modify their strategies to be competitive in a world-wide market. On the other hand, Professor Porter was hired by the Basque Government so that he could contribute his experience and methodology in the new situation of industrial reconversion. The key for the success of these clusters in the Basque Country have been leadership, a feeling of necessity, common gain between public and private sectors, capacity to achieve knowledge and new ideas, and an institutional structure that assured the continuity of programs.

Health sector

In 2005, Spain imported pharmaceutical products of a total amount of 6,8 billion euros. The budget of the Health Department of the Basque Country was 2,2 billion euros in 2006, a seven percent higher than the previous year. Health representing a third of the annual budget. Nevertheless multinational companies are leading the market control of this business and local suppliers are only occupying the market of assistance services, (doctors, nurses, clinics, etc.).

On the other hand, a growing market and with greater necessities in services for the elderly people is appearing. The development of this market should be in the hands of local suppliers. In Spain the age of retirement is from 65 years old. The population with an age higher than 65 years old, almost reaches 17% of the Spanish population. The possibility of a new cluster in health appears because 50 basque companies are arranging collaborations in this business, mainly in the fields related to research and medical assistance. Also the first collaborations of companies of software and robotics are being generated with the sector of biotechnologies. We could simply say "cooperate locally to compete globally"

Stephen Parry, MSc. MBA, Chief executive, Choosing Health, NHS NorthWest

BIOGRAPHICAL NOTE

Since July 2005 Stephen has provided specific leadership to the NHS in the NorthWest of England on the implementation of the wider population health and health inequalities agenda. A focus on both short and long term interventions has been undertaken in the areas of performance management, workforce development, public health leadership and corporate citizenship and sustainable development.

A particular focus has been developed on the NHS contribution to economic growth in the North West through capital investment, procurement, employment and partnership working with the private, public and 3rd sector organisations. Close relationships have been developed with the Regional Development Agency and the Government Office NorthWest.

Stephen has worked in strategic commissioning, performance management and service delivery roles throughout the NorthWest of England. His previous roles include Chief Executive of Halton Primary Care Trust and Board Director roles in both commissioning and provider organisations in the NHS.

Stephen was educated at Cambridge University (History), London School of Economics (Industrial Relations) and the University of Manchester Business School (Masters in Business Administration).

He is a member of the Institute of Directors, the Institute of Health Management and a Fellow of the Royal Society for the Encouragement of Arts, Manufactures and Commerce (RSA)

He is married with a son.

TITLE OF PRESENTATION

The Graz Agenda: Affordable Investment in HealthCare Infrastructure

ABSTRACT

As European economies seek to address the objectives of the Lisbon Agenda the importance of the health sector as a driver of economic and social regeneration and inclusion is being recognised. The health sector is significant not only because of its scale (approximately 10% of GDP in most European Regions) but because of its important role in the developing fabric of local, regional and national communities.

Investment in the infrastructure for health has significant benefits in its own right and through the associated development of

employment, new business development, innovation and procurement.

Decision-makers have an important responsibility to ensure that the kind of investment made is consistent with any emerging policy changes in health- for example the trend to policies which seek to promote health in out of hospital settings and contributes to policy objectives in other sectors - for example education, social care and community safety and regeneration.

Health sector investment should be undertaken in ways which are consistent with the principles of sustainable development and corporate citizenship.

National and regional differences in the source and methods of funding of health services and the locus of decision-making powers will influence the scale and nature of infrastructure investment. Investment in health infrastructure should be assessed against other forms of investment to achieve agreed health outcomes for local and regional populations.

New developments in health and non-health specific technologies will influence the nature of infrastructure investments over time. Health needs will be increasingly met through smaller scale, flexible and more individualised services. This suggests a trend to replace traditional investments in buildings infrastructure with investment in information, telehealth, diagnostic and treatment technologies.

Dr. Antero Heloma, Provincial Adviser for Health, State Provincial Office of Southern Finland

BIOGRAPHICAL NOTE

Antero Heloma MD, PhD. Provincial Adviser for Health - State Provincial Office of Southern Finland 1996-1999,2002-; Project Director - ECOS Ouverture SPE 1999-2001; Senior Adviser - Ministry of Social Affairs and Health, Finland 1992-1995,1997; Senior Medical Officer - National Board of Health, Finland 1989-1991; Practising Physician 1985-1989. Member of the Committee of Health and Social Affairs - Assembly of European Regions 1996- (conf. post). External temporary adviser - WHO-Euro 1991-1992. Several peer reviewed publications in international journals on Health Promotion and Health Policy. Contributing author in the book „Health Policy and European

Union Enlargement", eds. McKee M et al.

TITLE OF SESSION

Looking forward: Inclusive employment & Innovation

Eveliina Pöyhönen, Project Manager, STAKES

BIOGRAPHICAL NOTE

Eveliina Pöyhönen works at STAKES, the National Research and Development Centre for Welfare and Health, as a Project Manager. Her expertise lies in new innovative models for inclusive employment for those in a vulnerable labour market position. During the last years she has been coordinating projects promoting social enterprise, especially in the field of welfare services and health care. These projects combine inclusion with new partnerships between public, private and social economy actors.

TITLE OF PRESENTATION

Inclusive employment: health sector and social enterprise

ABSTRACT

Participation in working life is one of the fundamental things that ties people into society. Globalisation and ever harder requirements on the labour markets mean that there are always people who find it hard to find work: immigrants, long-term unemployed, people with disabilities, aged people, people without proper education etc. With global tax competition, public funding for employment schemes is limited. Because of this, new innovations and practices are needed.

Social enterprise is a model that combines business with social aspects. The aim is to benefit society, not only through selling goods or services, but also through specific social aims. These aims can vary from the employment of vulnerable social groups to selling fair trade products. The concept of social enterprise is not solid

and is under discussion in many countries, including Finland where social enterprise is defined by law.

Today social enterprise is seen as an important player in local, regional and national economies. Examples from UK, Italy, Finland and many other countries show how social enterprise can, through successful partnerships with public and private organisations, create new wellbeing and economic activity for areas of need. One of the sectors that are most prominent for social enterprise is health care. It is important that public authorities recognise the potential of social enterprise as sustainable and ethical form of business and encourages it for example through procurement practices that take social issues into account.

Dr. Robert Gfrerer, Director, Human Technology Styria

BIOGRAPHICAL NOTE

Robert Gfrerer was born in 1968 in Abtenau, a skiing resort close to Salzburg. He studied Computer Engineering with a specialization in biomedical engineering at Graz University of Technology. After a short research stay at the Applied Physics Laboratory (Johns Hopkins University, Baltimore, USA) he became research assistant at the Institute of Biomedical Engineering at Graz University of Technology in 1996. He finished his PhD in 1998 in the field of biosensors in the human body and was research assistant in the Group of Prof. Thomas Pieber (1997-2001). From 2000 - 2004 he completed a post graduate master of public health in Zürich. Together with two colleagues and Prof. Pieber he founded the Institute of Medical Technologies and Health Management at JOANNEUM RESEARCH where he was vice head of the institute and senior researcher (health management) till 2004. In October 2004 he was appointed General Manager of Human.technology Styria Ltd., the youngest industrial cluster in the Austrian province of Styria in the field of Health Care Technology.

Memberships:

- EASD: European Association for the Study of Diabetes
- ÖDG: Austrian Diabetes Association
- FQSD: Forum for Quality Systems in Diabetes Care

Scientific Highlights:

- Reviewer: Diabetes Technologies and Therapeutics
- Cochrane Review Group: Siebenhofer A, Plank J, Berghold A, Narath M, Gfrerer R, Pieber TR. *Short acting insulin analogues versus regular human insulin in patients with diabetes mellitus*. The Cochrane Database of Systematic Reviews 2004, Issue 4. Art. No.: CD003287.pub3. DOI: 10.1002/14651858.CD003287.pub3. This version first published online: 18 October 2004 in Issue 4, 2004. Date of most recent substantive amendment: 25 August 2004

Name, Address:

Robert Johann Gfrerer, MSc, PhD, MPH, Kreuzgasse 20/3/19

A-8010 Graz
Email: robert.gfrerer@humantechnology.at

Family Status: married since 2003

TITLE OF PRESENTATION

Innovation: the social value of technology development

Peter Norman, MBA, MCIPS, Strategic procurement project manager, NHS Purchasing and Supply Agency

BIOGRAPHICAL NOTE

Peter Norman, MBA, MCIPS Has over twenty years experience of supplies in the English National Health Service at all levels. He has had responsibility for a wide contract portfolio at 'regional' level as well as having line management responsibility for a number of hospital supplies teams in the North West of England. More recently Peter has been working closely with the recently established 'supply management confederations' and 'collaborative procurement hubs' and sits on a number of national strategically focused fora.

Peter is currently on secondment to the Cheshire and Mersey Strategic Health Authority where he is reviewing the supply service and has shown a strong interest in supporting the local 'good corporate citizen' agenda and is the Chairman of the North West GCC Procurement Group. He is responsible for PR for the local Merseyside Branch of the Chartered Institute of Purchasing and Supply and is the Health Care Supplies Association council member for the North West.

Pat Broster, Project manager, NHS Suppliers Bureau

BIOGRAPHICAL NOTE

Pat Broster After following a career in commerce, which included working for many high profile companies. Pat successfully established and developed her own business over a 20 year period. She then moved on to Groundwork Environmental Business Services in the Wirral specialising in health, safety and environmental support for local businesses within the NHS supply chain. Recognising the NHS as a potential route for local regeneration she helped secure funding from the North West Regional Development Agency to establish the Northwest NHS Suppliers Bureau.

As the Supply Chain Initiatives Manager at Groundwork, Pat has worked on several projects, which involve integrating sustainability into the Public Sector supply chain. This has involved supporting public sector organisations, in particular the NHS, local suppliers and working to influence policy and strategy at national, regional and local level.

The collaboration with the NHS over the past 4 years has produced positive developments. The project has received Ministerial recognition, short listed for a HSJ Award 2005 and been highlighted in numerous strategic documents. Pat has recently contributed to the Government's Sustainable Procurement Task Force and has been invited on to the Sustainable Development Commission's panel, which will actively influence, contribute and monitor Government policy on progressing the sustainability agenda

TITLE OF WORKSHOP

Improving our wealth and health - setting up a suppliers bureau

ABSTRACT

The English 'NHS Plan' is to improve the health, wealth and social wellbeing of our citizens, concentrating on local sustainable improvement and reducing the health gap between the well off and the socially excluded. To do this the NHS in the North West of England is attempting to spend more of its money in the local economy. To stimulate the economy and provide sustainable employment for the local population. By doing this and using the 'LM3 model' we can demonstrate how improvement is made in the local economy through more local spending, more jobs, more wealth leading to better health.

Our work covers a number of different levels and areas of work. We have supported hospital trusts to develop local 'Good Corporate Citizen' policies to help participate in and improve the local economy and environment. We are linking with regional development strategies, forming partnerships for improvement and we are taking local action in working with current and emerging suppliers.

Our presentation will begin by identifying the outcomes that the health economy needs to improve health. We will walk you through our experiences, processes and thinking in carrying out work in this area and we will concentrate on the work we have done with local NHS purchasing managers and suppliers in establishing the 'NHS Suppliers Bureau'.

The Bureau has three main strands of work: to support local SMEs in identifying contract opportunities and their ability to successfully bid for those contracts; to support local SMEs to be better employees in terms of occupational health, environmental improvement and health and safety; to support suppliers and hospital trusts in improving hospital security and safe working practices. We will talk through each of these areas and share our working practices, our successes and our [learning] failures.

We have had some real success and have many outputs from our work but this is only the beginning. We will share and discuss how we have done. We will consider the outcomes we first identified and ask ourselves how successful we have been in the past and how we will need to change in the future.

The aim is to improve the health and wealth of our local citizens through spending more money in the local economy. We are still not clear if we are being successful in meeting that aim; not through lack of effort by any means but through our inabilities to 'report' on our results because of the outdate IT systems in place and the complex dynamics of markets and suppliers.

We think we have a modified but robust plan, we think we may have some of the answers. But we need a sanity check. Some input from colleagues who work in this area. If that is you. We ask you to join us in our discussions and our learning.

Tatjana Buzeti, Head of Unit, Institute of Public Health, Murska Sobota

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EMK, Kutvolgyi ut 2 , Budapest 1125 Hungary - Phone: +361 488 7612 - Fax: +361 488 7610

Email: ohr@hcn.sote.hu - Website: www.healthclusternet.org

BIOGRAPHICAL NOTE

Tatjana Buzeti, MBA, BA in food science. Director of Centre for Health and Development Murska Sobota; Head of R&D unit at Regional Institute of Public Health Murska Sobota. Tatjana has 5 years experience in public health as a field worker, researcher and policy advisor. Being a program manager of Investment for Health and Development in Pomurje- pilot program Mura, she advise Ministry of Health of RS and cooperates closely with WHO European Office for Investment for Health and Development in Venice. Mayor area of work represents implementation and evaluation of investment for health approach, development of health promotion tools for rural areas and policy and program development for tackling social determinants of health. She has co-published different documents, most recently a Health Promotion Strategy and Action Plan for Tackling Health Inequalities in the Pomurje region, published in 2005.

TITLE OF WORKSHOP

How to do 'Healthy Food Procurement'

ABSTRACT

This workshop aims at exchange of information about good practices and challenges in local food procurement based on quality and best value for money rather than on lowest price. Participants are expected to give an overview about food procurement in health sector or in general in public sector in their region, to list mayor challenges and opportunities they see in connection to secure healthier food and contribute to development of regional economies. The expected outcomes include formulation of recommendations for healthier and more local food procurement; list of references about good practices, and an action plan how to advocate 'Healthy Food Procurement' across European Community.

Harald Mylord, Network Manager for Medtecnet-BB and the Imaging Network Berlin, Technology Foundation Berlin (TSB), TSBmedici - Centre for Medical Technology

BIOGRAPHICAL NOTE

Harald Mylord, Diploma (MA) in Political Science and Economics, Network manager for "medtecnnet-BB" and the "Imaging Network Berlin" at the Technology Foundation Berlin (TSB), TSBmedici - Centre for Medical Technology.

Harald started his career with a two year training in a private bank (Simonbank). He studied Political Science and Economics at the Free University of Berlin and the University of Sussex. His studies focused on EU and technology/innovation policies and included internships at the United Nations Centre of Transnational Corporations (UNCTC, New York) and at the VDE/VDI Technology Centre, Berlin. After his Diploma he participated in a Marketing Programme at the European Business Management School (EBMS) in London which was followed by an employment at Rowland Sallingbury Casey in the EU Public Affairs Division. From there he changed to the European Commission, Directorate General "Telecommunication" in Brussels, where he took part in the "Stagaire Programme".

At the Fachhochschule Lausitz (equivalent to a Polytechnic) he became Director of the Technology Transfer Department gathering experience in applied technology transfer. Following that the Friedrich-Ebert-Foundation appointed Harald as a member of the Scientific Secretary which worked on a Future Report. He coordinated the work of the Future Commission in the thematic fields technology development, globalization and national/international innovation systems.

His medical technology background stems from his employment at the Charité (University Hospital, Berlin), Working Group Digital Radiology, as a Project Manager for EU-Telemedicine projects. Since 2002 Harald works at his present post with the Technology Foundation Berlin

TITLE OF WORKSHOP

How to market medical technology SMEs to the health sector: Two case studies (1. The method of clustering; 2. medtecnnet-BB) from Berlin-Brandenburg.

ABSTRACT

The workshop will offer two different levels of action to support SMEs in the health sector:

The first approach derives from the efforts of the Technology Foundation Berlin since the mid 90's to define and organise technology clusters in areas where Berlin seems to have development potential. This idea goes back to the European RITTS Programme which promoted exactly this kind of clustering. As a result the Technology Foundation has set up four initiatives in the last ten years, one of which is TSBmedici- Center for Medical Technology. Most recently these clustering approach has been further developed by formulating master plans for every cluster. For the first time all important

players/institutions are working together to elaborate these plans. Concrete measures were formulated and methods of evaluation set up to make sure that the agreed measures are sufficiently implemented. The lesson that can be learnt is, that there has to be an thoughtful overall strategy if a (health)-region wants to successfully support its SME's. It will be interesting to hear from the participants in which way other regions in Europe promote their SME's in the life science sector.

The second approach is more on an operational level. It is the example of the medical technology network Berlin-Brandenburg (medtecnet-BB) consisting out of SME's of the region. The situation of the medical technology SME's in BB can be characterised as being moderately successful with high export rates taking advantage of the growing world market for medical technology. Surprisingly the sales of medtecnet-BB companies in the region are low or non existing. Therefore the aim of the network is to establish access and links to the identified target groups (physicians, clinic management, procurement managers) within the hospitals of the region. As a result the network companies should not only increase their local market share but also establish closer links along the medical technology value chain and thus strengthen the innovation location in general. During the workshop it will be described how medtecnet-BB has realized these goals and what difficulties and hurdles had to be overcome. How far the "medtecnet-BB approach" is applicable in other regions should be discussed amongst the participants.

Paul Svensson, Assistant nurse, Boras municipality

BIOGRAPHICAL NOTE

Paul Svensson Assistant nurse/ local project manager

Background:

1988- 1996 Working with older people in their own homes and in a day centre

1996- 2000 Safety alarm

2000- 2002 Local project manager ACTION2 "Supporting family carers via via ICT "research project

2003-2005 Research assistant ACTION3 Project supporting people with Stroke

2002- 2006 Local project manager ACTION- central regular service

Fredrik Arvevik, Assistant nurse, Boras municipality

BIOGRAPHICAL NOTE

Fredrik Arvevik Assistant nurse/ local project manager

Background:

1989- 1996 Working with older people in their own homes and in a day centre.

1997- 2000 Safety alarm

2000- 2002 Local project manager ACTION2 "Supporting family carers via ICT "research project

2003-2005 Research assistant ACTION3 Project supporting people with Stroke

2002- 2006 Local project manager ACTION- central regular service

TITLE OF WORKSHOP

Supporting frail older people and their family carers via ICT - the ACTION support Service, Boras, West Sweden

ABSTRACT

Purpose

The purpose of the presentation is to provide an example of an ICT based support service for frail older people and their family carers, ACTION (Assisting Carers using Telematics' Interventions to meet Older Persons' Needs), that is now a mainstream service in Borås municipality in West Sweden and is currently being pilot tested in seven additional municipalities across Sweden and a municipality in Norway. We are assistant nurses with many years experience of working with older people and we run the ACTION call centre in Borås municipality. We will describe the service and how we work together with families.

Method

We will explain how we support families at all stages of caring and how we help them to become experts in their individual caring situation by:

- providing information, advice and support so they are able to make informed decisions themselves
- referring families to relevant parts of the multimedia programmes so they can access information
- supporting families in their contacts with other care providers to access further help and support
- holding educational sessions so that families learn to use the ICT and also get to know other families so they can develop support networks themselves.

Results

We will summarise our practical experience of working with ACTION:

- how it helps to increase families' sense of security, confidence, knowledge and skills about their caring situation;
- how it helps them to feel less lonely and isolated;
- why we find it is a satisfying way of working, but some professionals still need to be convinced.

Conclusions

ACTION helps to empower carers who wish to care for an older relative at home.

Neil Grice, BSC, MBA, LIFT Project Director

BIOGRAPHICAL NOTE

Neil Grice is an experienced Senior Manager in the NHS with 20 years experience.

He is currently Project Director for the St.Helens, Knowsley, Halton and Warrington LIFT Project and a Director of "Partners 4 LIFT" (the LIFTCo) as well as several of its subsidiary companies.

Previous roles include Head of Primary Care Development of a £230m NHS PFI project, Chief Executive of an NHS Primary Care Group, Business Manager for a large GP Fundholding Group and General Manager for several surgical specialties, A&E and Mental Health Services at a large NHS Acute Hospital.

TITLE OF WORKSHOP

How to link capital investment with local economic development: the NHS LIFT model

ABSTRACT

NHS LIFT is an innovative vehicle to deliver High Quality fit for purpose Primary Care Premises for the provision of a modern integrated Health Service through the creation of a strategic partnering relationship between the public sector and a Liftco - a joint venture company between the public and private sectors.

The aims of NHS LIFT are:

- To address inequalities in Primary Health Care Service delivery between affluent and deprived areas.
- To support a 40% shift in outpatient workload between Secondary and Primary Care.
- To stimulate and support regeneration in deprived communities.
- To integrate the delivery of health and social care services.
- To replace existing poor quality primary care estate.
- To provide facilities that are flexible and can be changed to meet future needs of Primary Care

There are currently 42 Lift Projects in England with 9 more coming on stream by end of 2007. St Helens, Knowsley, Halton and Warrington Lift Programme will have c£125m of Construction in the first 5 years of operation creating around 20 new Primary Care Facilities.

One of the key priorities of LIFT is to encourage the integration of Health with Social, Community and Leisure services with the aim of having a positive impact on regeneration.

The presentation focuses on the experience of the St.Helens, Knowsley, Halton and Warrington LIFT Project in its attempts to ensure that the new LIFT developments contribute to the economic regeneration of deprived and run-down areas and to focus on integration of service provision between Health, Social Care and others.

Comments, particularly the sharing of participants experiences will be encouraged and it is hoped that the experience gained in LIFT will assist participants to develop similar approaches the capital investment.