1. Identification

Call	Date of submission
C1	25/04/2022

1.1. Full name of the project

ONE-STOP-CARE - Deploying an Integration Platform of Care e-Services for Independent Living of Older People in the Baltic Sea Region

132 / 250 characters

1.2. Short name of the project

ONE-STOP-CARE

13 / 20 characters

1.3. Programme priority

1. Innovative societies

1.4. Programme objective

1.2 Responsive public services

1.6. Project duration

Contracting start	22/09/2022	**Contracting end**	31/12/2022
Implementation start	01/01/2023	**Implementation end**	31/12/2025
		Duration of implementation phase (months)	36
Closure start	01/01/2026	**Closure end**	31/03/2026

1.7. Project summary

Population aging is a global trend, and the rapid growth of the aging population is observed in most European countries today. A major challenge for BSR regions is to keep older people healthy, functionally able, and living independently, because public budgets are already feeling pressured about providing social and health care services, along with the growing demands and expectations of older people 55+ for equal and higher quality care services that keep pace with their care needs. A strong need for the provision of these services to older people in a more proactive, responsive, interoperable, and accessible way. Digital technology solutions are increasingly effective and are being widely used in today's public care practice, but significant challenges and barriers exist from a legal, social, and technical perspective. Particularly, deploying integrated care e-service solutions and implementing an eHealth innovation within the public care sector represents a major challenge for most BSR countries because of organizational&legal aspects, weak political commitment, low level of e-literacy and availability of user-friendly e-service solutions, as well as poor/non-existent engagement of key stakeholders & end-users. For tackling these challenges, barriers&needs, we will design, configure, deploy, pilot and transfer the ONE-STOP-CARE platform which will integrate regional&cross-border care e-services in 6 pilot sites as a unique access point of care services for older people.

1,498 / 1,500 characters

1.8. Summary of the partnership

The ONE-STOP-CARE project is uniting the knowledge, expertise and infrastructure from 7 BSR countries – Estonia, Latvia, Lithuania, Denmark, Finland, Sweden, and Norway – with the scope to improve the proactiveness, responsiveness, interoperability and accessibility of public social and healthcare services for older people by configuring, testing, piloting, deploying, and early adoption of ONE-STOP-CARE platform, as an integrative solution of e-services enabling to keep older people healthy, functionally able, and living independently. Project partnership is built upon quadruple helix and user-centered approach, therefore, aggregating the expertise, knowledge, and experience of 6 universities (TalTech, HAMK, RTU, KVK, Aarhus University & Umea University), 3 municipalities (Kuldiga, Kretinga & Aarhus), 1 regional authority (Vaseterbotten) from Estonia, Latvia, Lithuania, Denmark, Finland and Sweden, 1 software company from Estonia (Trexicom) and 1 inclusive innovation, co-creation and UX design company from Norway. The partnership also engages 2 Associated partners: Jarva Municipality (Estonia) and Wellbeing services county of Kanta-Hame (Finland). University PPs have extended expertise and relevant research results in e-services configuration, e-services integration, software development, public services digital transformation, digital health, technology transfer and explorative research in user-centric approaches, UX design, designing thinking and co-creation. University and SME PPs have complementary expertise in digital transformation, e-services research and configuration (LP, HAMK, RTU, KVK), interoperability and data exchange models (Traxicom), digital health, user requirements design (Umea University), co-creation (Aarhus University, Inclusive Creation AS) and cross-border public services technology adaptation (Traxicom, LP and HAMK). Municipalities and regional authorities are public care service providers who participate in platform configuration based on user-centric approaches, piloting and evaluation. They already own dedicated infrastructure for supporting the delivery of public care services (especially the ones dedicated to home-care and independent living) with the support of technology, as e-services. Also, partner public authorities use non-interoperable digital tools facilitating accessibility and delivery of care services, which lack integration, user simplicity and users functional and non-functional needs responsiveness. Municipalities and regional authorities will be engaged as users in configuration, deployment and testing process of the ONE-STOP-CARE platform as dedicated pilot sites. Finally, they will be the early adopters of the platform regional and cross-border care e-services. LP is highly experienced in project coordination, research, and establishment of digital government ecosystems. LP is cooperating with Estonian and international public sector agencies for developing next generation government solutions.

2,994 / 3,000 characters

1.11. Project Budget Summary

Financial resources [in EUR]		Preparation costs	Planned project budget
ERDF	ERDF co-financing	0.00	2,766,320.72
	Own contribution ERDF	0.00	691,580.18
	ERDF budget	0.00	3,457,900.90
NO	NO co-financing	0.00	184,677.50
	Own contribution NO	0.00	184,677.50
	NO budget	0.00	369,355.00
NDICI	NDICI co-financing	0.00	0.00
	Own contribution NDICI	0.00	0.00
	NDICI budget	0.00	0.00
RU	RU co-financing	0.00	0.00
	Own contribution RU	0.00	0.00
	RU budget	0.00	0.00
TOTAL	**Total Programme co-financing**	0.00	2,950,998.22
	Total own contribution	0.00	876,257.68
	Total budget	0.00	3,827,255.90

2. Partnership

2.1. Overview: Project Partnership

2.1.1 Project Partners

No.	LP/PP	Organisation (English)	Organisation (Original)	Country	Type of partner	Legal status	Partner budget in the project	Active/inactive	
								Status	from
1	LP	Tallinn University of Technology	Tallinna Tehnikaülikool	EE	Higher education and research institution	a)	496,401.30 €	Active	22/09/2022
2	PP	Häme University of Applied Sciences Ltd	Hämeen ammattikorkeakoulu Oy	FI	Higher education and research institution	a)	378,964.00 €	Active	22/09/2022
3	PP	KLAIPĖDA STATE UNIVERSITY OF APPLIED SCIENCES	KLAIPĖDOS VALSTYBINĖ KOLEGIJA	LT	Higher education and research institution	a)	213,897.00 €	Active	22/09/2022
4	PP	Aarhus Municipality	Aarhus Kommune	DK	Local public authority	a)	392,250.00 €	Active	22/09/2022
5	PP	KULDIGA LOCAL MUNICIPALITY	KULDIGAS NOVADA PASVALDIBA	LV	Local public authority	a)	195,616.00 €	Active	22/09/2022
6	PP	Riga Technical University	Rīgas Tehniskā universitāte	LV	Higher education and research institution	a)	244,668.00 €	Active	22/09/2022
7	PP	Traxicom	Traxicom	EE	Small and medium enterprise	b)	241,000.00 €	Active	22/09/2022
8	PP	KRETINGA SOCIAL SERVICES CENTRE	KRETINGOS SOCIALINIŲ PASLAUGŲ CENTRAS	LT	Local public authority	a)	182,276.00 €	Active	22/09/2022
9	PP	Umeå University	Umeå Universitet	SE	Higher education and research institution	a)	348,502.00 €	Active	22/09/2022
10	PP	Aarhus University	Aarhus Universitet	DK	Higher education and research institution	a)	376,414.60 €	Active	22/09/2022
11	PP	Inclusive Creation AS	Inclusive Creation AS	NO	Small and medium enterprise	b)	369,355.00 €	Active	22/09/2022
12	PP	Region Vasterbotten	Region Västerbotten	SE	Regional public authority	a)	387,912.00 €	Active	22/09/2022

2.1.2 Associated Organisations

No.	Organisation (English)	Organisation (Original)	Country	Type of Partner
AO 1	Wellbeing services county of Kanta-Häme	Kanta-Hämeen hyvinvointialue	FI	Regional public authority
AO 2	Järva municipality	Järva vald	EE	Local public authority

2.2 Project Partner Details - Partner 1

LP/PP Lead Partner

Partner Status Active

Active from 22/09/2022 **Inactive from**

Partner name:

Organisation in original language Tallinna Tehnikaülikool

23 / 250 characters

Organisation in English Tallinn University of Technology

32 / 250 characters

Department in original language Tarkvarateaduse instituut

25 / 250 characters

Department in English	Department of Software Science (30 / 250 characters)

Partner location and website:

Address	Ehitajate tee no 5 (18 / 250 characters)	**Country**	Estonia
Postal Code	19086 (5 / 250 characters)	**NUTS1 code**	Eesti
Town	Tallinn (7 / 250 characters)	**NUTS2 code**	Eesti
Website	https://taltech.ee/en/department-of-software-science (52 / 100 characters)	**NUTS3 code**	Põhja-Eesti

Partner ID:

Organisation ID type	Registration code (Registrikood)
Organisation ID	10022484
VAT Number Format	EE + 9 digits
VAT Number	N/A ☐ EE100224841 (11 / 50 characters)
PIC	999842536 (9 / 9 characters)

Partner type:

Legal status	a) Public	
Type of partner	Higher education and research instituti	University faculty, college, research institution, RTD facility, research cluster, etc.
Sector (NACE)	85.42 - Tertiary education	

Partner financial data:

Is your organisation entitled to recover VAT related to the EU funded project activities?	No

Role of the partner organisation in this project:

• Project management, consortium coordination, financial management coordination, technical and financial reporting coordination, internal communication, project communication and dissemination (outputs, outcomes, progress, and results)
• Support the process of selecting and prioritizing regional and cross-border e-care services for integration in ONE-STOP-CARE platform
• Adapts and configures selected regional e-care services for ONE-STOP-CARE platform integration
• Engaged in designing regional capability framework of cross-border data exchange interoperability
• Configures e-Delivery cross-border data exchange layer for the platform
• Assures and supports platform deployment for piloting
• Technical support, data collection, data analysis, monitoring and assessment of piloting and testing
• Refine platform based on evaluation results
• Demos preparation, transnational demo events, technical support for platform early adoption by public care authorities /target groups

992 / 1,000 characters

Has this organisation ever been a partner in the project(s) implemented in the Interreg Baltic Sea Region Programme?

○ Yes ○ No

State aid relevance

For the partner type selected, the Programme sees a medium to high risk for implementing State aid relevant activities. If the partner is of the opinion that its activities are not State aid relevant, it can ask the MA/JS for a plausibility check on the State aid relevance. Does the partner want to do this?

○ Yes ○ No

Justification why the partner's activities are not State aid relevant

Tallinn University of Technology (TalTech) is the only University in Estonia, that focuses on technology. Our Next Gen Digital State (NGDS) research group addresses the technological complexities of how governments can satisfy the current and future needs of their citizens. We are focused on digital government ecosystems by investigating, researching, integrating, and aggregating technologies that support digital transformation, innovation, and implementation. Our research group collaborates with Estonian and international public sector agencies for developing next-generation government-technology research topics focused on AI architecture, requirements engineering, data analytics, and understanding the socio-economic effects of technological implementation. Our mission is to provide cutting-edge interdisciplinary research that focuses on the practical and theoretical, enabling the successful implementation of digital government solutions and policy. Taltech is a public university, and it does not carry an economic activity consisting in delivering goods or services that could be provided by an economic operator. Taltech NGDS department will be involved in researching and configuring different existing technologies and electronic public services for aggregating an integrated e-care services solution which end-users/target groups cand find it and use it in one place: ONE-STOP-CARE platform. This will improve the responsiveness and accessibility of current public care services and will allow public authorities delivering care services to become more user centered, adaptable and flexible in delivering care services with the support of digital technologies. Scope of the project is not to configure a commercial solution but to configure, test, pilot and validate an integrative solution approach of user's accessibility and responsiveness of public care services based on upgrading and extending existing Digital Silver Hub platform developed under OSIRIS project. Practically, our solution will become an one-stop-shop where current or future solutions for improving older people assisted and independent living can be aggregated and integrated for more efficient and responsiveness public care services. After project ends, ONE-STOP-CARE platform durability and functionality will be assured through the creation of a spin-off who will assure the financial and institutional sustainability, technical maintenance, the needed upgrades and future integrations of new/other existing solutions as well as the future deployment and scalability to other target groups in BSR region and EU (public care authorities as early adopters, NGO's assuring accessibility of older people to primary public care services, medical centers delivering public care services, care givers assisting older people for independent, active and healthy living). Taltech and project partners will not perform any economic activities based on ONE-STOP-CARE platform.

2,963 / 3,000 characters

2.2 Project Partner Details - Partner 2

LP/PP Project Partner

Partner Status Active

Active from 22/09/2022 **Inactive from**

Partner name:

Organisation in original language Hämeen ammattikorkeakoulu Oy

28 / 250 characters

Organisation in English Häme University of Applied Sciences Ltd

39 / 250 characters

Department in original language HAMK Smart Research Unit

24 / 250 characters

Department in English HAMK Smart Research Unit

24 / 250 characters

Partner location and website:

Address Visamäentie 35 A

16 / 250 characters

Postal Code 13100

5 / 250 characters

Town Hämeenlinna

11 / 250 characters

Website https://www.hamk.fi

19 / 100 characters

Country Finland

NUTS1 code Manner-Suomi

NUTS2 code Etelä-Suomi

NUTS3 code Kanta-Häme

Partner ID:

Organisation ID type	Business Identity Code (Y-tunnus)
Organisation ID	2617489-3
VAT Number Format	FI + 8 digits
VAT Number	N/A ☐ FI26174893 (10 / 50 characters)
PIC	949666473 (9 / 9 characters)

Partner type:

Legal status	a) Public	
Type of partner	Higher education and research instituti	University faculty, college, research institution, RTD facility, research cluster, etc.
Sector (NACE)	85.42 - Tertiary education	

Partner financial data:

Is your organisation entitled to recover VAT related to the EU funded project activities? No

Role of the partner organisation in this project:

HAMK is the PP coordinating and engaging project actions for Kante-Hame region. Its specific role in the project is:
• Coordinate and support Wellbeing services county of Kante-Hame in selecting, engaging and involving end-users (older people, care givers) and regions target groups in the process of selecting key public care services of the region which will be configured as e-care services; in the co-creation and design thinking process; in piloting and testing regional e-care services and aggregated cross-border e-care services; in evaluating piloting of ONE-STOP-CARE e-services; in early adopting/transfer of ONE-STOP-CARE solution to Wellbeing services county of Kante-Hame for the benefit of end-users and project target groups
• Organizes co-creation and design thinking events
• Supports platform configuration
• Demos preparation, transnational demo events, technical support for platform early adoption by public care authorities /target groups

966 / 1,000 characters

Has this organisation ever been a partner in the project(s) implemented in the Interreg Baltic Sea Region Programme?

○ Yes ○ No

State aid relevance

For the partner type selected, the Programme sees a medium to high risk for implementing State aid relevant activities. If the partner is of the opinion that its activities are not State aid relevant, it can ask the MA/JS for a plausibility check on the State aid relevance. Does the partner want to do this?

○ Yes ○ No

Justification why the partner's activities are not State aid relevant

HAMK is public university from Kante-Hame region, Finland. HAMK key activities are focused on development and delivery of tertiary education programs (Bsc, MA, Msc and Phd) as well as on research, innovation and technology transfer. HAMK does not provide economic activities (goods or services) in the context of the project. HAMK tasks under ONE-STOP-CARE projects are specifically focused on selecting public care services delivered by Wellbeing services county of Kanta-Hame , co-create and co-design with project target groups and end-users minimum 2 regional e-care services which will be configurd, tested, piloted and validated as an integrative solution approach of user's accessibility and responsiveness of public care services based on upgrading and extending existing Digital Silver Hub platform developed under OSIRIS project. HAMK is not performing any services that could be delivered by a private operator for making profit. Our tasks contribute to the development and configuration of ONE-STOP-CARE platform, an unique environment and access point, where current or future solutions for improving older people assisted and independent living can be aggregated and integrated for more efficient and responsiveness public care services. Project actions in Finland are coordinated by HAMK Smart Research Unit. The HAMK Smart Research Unit makes use of data analytics and digitalisation in our selected focus areas consisting of the bioeconomy and circular economy, wellbeing, education, and industry and transport. Data analytics and digitalisation enable a new approach to different challenges in the world of business. The specialists of our research areas have expertise in the content of our focus areas brought about by experience, as well as the ability to use the potential offered by different technologies to find new solutions. We also work in close cooperation with other HAMK Research Units, drawing on their expertise. The teams in our Research Unit enable the use of latest technologies and methods in our research and development work. The Digital Solutions & Platforms team develops its expertise in selected themes related to digitalization. This team masters the use of mathematics in the solving of practical problems. Our Design for a Good Digital Life team uses design thinking and user experience in the development of new services. After project ends, ONE-STOP-CARE platform durability and functionality will be assured through the creation of a spin-off who will assure the financial and institutional sustainability, technical maintenance, the needed upgrades, and future integrations of new/other existing solutions as well as the future deployment and scalability to other target groups in BSR region and EU regions. HAMK will not perform any economic activities based on ONE-STOP-CARE platform.

2,838 / 3,000 characters

2.2 Project Partner Details - Partner 3

LP/PP Project Partner

Partner Status Active

Active from 22/09/2022 **Inactive from**

Partner name:

Organisation in original language KLAIPĖDOS VALSTYBINĖ KOLEGIJA

29 / 250 characters

Organisation in English KLAIPĖDA STATE UNIVERSITY OF APPLIED SCIENCES

45 / 250 characters

Department in original language N/A

3 / 250 characters

Department in English N/A

3 / 250 characters

Partner location and website:

Address Jaunystės street 1

18 / 250 characters

Postal Code LT-91274

8 / 250 characters

Town Klaipėda

8 / 250 characters

Website www.kvk.lt

10 / 100 characters

Country Lithuania

NUTS1 code Lietuva

NUTS2 code Vidurio ir vakarų Lietuvos regionas

NUTS3 code Klaipėdos apskritis

Partner ID:

Organisation ID type	Legal person's code (Juridinio asmens kodas)
Organisation ID	119680515
VAT Number Format	LT + 9 digits
VAT Number	N/A ☐ LT119680515 (11 / 50 characters)
PIC	949665503 (9 / 9 characters)

Partner type:

Legal status	a) Public	
Type of partner	Higher education and research instituti	University faculty, college, research institution, RTD facility, research cluster, etc.
Sector (NACE)	85.42 - Tertiary education	

Partner financial data:

Is your organisation entitled to recover VAT related to the EU funded project activities? No

Role of the partner organisation in this project:

KVK is coordinating and engaging project actions in Lithuania. Its specific role in the project is:
• Organize and run the target groups focus-groups and survey
• Organizes co-creation workshops and design thinking camps
• Cooperates with PPs and support Krentinga municipality in running co-creation workshops and design thinking camps
• Supports the process of selecting and prioritizing Kretinga care services and cross-border e-care services for integration in ONE-STOP-CARE platform
• Adapts and configures selected Kretinga e-care services for ONE-STOP-CARE platform integration
• Engaged in designing regional capability framework of cross-border data exchange interoperability
• Assures and supports platform deployment for piloting in Kretinga
• Technical support, data collection, data analysis, monitoring and assessment of piloting and testing
• Demos preparation, transnational demo events, technical support for platform early adoption by public care authorities /target groups

1,000 / 1,000 characters

Has this organisation ever been a partner in the project(s) implemented in the Interreg Baltic Sea Region Programme?

○ Yes ○ No

State aid relevance

For the partner type selected, the Programme sees a medium to high risk for implementing State aid relevant activities. If the partner is of the opinion that its activities are not State aid relevant, it can ask the MA/JS for a plausibility check on the State aid relevance. Does the partner want to do this?

○ Yes ○ No

Justification why the partner's activities are not State aid relevant

KVK is a public University from Kapleida, Lithuania. KVK key activities are focused on development and delivery of tertiary education programs (superior studies) as well as on research, innovation, contractual research, and technology transfer. KVK does not provide economic activities in the context of the project (goods and services that could be provided by a private operator for making profit). KVK expertise, research results and capabilities are engaged through a transnational approach in order to prepare, configure an aggregated e-care services platform with an unique access point in order to provide an alternative for our region older people of having a higher access and responsivity of key primary public care services with the support of technology/electronic services delivery. In this sense. KVK is supporting Kretinga municipality in the process of selecting minimum 2 primary public care services which will be user adopted using co-creation and design thinking processes as e-care services which will be configure, aggregated, teste, piloted and validated as an integrative solution approach of user's accessibility and responsiveness of public care services based on upgrading and extending existing Digital Silver Hub platform developed under OSIRIS project. Our tasks contribute to the development and configuration of ONE-STOP-CARE platform, an unique environment and access point, where current or future solutions for improving older people assisted and independent living can be aggregated and integrated for more efficient and responsiveness public care services. KVK is also contributing to the development of an cross-border e-care services platform framework facilitating the care data exchange between region/countries and improving accessibility of older people to primary care public services, even if they are not in their region/country. Currently these services are developed by European Commission as electronic cross-border health services, therefore they are a public service, not a private service making profit. These type of services or solution (cross-border) cannot be handled and delivered by private operators for making profit, as there are not yet solved or barriers (legal, financial, GDPR, technology integration) and the data needed is purely public, it is owned and handled by public authorities. Moreover, the ONE-STOP-CARE platform solution will be transferred to public care authorities and not used by KVK or other consortium university partners. After project ends, ONE-STOP-CARE platform durability and functionality will be assured through the creation of a spin-off who will assure the financial and institutional sustainability, technical maintenance, the needed upgrades, and future integrations of new/other existing solutions as well as the future deployment and scalability to other target groups in BSR region and EU regions. KVK will not perform any economic activities based on ONE-STOP-CARE platform

2,971 / 3,000 characters

2.2 Project Partner Details - Partner 4

LP/PP Project Partner

Partner Status Active

Active from 22/09/2022 **Inactive from**

Partner name:

Organisation in original language Aarhus Kommune

14 / 250 characters

Organisation in English Aarhus Municipality

19 / 250 characters

Department in original language Velfærdsteknologi, Startegi og udvikling, Sundhed og Omsorg

59 / 250 characters

Department in English Assisted Living Technology

26 / 250 characters

Partner location and website:

Address Grøndalsvej 2

13 / 250 characters

Postal Code 8260

4 / 250 characters

Town Viby

4 / 250 characters

Website www.velfardsteknologi-aarhus.dk/english

39 / 100 characters

Country Denmark

NUTS1 code Danmark

NUTS2 code Midtjylland

NUTS3 code Østjylland

Partner ID:

Organisation ID type	Civil registration number (CPR)
Organisation ID	27124615
VAT Number Format	DK + 8 digits
VAT Number	N/A ☑
	0 / 50 characters
PIC	555133018
	9 / 9 characters

Partner type:

Legal status	a) Public	
Type of partner	Local public authority	Municipality, city, etc.
Sector (NACE)	84.12 - Regulation of the activities of providing health care, education, cultural services and other social services, excluding social security	

Partner financial data:

Is your organisation entitled to recover VAT related to the EU funded project activities? No

Role of the partner organisation in this project:

Aarhus municipality is the coordinator partner for Denmark project activities. Its project role is: • Selecting and engaging target groups, end-users (older people, care givers) in the process of designing user requirements • Involves target groups in the focus-groups, co-creation workshops, survey, and design thinking camps • Support PPs and Aarhus University in selecting and prioritizing Aarhus care services and cross-border e-care services for integration in ONE-STOP-CARE platform • Coordinates piloting, testing, and validation jointly with LP (WP2 Leader) • Coordinates early adoption and transfer of ONE-STOP-CARE Platform jointly with PP9 (WP3 Leader) • Supports early adoption of ONE-STOP-CARE Platform by Aarhus municipality • Engaged in designing regional capability framework of cross-border data exchange interoperability • Assures and supports platform deployment for piloting in Aarhus • Demos preparation, transnational demo events, technical support for platform early adoption

1,000 / 1,000 characters

Has this organisation ever been a partner in the project(s) implemented in the Interreg Baltic Sea Region Programme?

○ Yes ○ No

2.2 Project Partner Details - Partner 5

LP/PP	Project Partner		
Partner Status	Active		
	Active from 22/09/2022	**Inactive from**	

Partner name:

Organisation in original language	KULDIGAS NOVADA PASVALDIBA
	26 / 250 characters
Organisation in English	KULDIGA LOCAL MUNICIPALITY
	26 / 250 characters
Department in original language	Kuldiga Digital Innovation Centre
	33 / 250 characters
Department in English	Kuldiga Digital Innovation Centre
	33 / 250 characters

Partner location and website:

Address	Baznicas iela 1 (15 / 250 characters)	**Country**	Latvia
Postal Code	LV-3301 (7 / 250 characters)	**NUTS1 code**	Latvija
Town	Kuldiga (7 / 250 characters)	**NUTS2 code**	Latvija
Website	https://kuldiga.lv (18 / 100 characters)	**NUTS3 code**	Kurzeme

Partner ID:

Organisation ID type	Unified registration number (Vienotais reģistrācijas numurs)
Organisation ID	90000035590
VAT Number Format	LV + 11 digits
VAT Number	**N/A** ☐ LV90000035590 (13 / 50 characters)
PIC	947695530 (9 / 9 characters)

Partner type:

Legal status	a) Public	
Type of partner	Local public authority	Municipality, city, etc.
Sector (NACE)	84.12 - Regulation of the activities of providing health care, education, cultural services and other social services, excluding social security	

Partner financial data:

Is your organisation entitled to recover VAT related to the EU funded project activities? No

Role of the partner organisation in this project:

Kulidga municipality is the pilot site for e-care services testing with target groups and end-users. Its project role is:
• Selecting and engaging target groups, end-users (older people, care givers) in the process of designing user requirements
• Involves and works with end-users in the focus-groups, co-creation workshops, survey, and design thinking camps
• Selects and prioritize Kuldiga care services and cross-border e-care services for integration in ONE-STOP-CARE platform
• Runs piloting, testing, and validation of e-care services
• Realizes early adoption of ONE-STOP-CARE Platform by Kuldiga municipality
• Engaged in designing regional capability framework of cross-border data exchange interoperability
• Assures and supports platform deployment for piloting in Kuldiga
• Supporting, sustaining, and running transnational demo events
• Data collection, monitoring and evaluation of piloting and testing

935 / 1,000 characters

Has this organisation ever been a partner in the project(s) implemented in the Interreg Baltic Sea Region Programme?

○ Yes ○ No

2.2 Project Partner Details - Partner 6

LP/PP	Project Partner		
Partner Status	Active		
Active from	22/09/2022	**Inactive from**	

Partner name:

Organisation in original language	Rīgas Tehniskā universitāte (27 / 250 characters)
Organisation in English	Riga Technical University (25 / 250 characters)
Department in original language	Rīgas Tehniskā universitāte (27 / 250 characters)
Department in English	Riga Technical University (25 / 250 characters)

Partner location and website:

Address	Kalku street 1 (14 / 250 characters)	**Country**	Latvia
Postal Code	LV-1658 (7 / 250 characters)	**NUTS1 code**	Latvija
Town	Riga (4 / 250 characters)	**NUTS2 code**	Latvija
Website	www.rtu.lv (10 / 100 characters)	**NUTS3 code**	Rīga

Partner ID:

Organisation ID type	Unified registration number (Vienotais reģistrācijas numurs)
Organisation ID	90000068977
VAT Number Format	LV + 11 digits
VAT Number	**N/A** ☐ LV90000068977 (13 / 50 characters)
PIC	999920718 (9 / 9 characters)

Partner type:

Legal status	a) Public	
Type of partner	Higher education and research instituti	University faculty, college, research institution, RTD facility, research cluster, etc.
Sector (NACE)	85.42 - Tertiary education	

Partner financial data:

Is your organisation entitled to recover VAT related to the EU funded project activities?	No

Role of the partner organisation in this project:

RTU is coordinating and engaging project actions in Latvia. Its specific role in the project is: • Organize and run the target groups focus-groups and survey • Organizes co-creation workshops and design thinking camps • Cooperates with PPs and support Kuldiga in running co-creation workshops and design thinking camps • Supports the process of selecting and prioritizing Kuldiga municipality care services and cross-border e-care services for integration in ONE-STOP-CARE platform • Adapts and configures selected Kuldiga e-care services for ONE-STOP-CARE platform integration • Engaged in designing regional capability framework of cross-border data exchange interoperability • Assures and supports platform deployment for piloting in Kuldiga municipality • Technical support, data collection, data analysis, monitoring and assessment of piloting and testing • Demos preparation, transnational demo events, technical support for platform early adoption by public care authorities /target groups

998 / 1,000 characters

Has this organisation ever been a partner in the project(s) implemented in the Interreg Baltic Sea Region Programme?

○ Yes ○ No

State aid relevance

For the partner type selected, the Programme sees a medium to high risk for implementing State aid relevant activities. If the partner is of the opinion that its activities are not State aid relevant, it can ask the MA/JS for a plausibility check on the State aid relevance. Does the partner want to do this?

○ Yes ○ No

Justification why the partner's activities are not State aid relevant

RTU is the key public University from Latvia. RTU key activities are focused on development and delivery of tertiary education programs (superior studies) as well as on research, innovation, contractual research, and technology transfer. RTU does not provide economic activities in the context of the project (goods and services that could be provided by a private operator for making profit). RTU expertise, research results and capabilities are engaged through a transnational approach in order to prepare, configure an aggregated e-care services platform with an unique access point in order to provide an alternative for our region older people of having a higher access and responsivity of key primary public care services with the support of technology/electronic services delivery. In this sense. RTU is supporting Kuldiga municipality in the process of selecting minimum 2 primary public care services which will be user adopted using co-creation and design thinking processes as e-care services which will be configured, aggregated, teste, piloted and validated as an integrative solution approach of user's accessibility and responsiveness of public care services based on upgrading and extending existing Digital Silver Hub platform developed under OSIRIS project. Our tasks contribute to the development and configuration of ONE-STOP-CARE platform, an unique environment and access point, where current or future solutions for improving older people assisted and independent living can be aggregated and integrated for more efficient and responsiveness public care services. RTU is also contributing to the development of an cross-border e-care services platform framework facilitating the care data exchange between region/countries and improving accessibility of older people to primary care public services, even if they are not in their region/country. Currently these services are developed by European Commission as electronic cross-border health services, therefore they are a public service, not a private service making profit. These type of services or solution (cross-border) cannot be handled and delivered by private operators for making profit, as there are not yet solved or barriers (legal, financial, GDPR, technology integration) and the data needed is purely public, it is owned and handled by public authorities. Moreover, the ONE-STOP-CARE platform solution will be transferred to public care authorities and not used by RTU or other consortium university partners. After project ends, ONE-STOP-CARE platform durability and functionality will be assured through the creation of a spin-off who will assure the financial and institutional sustainability, technical maintenance, the needed upgrades, and future integrations of new/other existing solutions as well as the future deployment and scalability to other target groups in BSR region and EU regions. RTU will not perform any economic activities based on ONE-STOP-CARE platform

2,966 / 3,000 characters

2.2 Project Partner Details - Partner 7

LP/PP Project Partner

Partner Status Active

Active from 22/09/2022 **Inactive from**

Partner name:

Organisation in original language Traxicom

8 / 250 characters

Organisation in English Traxicom

8 / 250 characters

Department in original language Traxicom

8 / 250 characters

Department in English Traxicom

8 / 250 characters

Partner location and website:

Address Aiandi tee 2

12 / 250 characters

Country Estonia

Postal Code	76202 (5 / 250 characters)	**NUTS1 code**	Eesti
Town	Riisipere (9 / 250 characters)	**NUTS2 code**	Eesti
Website	https://traxicom.eu/ (20 / 100 characters)	**NUTS3 code**	Põhja-Eesti

Partner ID:

Organisation ID type	Registration code (Registrikood)
Organisation ID	12882376
VAT Number Format	EE + 9 digits
VAT Number	**N/A** ☑ (0 / 50 characters)
PIC	n/a (3 / 9 characters)

Partner type:

Legal status	b) Private	
Type of partner	Small and medium enterprise	Micro, small, medium enterprises < 250 employees, ≤ EUR 50 million turnover or ≤ EUR 43 million balance sheet total
Sector (NACE)	62.01 - Computer programming activities	

Partner financial data:

Is your organisation entitled to recover VAT related to the EU funded project activities? No

Financial data	**Reference period**	01/01/2020 – 31/12/2020	
	Staff headcount [in annual work units (AWU)]		2.0
	Employees [in AWU]		0.0
	Persons working for the organisation being subordinated to it and considered to be employees under national law [in AWU]		0.0
	Owner-managers [in AWU]		2.0
	Partners engaged in a regular activity in the organisation and benefiting from financial advantages from the organisation [in AWU]		0.0
	Annual turnover [in EUR]	8,760.00	
	Annual balance sheet total [in EUR]	6,603.00	
	Operating profit [in EUR]	6,567.00	

Role of the partner organisation in this project:

Traxicom has a key role in the preparation and configuration of e-delivery cross-border data exchange layer for the ONE-STOP-CARE platform. Briefly, Traxicom will:
• technical establishment of a cross-border API access connection to facilitate interoperable cross-border data exchange between care e- service providers and the ONE-STOP-CARE platform
• develop a connector for the Harmony e-Delivery access point that can be used to connect participants' backend information systems to the ONE-STOP-CARE platform.
• defining the API and data models, and the participants are responsible for implementing them in their backend systems
• provide support and consultation in installing and configuring the connector for care e-service providers. • Refining and adjusting ONE-STOP-CARE platform based on evaluation results
• Assures and supports platform deployment for piloting
• Demos preparation, transnational demo events, technical support for platform early adoption

976 / 1,000 characters

Has this organisation ever been a partner in the project(s) implemented in the Interreg Baltic Sea Region Programme?

○ Yes ○ No

2.2 Project Partner Details - Partner 8

LP/PP	Project Partner
Partner Status	Active
Active from	22/09/2022
Inactive from	

Partner name:

Organisation in original language	KRETINGOS SOCIALINIŲ PASLAUGŲ CENTRAS (37 / 250 characters)
Organisation in English	KRETINGA SOCIAL SERVICES CENTRE (31 / 250 characters)
Department in original language	KRETINGOS SOCIALINIŲ PASLAUGŲ CENTRAS (37 / 250 characters)
Department in English	KRETINGA SOCIAL SERVICES CENTRE (31 / 250 characters)

Partner location and website:

Address	Klaipėdos g. 133C (17 / 250 characters)	**Country**	Lithuania
Postal Code	LT-97156 (8 / 250 characters)	**NUTS1 code**	Lietuva
Town	Kretinga (8 / 250 characters)	**NUTS2 code**	Vidurio ir vakarų Lietuvos regionas
Website	https://spc.kretingos.lt/ (25 / 100 characters)	**NUTS3 code**	Klaipėdos apskritis

Partner ID:

Organisation ID type	Legal person's code (Juridinio asmens kodas)
Organisation ID	190278395
VAT Number Format	Please select
VAT Number	N/A ☑ (0 / 50 characters)
PIC	886445268 (9 / 9 characters)

Partner type:

Legal status	a) Public	
Type of partner	Local public authority	Municipality, city, etc.
Sector (NACE)	84.12 - Regulation of the activities of providing health care, education, cultural services and other social services, excluding social security	

Partner financial data:

Is your organisation entitled to recover VAT related to the EU funded project activities? No

Role of the partner organisation in this project:

Kretinga municipality is the pilot site for e-care services testing with target groups and end-users in Lithuania. Its project role is:
• Selecting and engaging target groups, end-users (older people, care givers) in the process of designing user requirements
• Involves and works with end-users in the focus-groups, co-creation workshops, survey, and design thinking camps
• Selects and prioritize Kretinga care services and cross-border e-care services for integration in ONE-STOP-CARE platform
• Runs piloting, testing, and validation of e-care services
• Realizes early adoption of ONE-STOP-CARE Platform by Kretinga municipality
• Engaged in designing regional capability framework of cross-border data exchange interoperability
• Assures and supports platform deployment for piloting in Kretinga
• Supporting, sustaining, and running transnational demo events
• Data collection, monitoring and evaluation of piloting and testing

944 / 1,000 characters

Has this organisation ever been a partner in the project(s) implemented in the Interreg Baltic Sea Region Programme?

○ Yes ○ No

2.2 Project Partner Details - Partner 9

LP/PP	Project Partner		
Partner Status	Active		
Active from	22/09/2022	**Inactive from**	

Partner name:

Organisation in original language	Umeå Universitet (16 / 250 characters)
Organisation in English	Umeå University (15 / 250 characters)
Department in original language	Institutionen för informatik (28 / 250 characters)
Department in English	Department of Informatics (25 / 250 characters)

Partner location and website:

Address	Umeå University (15 / 250 characters)	**Country**	Sweden

Postal Code	901 87 6 / 250 characters	**NUTS1 code**	Norra Sverige
Town	Umeå 4 / 250 characters	**NUTS2 code**	Övre Norrland
Website	https://www.umu.se/en/ 22 / 100 characters	**NUTS3 code**	Västerbottens län

Partner ID:

Organisation ID type	Organisation number (Organisationsnummer)
Organisation ID	202100-2874
VAT Number Format	SE + 12 digits
VAT Number	**N/A** ☐ SE202100287401 14 / 50 characters
PIC	999881821 9 / 9 characters

Partner type:

Legal status	a) Public	
Type of partner	Higher education and research instituti	University faculty, college, research institution, RTD facility, research cluster, etc.
Sector (NACE)	85.42 - Tertiary education	

Partner financial data:

Is your organisation entitled to recover VAT related to the EU funded project activities? No

Role of the partner organisation in this project:

Umea University is coordinating and engaging project actions in Sweden: • Contributes to the development of focus group, survey methodology, co-creation and design thinking tools • Organize and run the target groups focus-groups and survey • Cooperates with PPs and support Vasterbotten region in running co-creation workshops and design thinking camps • Supports the process of selecting and prioritizing Vasterbotten region care services and cross-border e-care services for integration in platform • Adapts and configures selected Vasterbotten region e-care services for ONE-STOP-CARE platform integration • Engaged in designing regional capability framework of cross-border data exchange interoperability • Assures and supports platform deployment for piloting in Vasterbotten region • Pilot data analysis, monitoring and evaluation of piloting and testing • WP3 Leader, coordinates Demos preparation, transnational demo events, technical support for platform early adoption

985 / 1,000 characters

Has this organisation ever been a partner in the project(s) implemented in the Interreg Baltic Sea Region Programme?

○ Yes ○ No

State aid relevance

For the partner type selected, the Programme sees a medium to high risk for implementing State aid relevant activities. If the partner is of the opinion that its activities are not State aid relevant, it can ask the MA/JS for a plausibility check on the State aid relevance. Does the partner want to do this?

○ Yes ○ No

Justification why the partner's activities are not State aid relevant

Umea University is a public University from Vasterbotten region, Sweden. Umea University key activities are focused on development and delivery of tertiary education programs (superior studies) as well as on research, innovation, contractual research, and technology transfer. Our university does not provide economic activities in the context of the project (goods and services that could be provided by a private operator for making profit). Umea University expertise, research results and capabilities are engaged through a transnational approach in order to prepare, configure an aggregated e-care services platform with an unique access point in order to provide an alternative for our region older people of having a higher access and responsivity of key primary public care services with the support of technology/electronic services delivery. In this sense, Umea University is supporting Vasterbotten region in the process of selecting minimum 2 primary public care services which will be user adopted using co-creation and design thinking processes as e-care services which will be configured, aggregated, teste, piloted and validated as an integrative solution approach of user's accessibility and responsiveness of public care services based on upgrading and extending existing Digital Silver Hub platform developed under OSIRIS project. Our tasks contribute to the development of ONE-STOP-CARE platform UX ecosystem, an unique environment and access point, where current or future solutions for improving older people assisted and independent living can be aggregated and integrated for more efficient and responsiveness public care services. Umea University is also contributing to the development of the cross-border e-care services platform framework facilitating the care data exchange between region/countries and improving accessibility of older people to primary care public services, even if they are not in their region/country. Currently these services are developed by European Commission as electronic cross-border health services, therefore they are a public service, not a private service making profit. These type of services or solution (cross-border) cannot be handled and delivered by private operators for making profit, as there are not yet solved or barriers (legal, financial, GDPR, technology integration) and the data needed is purely public, it is owned and handled by public authorities. Moreover, the ONE-STOP-CARE solution will be transferred to public care authorities and not used by Ume University. After project ends, ONE-STOP-CARE platform durability and functionality will be assured through the creation of a spin-off who will assure the financial and institutional sustainability, technical maintenance, the needed upgrades, and future integrations of new/other existing solutions as well as the future deployment and scalability to other target groups in BSR region and EU regions.

2,932 / 3,000 characters

2.2 Project Partner Details - Partner 10

LP/PP Project Partner

Partner Status Active

Active from 22/09/2022 **Inactive from**

Partner name:

Organisation in original language Aarhus Universitet

18 / 250 characters

Organisation in English Aarhus University

17 / 250 characters

Department in original language Moesgårds Antropologiske Analyseenhed (MANTRA)

46 / 250 characters

Department in English The Moesgaard Anthropological Analysis Unit (MANTRA)

52 / 250 characters

Partner location and website:

Address Moesgaard Allé 20

17 / 250 characters

Postal Code 8270

4 / 250 characters

Town Aarhus

6 / 250 characters

Website https://cas.au.dk/om-instituttet/afdelinger/antropologi/mantra

62 / 100 characters

Country Denmark

NUTS1 code Danmark

NUTS2 code Midtjylland

NUTS3 code Østjylland

Partner ID:

Organisation ID type	Civil registration number (CPR)
Organisation ID	31119103
VAT Number Format	DK + 8 digits
VAT Number	N/A ☐ DK31 11 91 03 (13 / 50 characters)
PIC	999999773 (9 / 9 characters)

Partner type:

Legal status	a) Public	
Type of partner	Higher education and research instituti	University faculty, college, research institution, RTD facility, research cluster, etc.
Sector (NACE)	85.42 - Tertiary education	

Partner financial data:

Is your organisation entitled to recover VAT related to the EU funded project activities? No

Role of the partner organisation in this project:

Aarhus University has a key contribution in project user centered approach as in cooperation with Inclusive Creation AS we will co-develop the co-creation and design thinking tools, instruments and methodologies for target groups and end-users' involvement in the ONE-STOP-CARE platform e-care services. We will assure that the entire development, configuration process of the platform as well as the piloting and testing activities are user centered and based on UX design. Also, we will: • Develop focus group, survey methodology • Develop co-creation and design thinking tools • Supports implementation of co-creation and design thinking tools • Involves and works with end-users in the focus-groups, co-creation workshops, survey, and design thinking camps • Supports piloting process • Demos preparation, transnational demo events, technical support for platform early adoption • Supporting, sustaining, and running transnational demo events

947 / 1,000 characters

Has this organisation ever been a partner in the project(s) implemented in the Interreg Baltic Sea Region Programme?

○ Yes ○ No

State aid relevance

For the partner type selected, the Programme sees a medium to high risk for implementing State aid relevant activities. If the partner is of the opinion that its activities are not State aid relevant, it can ask the MA/JS for a plausibility check on the State aid relevance. Does the partner want to do this?

○ Yes ○ No

Justification why the partner's activities are not State aid relevant

Aarhus University – MANTRA Department is a research and innovation unit specialised in anthropological user studies and co-creation. We are, and have been, engaged in a series of projects concerning living conditions for elderly people in nursing homes, it-development in relation to elderly care workers and cross-sectional communication concerning elderly citizens and patients moving across regional hospitals and into municipal elderly homes, private homes, and the like. our researchers and consultants have extensive experience working with themes in the field of medical anthropology (health and illness, care work, health care systems, the use of telemedicine, ICT-based care technologies, and much more), organizational anthropology (organizational analysis of power, bureaucracy, policy implementation, and much more), science and technology studies (studies of technology development and implementation, socio-technical network analysis, critical analysis of knowledge production, the use and abuse of scientific and evidence-based methods for political projects, and much more), and design anthropology (using anthropological and participatory methods for designing and developing new services, practices, spaces, work flows, systems, and technologies). MANTRA has close collaboration with Aarhus Municipality and the region and is the largest university in Denmark. They have experience working with PPP and PPI in health innovative projects with focus on socialisation, education, mapping on environments as in nursing homes and in IT-development. MANTRA's main contribution and activities will be using our methodological and analytical expertise in both the early phases of the project (identifying, selecting, configuring, and implementing ICT-based care services in WP1; engaging target groups and end-users (UX design) in iterative processes of co-creation and contributing with thorough data collection and detailed analysis in WP2; as well as supporting the ONE-STOP-CARE early adoption, transfer to public care authorities (including to Aarhus municipality), communication, and dissemination of project results through specific actions in WP3). MANTRA does not provide economic activities in the context of the project (goods and services that could be provided by a private operator for making profit). MANTRA is also contributing to the development of the cross-border e-care services platform framework facilitating the care data exchange between region/countries and improving accessibility of older people to primary care public services, even if they are not in their region/country. These type of services or solution (cross-border) cannot be handled and delivered by private operators for making profit, as there are not yet solved or barriers (legal, financial, GDPR, technology integration) and the data needed is purely public, it is owned and handled by public authorities.

2,907 / 3,000 characters

2.2 Project Partner Details - Partner 11

LP/PP	Project Partner
Partner Status	Active
Active from	22/09/2022
Inactive from	

Partner name:

Organisation in original language	Inclusive Creation AS (21 / 250 characters)
Organisation in English	Inclusive Creation AS (21 / 250 characters)
Department in original language	Inclusive Creation AS (21 / 250 characters)
Department in English	Inclusive Creation AS (21 / 250 characters)

Partner location and website:

Address	Sundenga 6 (10 / 250 characters)	**Country**	Norway
Postal Code	2008 Fjerdingby (15 / 250 characters)	**NUTS1 code**	Norge
Town	Lillestrøm (10 / 250 characters)	**NUTS2 code**	Oslo og Viken
Website	https://www.inclusivecreation.com/ (34 / 100 characters)	**NUTS3 code**	Viken

Partner ID:

Organisation ID type	Organisation number (Organisasjonsnummer)
Organisation ID	917593329
VAT Number Format	NO + 9 digits + MVA
VAT Number	N/A ☑ (0 / 50 characters)
PIC	886517145 (9 / 9 characters)

Partner type:

Legal status	b) Private	
Type of partner	Small and medium enterprise	Micro, small, medium enterprises < 250 employees, ≤ EUR 50 million turnover or ≤ EUR 43 million balance sheet total
Sector (NACE)	62.09 - Other information technology and computer service activities	

Partner financial data:

Is your organisation entitled to recover VAT related to the EU funded project activities?	No

Financial data			
	Reference period	01/01/2021 –	31/12/2021
	Staff headcount [in annual work units (AWU)]		0.0
	Employees [in AWU]		0.0
	Persons working for the organisation being subordinated to it and considered to be employees under national law [in AWU]		0.0
	Owner-managers [in AWU]		0.0
	Partners engaged in a regular activity in the organisation and benefiting from financial advantages from the organisation [in AWU]		0.0
	Annual turnover [in EUR]		0.00
	Annual balance sheet total [in EUR]		174.00
	Operating profit [in EUR]		0.00

Role of the partner organisation in this project:

Inclusive Creation As has a key contribution under WP1, WP2 and WP3 as in cooperation with Aarhus University they will co-develop de co-creation and design thinking tools, instruments and methodologies for target groups and end-users' involvement in the ONE-STOP-CARE platform e-care services. We will assure that the entire development, configuration process of the platform as well as the piloting and testing activities are user centered and based on UX design. Also, we will:
• Develop focus group, survey methodology
• Develop co-creation and design thinking tools
• Supports implementation of co-creation and design thinking tools
• Involves and works with end-users in the focus-groups, co-creation workshops, survey, and design thinking camps
• Supports piloting process
• Demos preparation, transnational demo events, technical support for platform early adoption
• Supporting, sustaining, and running transnational demo events

948 / 1,000 characters

Has this organisation ever been a partner in the project(s) implemented in the Interreg Baltic Sea Region Programme?

○ Yes ○ No

2.2 Project Partner Details - Partner 12

LP/PP	Project Partner		
Partner Status	Active		
	Active from 22/09/2022	**Inactive from**	

Partner name:

Organisation in original language	Region Västerbotten (19 / 250 characters)
Organisation in English	Region Vasterbotten (19 / 250 characters)
Department in original language	IT Västerbotten (15 / 250 characters)
Department in English	IT Vasterbotten (15 / 250 characters)

Partner location and website:

Address	Region Västerbotten (19 / 250 characters)	**Country**	Sweden

Postal Code	901 89 6 / 250 characters	**NUTS1 code**	Norra Sverige
Town	Umeå 4 / 250 characters	**NUTS2 code**	Övre Norrland
Website	https://www.regionvasterbotten.se 33 / 100 characters	**NUTS3 code**	Västerbottens län

Partner ID:

Organisation ID type	Organisation number (Organisationsnummer)
Organisation ID	232100-0222
VAT Number Format	SE + 12 digits
VAT Number	**N/A** ☐ SE232100022201 14 / 50 characters
PIC	N/A 3 / 9 characters

Partner type:

Legal status	a) Public	
Type of partner	Regional public authority	Regional council, etc.
Sector (NACE)	84.12 - Regulation of the activities of providing health care, education, cultural services and other social services, excluding social security	

Partner financial data:

Is your organisation entitled to recover VAT related to the EU funded project activities? No

Role of the partner organisation in this project:

Region Vasterbotten is the pilot site for e-care services testing with target groups and end-users in Sweden. Its project role is: • Selecting and engaging target groups, end-users (older people, care givers) in the process of designing user requirements • Involves and works with end-users in the focus-groups, co-creation workshops, survey, and design thinking camps • Selects and prioritize Vasterbotten region care services and cross-border e-care services for integration in ONE-STOP-CARE platform • Runs piloting, testing, and validation of e-care services • Realizes early adoption of ONE-STOP-CARE Platform by Vasterbotten region • Engaged in designing regional capability framework of cross-border data exchange interoperability • Assures and supports platform deployment for piloting in Vasterbotten region • Supporting, sustaining, and running transnational demo events, technical support for platform early adoption • Data collection, monitoring and evaluation of piloting and testing

999 / 1,000 characters

Has this organisation ever been a partner in the project(s) implemented in the Interreg Baltic Sea Region Programme?

◉ Yes ○ No

2.3 Associated Organisation Details - AO 1

Associated organisation name and type:

Organisation in original language: Kanta-Hämeen hyvinvointialue
28 / 250 characters

Organisation in English: Wellbeing services county of Kanta-Häme
39 / 250 characters

Department in original language: Kanta-Hämeen hyvinvointialue
28 / 250 characters

Department in English: Wellbeing services county of Kanta-Häme
39 / 250 characters

Legal status: a) Public

Type of associated organisation: Regional public authority — Regional council, etc.

Associated organisation location and website:

Address: Sibeliuksenkatu 2
17 / 250 characters

Country: Finland

Postal Code: 13100
5 / 250 characters

Town: Hämeenlinna
11 / 250 characters

Website: https://omahame.fi/
19 / 100 characters

Role of the associated organisation in this project:

Wellbeing services county of Kanta-Häme is responsible for organising public healthcare, social welfare, and rescue services having approximately 6 700 employees in 15 regional social and healthcare organisations. Wellbeing services county of Kanta-Häme will participate in the ONE-STOP-CARE project as an associated partner of Häme University of Applied Sciences ensuring the involvement of social and healthcare organisations in all development activities from the beginning of the project. The county will select organisations, which provide home care and housing services for older adults, to participate in the piloting of the integration of their services. Employees of selected organisations will be organised into different working and test groups for co-creation, validation, and evaluation activities of the service integration piloting in close collaboration with the Häme University of Applied Sciences and end-users, who are older adults.

951 / 1,000 characters

2.3 Associated Organisation Details - AO 2

Associated organisation name and type:

Organisation in original language: Järva vald
10 / 250 characters

Organisation in English: Järva municipality
18 / 250 characters

Department in original language: Järva vald
10 / 250 characters

Department in English: Järva municipality
18 / 250 characters

Legal status: a) Public

Type of associated organisation: Local public authority — Municipality, city, etc.

Associated organisation location and website:

Address: Pikk 56, Järva-Jaani alev, Järva vald
37 / 250 characters

Country: Estonia

Postal Code: 73301 Järva maakond
19 / 250 characters

Town: Järva-Jaani borough
19 / 250 characters

Website: https://jarvavald.kovtp.ee/uldinfo
34 / 100 characters

Role of the associated organisation in this project:

Järva municipality is the pilot site for e-care services testing with target groups and end-users in Estonia. Its project role is: • Selecting and engaging target groups, end-users (older people, care givers) in the process of designing user requirements • Involves and works with end-users in the focus-groups, co-creation workshops, survey, and design thinking camps • Selects and prioritize Järva municipality care services and cross-border e-care services for integration in ONE-STOP-CARE platform • Runs piloting, testing, and validation of e-care services at Järva municipality level • Realizes early adoption of ONE-STOP-CARE Platform by Järva municipality • Engaged in designing regional capability framework of cross-border data exchange interoperability • Assures and supports platform deployment for piloting in Järva municipality • Supporting, sustaining, and running transnational demo events • Data collection, monitoring and evaluation of piloting and testing

977 / 1,000 characters

3. Relevance

3.1 Context and challenge

Population aging is a global trend, and the rapid growth of the aging population is observed in most European countries today. It is estimated that by 2060 , 1/3 Europeans will be above the age of 60. This process is very advanced and has major impacts on societies and market dynamics in the countries of the BSR region. With this demographic shift, there is a major challenge for BSR regions to keep older people healthy, functionally able, and living independently, because public budgets are already feeling pressured with regard to providing social and health care services, along with the growing demands and expectations of older people 55+ for equal and higher quality care services that keep pace with their care needs. Thus, a strong need for the provision of these services to older people in a more proactive, responsive, interoperable, and accessible way is growing at a faster pace. Based on the analysis conducted under the OSIRIS BSR project, mapped challenges and needs, facing the public care provision, have proven to be complex and require a transnational approach to undertake innovations in this sector. BSR regions need to adapt their social and healthcare systems for assuring a better responsiveness and accessibility of public care services to ageing population. While it has been found that digital technology solutions are increasingly effective and are being widely used in today's public care practice, significant challenges and barriers exist from a legal, social, and technical perspective. Particularly, deploying integrated care e-service solutions and implementing an eHealth innovation within the public care sector represents a major challenge for most BSR countries. Several causes for this challenge were identified in the analysis, including organizational&legal aspects, weak political commitment, low level of e-literacy and availability of user-friendly e-service solutions, as well as poor or non-existent engagement of key stakeholders and end-users.

1,998 / 2,000 characters

3.2 Transnational value of the project

Through a transnational approach, this project will configure and integrate existing public social and health care e-services for older people in the ONE-STOP-CARE Platform for improving their proactiveness, responsiveness, interoperability, and accessibility based on the analysis, mapped challenges, and development needs and using the Digital Silver Hub platform developed in the OSIRIS Interreg BSR project (2019-2021). The project will explore, pilot, and evaluate innovative approaches for integration of public care e-services through automation and up-to-date technology solutions. The European Commission (EC) has recognized that integration of electronic services (e-services) has the potential to address the afore mentioned challenges and the corresponding needs that drive a great demand for improving free access to public care services across EU borders. It is also acknowledged that integrating e-services across borders for older people holds great promise in enabling them to live extended lives while staying active and independent members of EU society. Therefore, the cross-border integration of care services and effective data exchange are common targets/goals of BSR governments The transnational cooperation during the project will promote, advance, and enable data exchange between BSR countries supporting e-services integration at both regional and cross-border levels. The cooperation is of utmost importance to pave the way for the development and provision of interoperable cross-border e-services between BSR countries. It will also provide relevant decision support to multiple stakeholders therein to enable them to undertake innovations in the public care sector. Finland and Estonia represent unique cases of cross-border data exchange and e-services integration in the BSR landscape. The cross-border mobility dynamics, evidenced the need for data exchange, integration and generated a joint strategic roadmap for cross-border data exchange and digital services

1,998 / 2,000 characters

3.3 Target groups

Target group	Sector and geographical coverage	Its role and needs
Local public authority	Municipalities who deliver public care services (department of social services, department of healthcare services, department of assisted living, IT department) to older people from Estonia, Finland, Latvia, Lithuania, Norway, and Denmark. Specific engaged municipalities: Kuldiga municipality – Latvia; Kretinga social services center – Lithuania; Aarhus municipality – Denmark; Jarva municipality – Estonia; Lillestrom municipality – Norway. (443 / 500 characters)	Municipalities need to adapt their social and healthcare systems to ensure better responsiveness and accessibility of their public care services enabling older people's healthy ageing and independent living. Municipalities will be actively involved in the entire development, configuration, piloting, testing, and early adoption process of ONE-STOP-CARE platform based on user-centric approaches (UX & Design Thinking), using co-creation tools. Municipalities will be engaged as early users and have a strong role in: selecting and engaging end-users (older people, care givers) in the design of user requirements; working with end-users in focus-groups, co-creation, design thinking camps; piloting, testing and validating of e-care services; assuring deployment of platform; preparing transnational demos; data collection, monitoring, evaluation of piloting; designing of cross-border data exchange, e-services interoperability; selecting, prioritizing, early adoption of platform care e-services. (999 / 1,000 characters)

Target group	Sector and geographical coverage	Its role and needs
Regional public authority	Wellbeing, IT&C, social and healthcare departments from regional governments located in Estonia (Pohja-Esti), Finland (Kanta-Hame) and Sweden (Vasterbotten). At project level we have already engaged Vasterbotten Region – Sweden and Wellbeing services county of Kanta-Hame – Finland 281 / 500 characters	Regional authorities also need to adapt their social and healthcare systems to ensure better responsiveness and accessibility of their public care services enabling older people's healthy ageing and independent living. They will be actively involved in the entire process of development, configuration, piloting, testing and early adoption of ONE-STOP-CARE platform based on user-centric approaches (UX & Design Thinking) and using co-creation tools. They will be engaged as early users and have a strong role in: selecting and engaging end-users (older people, care givers) in the design of user requirements; working with end-users in focus-groups, co-creation and design thinking camps; piloting, testing and validating of services; assuring deployment of platform; preparing transnational demos; data collection, monitoring and evaluation of piloting; designing of cross-border data exchange, e-services interoperability; selecting, prioritizing and early adoption of platform care e-services. 997 / 1,000 characters
Sectoral agency	At least 5 sectoral agencies from the project regions with responsibilities and regulating GDPR, patient data, data exchange procedures, cybersecurity, and legal framework for the delivery of public care services, including care e-services. Sectoral agencies from Pohja-Esti (Estonia), Vasterbotten (Sweden), Vidurio ir vakaru Lietuvos region (Lithuania), Kurzeme (Latvia), Central Denmark Region (Denmark), Kanta-Hame (Finland) and Oslo og Viken (Norway). 456 / 500 characters	Sectoral agencies need to adapt critical components of the social and healthcare systems to support a secure, legal, and protected delivery of public care services with the support of technology. Their role is important in adapting the legal framework for efficient care e-services delivery through relevant policy tools. Therefore, they are engaged based on the user-centered approach in setting up the user requirements covering GDPR, patient data, data exchange procedures, cybersecurity, and legal framework for delivery of public care e-services. Sectoral agencies responsible for public social and health care delivery services need also to adapt their systems to assure better responsiveness and accessibility of their services enabling older people's healthy aging and independent living. They will be actively involved in the entire process of configuration, piloting, and early adoption of ONE-STOP-CARE based on user-centric approaches (UX & Design Thinking) and using co-creation tools 997 / 1,000 characters
Hospital and medical centre	Public Hospitals, public medical centers providing primary healthcare services, public home care service providers from Pohja-Esti (Estonia), Vasterbotten (Sweden), Vidurio ir vakaru Lietuvos region (Lithuania), Kurzeme (Latvia), Central Denmark Region (Denmark), Kanta-Hame (Finland) and Oslo og Viken (Norway). At project level we target 20 public hospitals, medical centers and home care service providers who deliver its services for older people 55+. 455 / 500 characters	Hospitals and medical centers from project regions are specialized providers of primary social and healthcare services, including home care services. They also need to adapt their services to the support of technology and IT&C backed-up solutions for an ageing population. Therefore, digital transformation of their services enhances a better responsiveness and accessibility of their public care services to older people's healthy ageing and independent living. Municipalities and regional authorities are closely connected with hospitals/ medical centers who are directly chained in the care services delivery process with two end-users: care givers (nurses, doctors that assures the delivery of care services) and older people that receives care services. Therefore, hospitals and medical centers will be actively involved in the entire process of configuration, piloting, and early adoption of ONE-STOP-CARE based on user-centric approaches (UX & Design Thinking), using co-creation tools. 996 / 1,000 characters

Target group	Sector and geographical coverage	Its role and needs
NGO	Older people associations supporting older people receiving social and healthcare public services; Patient associations representing needs and interests of older people 55+; Care givers professional association representing needs and interest of care givers; Nurses and Doctors professional associations representing the medical staff needs from Pohja-Esti), Vasterbotten, Vidurio ir vakaru Lietuvos region, Kurzeme, Central Denmark Region, Kanta-Hame and Oslo og Viken. 470 / 500 characters	NGOs are also important actors in the value chain for designing and delivering public care services enabling older people's healthy ageing and independent living. Targeted NGOs (patient associations representing needs and interests of older people 55+; care givers professional association; nurses and doctors professional association) are engaged with the key categories of end-users: older people who receive services for healthy, active and independent living at home and care givers who deliver the care services. They have an important role in covering the gaps of public care services, assuring equal and fast access to services and real-time connection with the end-users' needs. Therefore, they are an important target group in the process of user requirements design, piloting, pilots' impact evaluation on end-users, refinement and updating of platform care e-services and platform adoption by public authorities. They will be actively engaged based on user-centric approaches. 989 / 1,000 characters

3.4 Project objective

Your project objective should contribute to:

Responsive public services

The ONE-STOP-CARE project objective is to improve the proactiveness, responsiveness, interoperability, and accessibility of public social and healthcare services for older people in 7 countries of Baltic Sea Region by configuring, testing, piloting, deploying, and early adoption of ONE-STOP-CARE platform, as an integrative solution of e-services enabling to keep older people healthy, functionally able, and living independently. The project action is based on exploratory selection, configuration, and integration of existing care e-services on the Digital Silver Hub platform developed under the OSIRIS Interreg BSR project through innovative technology adaptation and user-centric approaches (UX & Design Thinking). It will explore, pilot, and evaluate innovative approaches for the integration of public care e-services through automation and up-to-date technology solutions. Project actions support the development and deployment of the ONE-STOP-CARE platform ecosystem, a unique environment, an access point, where current and future e-service solutions can be integrated for improving the proactiveness, responsiveness, interoperability, and accessibility of public social and healthcare services for older people assisted and independent living. The project designs and deploys cross-border public care e-services integrated on the ONE-STOP-CARE platform which is a framework facilitating the cross-border data exchange between project countries and providing older people with the accessibility to the services while staying in another BSR country. The development, piloting and testing of the platform are based on user-centric approaches such as UX and Design Thinking through co-creation with target groups. This will also allow public authorities or care service providers to become more user-centered providing end-users with more control, choices, and flexibility with the support of up-to-date digital technology solutions.

1,941 / 2,000 characters

3.5 Project's contribution to the EU Strategy for the Baltic Sea Region

Please indicate whether your project contributes to the implementation of the Action Plan of the EU Strategy for the Baltic Sea Region (EUSBSR).

(•) Yes ( ) No

Please select which Policy Area of the EUSBSR your project contributes to most.

PA Health

Please list the action of this Policy Area that your project contributes to and explain how.

The project is contributing to the PA Health objectives and actions as consortium partners are jointly engaged in improving the proactiveness, responsiveness, interoperability, and accessibility of public social and healthcare services for older people. The project partners are jointly working on preparing and configuring different existing technologies and public e-services for an integrated e-care services solution in which end-users/target groups can find and use care e-services in one place: ONE-STOP-CARE platform. This will also allow public authorities/care service providers to become more user-centered providing end-users with more control, choices, and flexibility with the support of up-to-date digital technology solutions. Project actions support the development and deployment of the ONE-STOP-CARE platform ecosystem, a unique environment, an access point, where current and future e-service solutions improving older people's assisted and independent living can be integrated for more efficient and responsive care services. The project designs and deploys cross-border public care e-services integrated on the ONE-STOP-CARE platform/framework facilitating the cross-border data exchange between project countries and providing older people with the accessibility to the services while staying in another country. The development, piloting and testing of the platform are based on user-centric approaches such as UX and Design Thinking through co-creation with target groups.

1,496 / 1,500 characters

If applicable, please describe which other Policy Areas of the EUSBSR your project contributes to and how.

The project is contributing also to PA Innovation as it proposes to improve the proactiveness, responsiveness, interoperability, and accessibility of public social and healthcare services and to keep older people healthy, functionally able, and living independently by transforming public care services through digital integration. Project action is based on exploratory selection, configuration, and integration of existing care e-services on the Digital Silver Hub platform developed under the OSIRIS Interreg BSR project through innovative technology adaptation and UX design. It will explore, pilot, and evaluate innovative approaches for the integration of public care e-services through automation and up-to-date technology solutions. The project solution will become a ONE-STOP-CARE platform, the point where current and future e-service solutions for improving older people's assisted and independent living can be integrated. The ONE-STOP-CARE platform durability and functionality will be assured through the creation of a spin-off that will assure the financial and institutional sustainability, technical maintenance, the needed upgrades, and future integrations of new/other existing solutions as well as the future deployment and scalability to other target groups in BSR region and EU. ONE-STOP-CARE is a challenge-driven platform, based on digital innovation and transformation using co-creation tools and UX and Design Thinking approaches.

1,456 / 1,500 characters

3.6 Other political and strategic background of the project

Strategic documents

The 2nd digital agenda for Europa focused on profound changes introduced by digital technologies, the essential role of digital services and markets, new EU technological and geopolitical ambitions. ONE-STOP-CARE project is contributing to the achievement of the following digital targets: Public services available online –Project will configure and deploy an integrated care e-services platform solution to improve public social and healthcare system responsiveness to the needs of older people.

497 / 500 characters

EU4Health strategic framework is focused on resilience, innovation, and accessibility of healthcare system. ONE-STOP-CARE project is contributing to the achievement of the following EU4Health targets: 1) disease prevention and health promotion in an ageing population; 2) Digital transformation of health systems; 3) access to healthcare. Project will configure and deploy an integrated e-care services platform to improve social and healthcare system responsiveness to the needs of older people

495 / 500 characters

Finnish & Estonia data exchange policy/strategy is focused on automated data exchange between population registers. ONE-STOP-CARE is contributing to this strategy with a social and healthcare aggregated data model exchange layer enriching current automated registries between the countries. Project designs and deploy a cross-border e-care services platform framework facilitating the care data exchange between region/countries and improving accessibility of older people to primary care services

497 / 500 characters

3.7 Seed money support

Please indicate whether your project is based on a seed money project implemented in the Interreg Baltic Sea Region Programme 2014-2020.

( ) Yes (•) No

3.8 Other projects: use of results and planned cooperation

Full name of the project	Funding Source	Use of the project outcomes and/or planned cooperation
OSIRIS -Supporting the Smart Specialization Approach in the Silver Economy to Increase Regional Innovation Capacity and Sustainable Growth 138 / 200 characters	Interreg Baltic Sea Program 2014-2020 – Priority 1 - Innovation, Objective 1.2 Smart specialization 99 / 200 characters	ONE-STOP-CARE project action is designed based on key outputs, results and data achieved through OSIRIS project. ONE-STOP-CARE platform will be configured and deployed as an integrative solution approach of user's accessibility and responsiveness of public care services based on upgrading and extending existing Digital Silver Hub platform developed under OSIRIS project. Project action used data obtained under mapping analysis of specific services and categories that the older people need and this is initially evidence in Silverhub.eu platform. ONE-STOP-CARE will capitalize and scale up the existing OSIRIS collaborative model between municipalities, research organizations to tackle the key challenges and needs related to care services provisions for improving social and healthcare system responsiveness, accessibility, and preparedness to an ageing population. 870 / 1,000 characters
CARE services advancing the social interaction, health wellness and well-being of elderly people AT HOME Care@Home 114 / 200 characters	Active Assisted Living Programme 2014-2020 – Ageing Well in the Digital World 77 / 200 characters	ONE-STOP-CARE project aims to capitalize the Care@Home key project outputs and results by aggregating and integrating the developed open platform which enables the delivery of home care services for older people in order to live independently while enjoying the assurance of timely access to caregivers when needed and thereby offer better living which provides elderly around the world with a sense of security, comfort and joy. Care@Home involve continuous and remote monitoring of real time emergencies and lifestyle changes to manage the risks associated with independent living Care@Home open platform has capabilities for enabling and empowering social care services to the home of the elderly through interactive multimedia as personalized communication and social channel in their home. Care@Home owners will be involved as active participants in the co-creation and design thinking processes and in the technical integration process in ONE-STOP-CARE platform, including piloting and testing 999 / 1,000 characters
EU_SHAFE - Europe enabling Smart Healthy Age-Friendly Environments 66 / 200 characters	Interreg Europe 2014-2020 – Research and Innovation Priority – project under implementation 91 / 200 characters	With the support of Aarhus municipality who is project partner in EU_SHAFE project, ONE-STOP-CARE project aims to actively engage the built cooperative four-helix European community ecosystem between public authorities, European networks and user's associations, embedding their experience and skills with research & design knowledge from academia and SMEs for the growth of community-based services and "ageing at home" around Europe. With the support of Aarhus municipality we plan to involve the actors of this four-helix ecosystem in the process of co-creating and co-designing the e-care services both at regional and cross-border level. Our focus in on involving user's associations and public authorities from EU_SHAFE as participants to co-creation workshops, design thinking camps, evaluation workshops of regional and cross-border e-care services as well as in dedicated activities for transferring and early adoption of ONE-STOP-CARE platform by public care authorities 980 / 1,000 characters

Full name of the project	Funding Source	Use of the project outcomes and/or planned cooperation
AURORA – "A Digital Infrastructure for Cross Border E-Commerce (SaaS) Applied Research 01.10.2020-31.10.2021 108 / 200 characters	Coordination of R&D activities in smart specialization growth areas (SMART) 75 / 200 characters	AURORA project engaged as a partner TalTech, who is also the Lead Partner of ONE-STOP-CARE project. Practically, we will use the technology, methodology and the lessons learned in developing the unified digital service platform for European cross-border commerce that provide an integrated one-stop-solution for all the digital transactions involved, in the configuration and aggregation process of e-care services technologies, digital solutions and user requirements in the ONE-STOP-CARE platform. AURORA is also backing and feeding up ONE-STOP-CARE project for the technology and integration know-how to develop, configure and deliver cross-border solutions. TalTech participated in the project as eDeclaration infrastructure and design developer as well as technology tester. Thus, this shows that we have needed know-how and experience in technology field to configure and deploy cross-border solutions. 908 / 1,000 characters
MIGSOSU - From migrant to SOSU-aspirant (care-worker aspirant) – welfare innovation through action research on attraction and retention of care workers with migrant background. 176 / 200 characters	Innovation Fund Denmark financed innovation and research project (2021-2023) The Working Environment - Research Fund 2021-2023 126 / 200 characters	Aarhus University – MANTRA Department, collaborates with GTS institute on researching, developing innovative solution (digital infrastructure and learning app) to provide a practice-near and scalable infrastructure to attract and retain more skilled labour, reduce unemployment and inequality, and contribute to sustainable and high-quality public elderly care in Denmark. From MIGSOSU we will draw on our co-creation experiences and on our knowledge on the professional care workers and the care worker pupils and their needs for it-support and eventually also organisational changes. Moreover, through MANTRA we have a large and useful network in trade unions, interest organisation and the like. FOA (is Denmark's third largest trade union), The Association of Danish Municipalities, Danish care service schools. This network is also relevant to the One-stop-Care project. 875 / 1,000 characters

3.10 Horizontal principles

Horizontal principles	Projects's direct impact
Sustainable development	neutral
Non-discrimination including accessibility	positive
Equality between men and women	positive

4. Management

Allocated budget 15%

4.1 Project management

☑ **Please confirm that the lead partner and all project partners will comply with the rules for the project management as described in the Programme Manual.**

If relevant, please indicate any other important aspects of the project management, e.g. external entity supporting the lead partner in the management of the project, advisory board, steering committee, any other relevant working groups, etc.

To ensure effective and transparent management, Steering Committee (SC) will be formed at the project kick-off meeting. SC will be composed of Project coordinators (PC) of all partners and leaders of all work packages. Expert Advisory Board (EAB) is a quality management consultative body for the project major deliverables and outputs. EAB will be set up in the 1st semester of project implementation and will be composed by minimum 3 external experts jointly assigned by LP and PPs.

484 / 500 characters

4.2 Project financial management

☑ **Please confirm that the lead partner and all project partners will comply with the rules for the financial management and control as described in the Programme Manual.**

If relevant, please indicate any other important aspects of the financial management, e.g. external entity supporting the lead partner, positions planned for financial management, involvement of special financial experts (e.g. for public procurement), etc.

LP Financial Manager (FM) will handle project financial management. Each project partner will assign a financial coordinator that will manage budget and planned expenses according to PM plan. The main goals associated with this task are to ensure punctual provision of periodic financial management reports and cost statements, and to handle JS project reviews and payment issues. LP Financial Manager will design a financial reporting toolkit to check & validate the expenditures of all PPs.

492 / 500 characters

4.3 Input to Programme communication

☑ **Please confirm that you are aware of the obligatory inputs to Programme communication that must be submitted along the pre-defined progress reports, as described in the Programme Manual.**

If relevant, please describe other important aspects of project communication that you plan to introduce, e.g. a communication plan, opening and closing events, social media channel(s) etc.

In the 1st semester of project implementation, LP assigns a Communication Manager (CM) who elaborates project Communication and Dissemination Plan. CM creates project social media page, project webpage and all digital communication channel for target groups and public. Professional content will be communicated by CM through specific dissemination open events, by e-newsletters, live and registered demos, podcasts, webinars, digital brochures, handbooks and through social media channels

489 / 500 characters

4.4 Cooperation criteria

Please select the cooperation criteria that apply to your project. In your project you need to apply at least three cooperation criteria. Joint development and joint implementation are the obligatory ones you need to fulfill in your project.

Cooperation criteria	
Joint Development	☑
Joint Implementation	☑
Joint Staffing	☐
Joint Financing	☑

5. Work Plan

	Number	Work Package Name
	1	WP1 Preparing solutions

Number	Group of Activity Name
1.1	Requirements Building for the ONE-STOP-CARE (OSC) Platform Architecture
1.2	Prioritizing Regional and Cross-Border Care e-Services for Integration in ONE-STOP-CARE Platform
1.3	Adapting and Configuring Selected Regional Care e-Service Technologies for ONE-STOP-CARE Integration
1.4	Existing Regional Capability Framework of Cross-border Data Exchange and Interoperability
1.5	Preparation and configuration of e-Delivery cross-border data exchange layer for the ONE-STOP-CARE

	2	WP2 Piloting and evaluating solutions

Number	Group of Activity Name
2.1	Piloting and adopting software quality testing methods,user-scenarios & pilot evaluation methodology
2.2	Piloting, Testing, and Evaluation of Regional ONE-STOP-CARE Platform e-Services
2.3	Demo of the ONE-STOP-CARE Cross-border Care e-Services and Evaluation of Demo Results
2.4	Piloting, Testing, and Evaluation of Cross-border ONE-STOP-CARE Platform e-Services
2.5	Refining and Adjusting ONE-STOP-CARE Platform and Dissemination of Deployment Toolkit

	3	WP3 Transferring solutions

Number	Group of Activity Name
3.1	Designing and Diffusion of ONE-STOP-CARE Open Toolbox
3.2	Transnational Learning and Knowledge Transference Camps
3.3	ONE-STOP-CARE Cross-border Care e-Services Demos in BSR Regions
3.4	Developing an Evidence-based Post-deployment Durability and Capitalization Plan for ONE-STOP-CARE
3.5	Developing a Knowledge Framework for the Development and Scaling of EU e-care Platforms

Work plan overview

Period:	1	2	3	4	5	6	Leader
WP.1: WP1 Preparing solutions							**PP1**
A.1.1: Requirements Building for the ONE-STOP-CARE (OSC) Platform Architecture							PP10
D.1.1: ONE-STOP-CARE Requirements Specification Document (RSD)	D						
A.1.2: Prioritizing Regional and Cross-Border Care e-Services for Integration in ONE-STOP-CARE Platform							PP10
D.1.2: ONE-STOP-CARE e-Services Catalogue	D						
A.1.3: Adapting and Configuring Selected Regional Care e-Service Technologies for ONE-STOP-CARE Integr							PP1
D.1.3: ONE-STOP-CARE Regional e-Services System Operational Requirements and Configuration Guide		D					
A.1.4: Existing Regional Capability Framework of Cross-border Data Exchange and Interoperability							PP1
D.1.4: Transnational ONE-STOP-CARE Interoperability Framework (TOSCIF)		D					
A.1.5: Preparation and configuration of e-Delivery cross-border data exchange layer for the ONE-STOP-CARE							PP1
O.1.5: ONE-STOP-CARE Deployment Handbook		O					
WP.2: WP2 Piloting and evaluating solutions							**PP4**
A.2.1: Piloting and adopting software quality testing methods,user-scenarios & pilot evaluation methodology							PP4
D.2.1: Piloting, testing and evaluation Methodology		D					
A.2.2: Piloting, Testing, and Evaluation of Regional ONE-STOP-CARE Platform e-Services							PP4
D.2.2: Deployment Sites Reports					D		
A.2.3: Demo of the ONE-STOP-CARE Cross-border Care e-Services and Evaluation of Demo Results							PP1
D.2.3: Cross-border Operational DEMO Report					D		
A.2.4: Piloting, Testing, and Evaluation of Cross-border ONE-STOP-CARE Platform e-Services							PP1
D.2.4: Cross-border Interoperability, Data Exchange, and Care e-Service Delivery Pilot Reports					D		
A.2.5: Refining and Adjusting ONE-STOP-CARE Platform and Dissemination of Deployment Toolkit							PP1
O.2.5: ONE-STOP-CARE e-Services Platform			O	O	O	O	
WP.3: WP3 Transferring solutions							**PP9**
A.3.1: Designing and Diffusion of ONE-STOP-CARE Open Toolbox							PP9
D.3.1: One Stop Care Open Toolbox					D		
A.3.2: Transnational Learning and Knowledge Transference Camps							PP9
D.3.2: ONE-STOP-CARE Demonstration Cases					D	D	
A.3.3: ONE-STOP-CARE Cross-border Care e-Services Demos in BSR Regions							PP4
D.3.3: Demos Report					D	D	
A.3.4: Developing an Evidence-based Post-deployment Durability and Capitalization Plan for ONE-STOP-CAR							PP9
D.3.4: Durability and Capitalization Plan					D		
A.3.5: Developing a Knowledge Framework for the Development and Scaling of EU e-care Platforms							PP9
D.3.5: ONE-STOP-CARE Knowledge Framework						D	

Outputs and deliverables overview

Code	Title	Description	Contribution to the output	Output/ deliverable contains an investment
D 1.1	ONE-STOP-CARE Requirements Specification Document (RSD)	The deliverable for this activity is the ONE-STOP-CARE RSD. This document summarizes elicited FR/NFRs from the activity workshops, as well as good interface usability practices determined by the activity workshops and co-creation sessions. The RSD is divided into three parts: specific functionalities, general operation of the platform (backend connectivity, response time, etc.) and usability principles (ensuring the platform caters particularly to older people over the age of 55). For the FRs, the RSD presents a use-case ID for each functionality of the ONE-STOP-CARE platform, use-case name of the functionality, primary user identification, the preconditions and post-conditions for using the functionality, and mapping the main success scenario for using the functionality. The success scenarios provide step-by-step actions taken by the primary user for successfully accessing and using the e-services provided, and other functions, like using the virtual assistant. The RSD will also summarize elicited NFRs which pertain to the general operation of the platform. Like the functional requirements, a use-case ID will be assigned, the type of non-functional requirement will be specified (accessibility, availability, reliability, etc.) and the description of each non-functional requirement will be provided, along with different Key Performance Indicators (KPIs) to measure each non-functional requirement. This ensures the operation of the platform has specific metrics to adhere to, providing a baseline understanding if the platform is running as efficiently as possible. Lastly, the RSD will summarize the usability principles implemented in the platform. For instance, ensuring those with disabilities can access the platform, and creating an interface using design thinking principles that cater to the needs of older people over the age of 55 who are not as digitally literate as other population segments.	ONE-STOP-CARE Deployment Handbook	

D 1.2	ONE-STOP-CARE e-Services Catalogue	The ONE-STOP-CARE e-Service Catalog details each package of regional and cross-border care e-services that will be configured and integrated into the ONE-STOP-CARE Platform for each project region. The catalogue has multiple purposes. The first is to name each regional and cross-border e-service in each regional language and in English. The second is to classify each care e-service based on the prioritization workshops conducted in the activity. The third is to provide service descriptions for each regional and cross-border e-service and what each service provides to different end-users (older people, public service providers, NGOs, etc.). The fourth element of the catalogue explains ownership for who is responsible for the care e-service provided either regionally or cross-border. Fifth, the catalogue describes the current information systems used by the care e-service providers. The e-service provider information systems will be integrated to the ONE-STOP-CARE Platform through API standardization, but before this occurs, a clear picture of what information systems are currently used is needed, and the catalogue will serve this purpose. The catalog provides a holistic understanding of the ONE-STOP-CARE platform ecosystem and gives stakeholders a full picture of what care e-services are provided. This enables better resource allocation, and importantly, metrics can be better tracked and assessed to see which care e-services are delivering efficiently and effectively. All these catalogue purposes will be shaped in the workshop and co-creation seminars described in the activity. For end-users, the ONE-STOP-CARE e-Services catalog will make service provision more organized and provide clear definitions of what each care e-service provides. As more care e-services are added to the platform, the catalogue will help the owner of the platform manage resources more efficiently and strategically.	One-Stop Care Deployment Handbook	
D 1.3	ONE-STOP-CARE Regional e-Services System Operational Requirements and Configuration Guide	Technical document describing technology solutions that are configured to the ONE-STOP-CARE platform. The configuration guide provides the operational requirements of the platform and system by describing the ONE-STOP-CARE platform concept, who the end-users are, necessary regional API integrations, and cybersecurity standards adopted for the platform. The Guide can be viewed as a “how-to” technical document, describing step-by-step procedures for configuring the regional care e-services into the ONE-STOP-CARE platform where the service provider regional API tools, definitions, and protocols are described, including API configurations and integrations to ensure the platform is working properly. The workshop sessions will describe and develop the API architecture, which will be recorded in this guide. Additionally, the guide will provide testing protocols for ensuring the API configurations are working smoothly.	The ONE-STOP-CARE Deployment Handbook	
D 1.4	Transnational ONE-STOP-CARE Interoperability Framework (TOSCIF)	Transnational ONE-STOP-CARE Interoperability Framework (TOSCIF) is a comprehensive framework document defining transnational technical, semantic, legal, and organizational interoperability principles to be adhered to for enabling cross-border e-service provision through the ONE-STOP-CARE platform. The framework will define the technical specifications and the concept of the Harmony e-Delivery AP access point which enables cross-border interoperability between care e-service providers, the platform, and end-users. An essential component of the TOSCIF is the presentation of a standardized semantic and syntactical data framework, meaning all data exchanged between the platform and end-users is standardized (everyone is using the same definitions). This eliminates inconsistencies with data formats, ensuring seamless flows of data. The TOSCIF will specify the legal environments of all regional partners related to the exchange of data. The purpose of this is to understand regional legal implications like GDPR, and how to remain compliant. Lastly, organizational interoperability will be outlined in the framework, specifying organizational policies to be adopted in the ONE-STOP-CARE platform for enabling transnational exchange of data. The framework will be a deliverable based on the workshop sessions analyzing the current cross-border interoperability capability of all regional partners.	ONE-STOP-CARE Deployment Handbook	

O 1.5	ONE-STOP-CARE Deployment Handbook	This deployment handbook is a technical guide containing all the necessary resources and information to deploy the ONE-STOP-CARE platform. The DH provides technical instructions for adopting, using, configuring and delivering public care e-services through ONE-STOP-CARE Platform. The RSD will be a valuable contribution to the DH, as all the functional and non-functional requirements elicited from A1.1 will be summarized and serve as input to the DH document. In addition, the implemented usability principles and usability requirements of the ONE-STOP-CARE Platform will be summarized in the DH, giving stakeholders and service providers the necessary guidance for how to adapt their e-services to meet the high usability standards required to participate in the platform. The DH will also incorporate an e-Service Catalogue described in the following A1.2, where all care e-services provided will be summarized by name and objective, as well as who is responsible. Thie catalogue provides PP and other potential collaboration an overview of current regional and cross-border e-services delivered through the ONE-STOP-CARE platform. The DH will also provide technical information explaining the architecture of the regional API used to connect regional public care e-service providers to the ONE-STOP-CARE platform. Step-by-step Instructions for regional API configuring, integration and deployment of the API connection to provide care e-services to target groups will be presented. Interoperable regional and cross-border data exchange is central to the viability of the platform. For data to be exchanged and care e-services delivered through the platform, data mapping and standardized semantic meanings will be included in the DH. In short, a data glossary will be incorporated into the DH, detailing the correct meanings of data and supported data architectures. The best organizational interoperability policies to be adopted for public ONE-STOP-CARE e-service providers will be provided. The DH will also devote specific sections to GDPR compliance and elaborate cybersecurity policies to be taken. To present a coherent interoperability strategy, the Transnational Interoperability ONE-STOP-CARE Framework (TIOSCF) will be a reference guide for the above interoperability factors. From a cross-border perspective, the DH also explains the open-source Harmony e-Delivery access point and relevant cross-border API architecture. Like the regional APIs, step-by-step instructions for configuring, integrating and deploying the cross-border API through the Harmony e-Delivery Best practices for implementing the back-end information connector to the Harmony e-Delivery access point will be described. Common troubleshooting information will be given for both regional and cross-border API configuration, integration and deployment. Finally, software testing methods and practices for the platform will be integrated into the DH.		
D 2.1	Piloting, testing and evaluation Methodology	Technical document presenting the piloting stages, pilot requirements and piloting scenarios. This document explains the piloting and testing methodologies to be implemented in the proceeding activities and provides specific evaluation methods for assessing the impact the platform has on the delivery or regional and cross-border care e-services. The outcomes of the A1 workshops will determine the most suitable piloting methods, determining feasible sample sizes, data collection and analytic tools for measuring uptake and care e-service delivery. As the platform will need continuous software quality testing, testing methodologies include unit testing, integration testing and automation testing, among others. The document will explain how to conduct these testing methodologies in an effective and efficient manner to ensure proper maintenance and continuous availability of the platform. User-scenarios will also be described in the document, giving partner stakeholders different examples of user segment pathways when accessing and receiving care e-services. The technical document also describes specific evaluation methods and metrics to be implemented during the piloting process. The evaluation of the platform will focus on the usability and overall user-experience of the platform as well as the uptake and delivery of different care e-services provided through the platform. In sum, the document provides all necessary information for project partners to implement piloting, software quality testing and an evaluation methodology for understanding the platform's impact.	One-Stop Care e-care services platform	
D 2.2	Deployment Sites Reports	Deployment Site Reports are qualitative documents describing the piloting process, progress, challenges, evaluation results setbacks, gaps, key findings of the care e-service integrations and care e-service delivery in each partner region. This document gives all project target groups a summary of piloting activities in each partner region as well as assessing the platform's utility and effectiveness through specific metrics developed and adopted in A2.1. The operational integration of the APIs connecting the regional service providers with the ONE-STOP-CARE platform will also be of focus in the deployment reports, describing their effectiveness and any challenges related to their deployment. The information in the reports will be captured through various tools and methodologies, like feedback surveys, observational data sheets and experimental scenarios. Evaluation of the care e-service delivery will be centered around established metrics from A2.1, measuring uptake, impact, and efficiency. The evaluation outcomes are important for understanding the efficacy of the platform in delivering care e-services to regional end-users. These reports will help project stakeholders understand the impacts and the challenges of the piloting process, as well as gaps in implementation and key findings for future development of the platform. It is important to note that this deliverable concentrates on regional deployment only and will not focus on cross-border piloting outcomes.	One-Stop Care e-care services platform	

D 2.3	Cross-border Operational DEMO Report	Cross-border Operational Pilot Report is a qualitative document describing the piloting process, progress, challenges, short backs, gaps, key findings specifically pertaining to the to cross-border delivery of e-services through the ONE-STOP-CARE platform. As the technical architecture of the selected cross-border care e-services uses the Harmony e-Delivery access points, it contains more complexity than regional care e-service delivery. As a result, a demo of the cross-border care e-service delivery is necessary before the piloting phase begins in A2.4. This demo report will describe the outcomes and key findings of the 30-day simulation process with ten end-users. The demo scenarios will be based on three to five testing scenarios, where different user-segments (older people over the age of 55, caregivers, family members, etc.) will have different pathways and objectives for accessing and using the cross-border care e-services. This is due to the nature of cross-border care e-service provision, where user-pathways are different than regional e-service provision. In addition, cross-border data exchange has different requirements compared with regional data exchange, and thus requires a specific demonstration to ensure all components are working in unison. From the results of the cross-border operational demo, necessary adaptations can be made to the platform for proceeding to the piloting phase in A2.4.	One-Stop Care e-care services platform	
D 2.4	Cross-border Interoperability, Data Exchange, and Care e-Service Delivery Pilot Reports	Technical qualitative document reporting the piloting sites key findings, comprising the data collected and analysis parameters, as well as the evaluation results of piloted cross-border data exchange and care e-service delivery. This document gives project target groups a summary of cross-border piloting activities, assessing the platform's utility and effectiveness through specific metrics developed and adopted in A2.1. The operational integration of the Harmony e-Delivery APIs connecting the regional service providers with the ONE-STOP-CARE platform will also be of focus in the deployment reports, describing their effectiveness and any challenges related to their deployment. The information in the reports will be captured through various tools and methodologies, like feedback surveys, observational data sheets and experimental scenarios. Evaluation of the cross-border care e-service delivery will be centered around established metrics from A2.1, measuring uptake, impact, and efficiency. The evaluation outcomes are important for understanding the efficacy of the platform in delivering care e-services to regional end-users. These reports will help project stakeholders understand the impacts and the challenges of the piloting process, as well as gaps in implementation and key findings for future development of the platform. It is important to note that this deliverable concentrates on regional deployment only and will not focus on cross-border piloting outcomes.	One-Stop Care e-care services platform	
O 2.5	ONE-STOP-CARE e-Services Platform	ONE-STOP-CARE e-Services Platform – The platform is a one-stop e-service provider of regional and cross-border social and healthcare electronic services from private and public sector providers. The platform incorporates standardized APIs for connecting regional third-party social and healthcare e-service providers and integrating them into the ONE-STOP-CARE platform. From a cross-border perspective, the Harmony e-Delivery access points make the platform interoperable, thus giving users in different regions the opportunity to access e-services from other partner regions. The platform contains the best usability practices and agile software engineering methods in WP1 to ensure a positive user-experience. In addition, the platform's virtual assistant will help guide users through the platform's interface and is a necessary tool for helping those who may lack the digital skills to find the necessary e-service suitable for them. The platform contains functionalities for end-users to access and receive regional and cross-border e-services in a seamless and efficient manner. Using evaluation methodologies, project stakeholders will be able to assess the efficiency and efficacy of the platform in delivering care e-services on the regional and cross-border level. Platform deployment is backed by ONE-STOP-CARE Platform e-Services Ecosystem and Deployment Toolkit: A set of operational requirements and instruments that will facilitate the transfer and usage of the STOP-CARE platform ecosystem either at regional level, on the cross-border level, or at both levels. This deliverable is made of multiple components. The first component is a comprehensive summary of the ONE-STOP-CARE e-services provided, their description and responsible owners as well as the regional stakeholders involved. The second component is information describing regional API integrations and the cross-border Harmony e-Delivery access point configuration and integration procedures. There will be a step-by-step guide for e-Service providers to deploy both the API and access points. The third component focuses on the virtual assistant architecture and its usefulness for guiding end-users through the ONE-STOP-CARE platform interface and support. Fourth, best practice usability principles will be explained and how they are implemented on the platform. Fifth, cross-border interoperability aspects of the platform will be summarized, with contextual information about the technical, semantic, legal, and organizational related to the TOSCIF implemented in the platform. In sum, the deployment toolkit is a comprehensive instrument explaining the operational requirements implemented, procedures for integrating care e-services via regional and cross-border APIs, usability best practices and explaining the cross-border TOSCIF		

D 3.1	One Stop Care Open Toolbox	Open toolbox for communicating, disseminating, and supporting early adoption/transfer for public care authorities as well as for other target group categories in both project regions and other BSR region. The toolbox will be composed of an OKB and a virtual assistant. OKB will comprise pilots testing scenarios, pilots' results, evaluation and conclusions, research papers, best practices and case studies from pilot sites, recorded demos from pilots and transnational learning camps (A3.2), project deliverables and outputs (i.e, ONE-STOP-CARE Deployment Handbook). The virtual assistant is a dedicated chatbot that will disseminate demo contents, pilot results, and best practices through automated functions to municipalities, healthcare institutions, older people care facilities, regional & national authorities as well as end-users. Also, another function of the chatbot will be to collect and register technical support requests from potential early adopters, requests which will be automatically transferred to the consortium technical support team. The virtual assistant will have the capacity to deliver some limited automated support services to potential target groups in the process of platform testing or a demo for its care e- services.	ONE-STOP-CARE e-care services platform	
D 3.2	ONE-STOP-CARE Demonstration Cases	ONE-STOP-CARE Demonstration Cases is a knowledge manual which will be used as a learning and distribution facilitator tool for target groups, but especially for public care authorities. The manual will comprise the following key data/knowledge: 1) brief presentation of ONE-STOP-CARE platform and its care e-services 2) Pilots and testing analysis 3) Pilots' key results and evaluation conclusions 4) Presentation of ONE-STOP-CARE Demonstration Cases - minimum 3 demonstrative simulation scenarios that can be used by PP public care authorities to check benefits and viability of ONE-STOP-CARE integrated e-services 5) Methodology and technical instructions for live simulations of the 3 demonstrative scenarios (Demonstrative Cases) 6) Testimonials from PP public care authorities/service providers 7) Key steps and technical description for ONE-STOP-CARE solution adoption and utilization in the BSR region 8) Presentation of the project key outputs which supports ONE-STOP-CARE adoption/deployment and utilization ONE-STOP-CARE Demonstration Cases Manual is the baseline for successful organization of project Transnational Learning and Knowledge Transfer Camps and at the same time is one of the key tools for disseminating the ONE-STOP-CARE form solution and for supporting early adoption of the platform. A key aspect of the deliverable is that it allows public care authorities/service providers as well as other target group categories to use live demo scenarios in order to check its viability, responsiveness, efficiency, and accessibility of end-users in correlation with their critical needs.	ONE-STOP-CARE e-care services platform	
D 3.3	Demos Report	Technical document comprising specific data and information referring to the methodology and tools for organizing and running the Transnational demo seminars and conferences; the established demos scenarios and instructions; the live demos participants; the key results of each live demo scenarios/use case; the use case characteristics; the participants characteristics; the participants feedback and their main input regarding adoption of ONE-STOP-CARE cross-border care e-services; conclusions and final remarks of transnational demos.	ONE-STOP-CARE e-care services platform	
D 3.4	Durability and Capitalization Plan	Action Plan setting up the timeframe, main roles, key measures, stages and tools which will support the optimal implementation of the ONE-STOP-CARE care e-services strategic road map in the post-deployment period of the platform for attracting more users and public care authorities/service providers as early adopters. The action plan is setting up also the responsible for each measure to be implemented as well as for key tools preparation. The key tools foreseen to support the implementation are customized demo workshops, transnational demo seminars, webinars, virtual assistant reports, and ONE-STOP-CARE early adoption campaign (integrated package of demo events and webinars for awareness and to facilitate early adoption/attract new users). The durability and capitalization plan will also comprise the strategic roadmap detailing the long-term goals and associated scaling up and transfer pathways available for users. The roadmap will be based on a systematic meta-synthesis of implemented durability actions and collected data during the WP3 period and during post-implementation period of the project. The results of the meta-synthesis will be presented to project partners verbally and in a written report where the roadmap is accompanied by a detailed description of the strategic options available. The roadmap and pathways will serve as a key basis for short, medium, and long-term user engagement and retain planning regarding platform and ecosystem design, during as well as after the project period. The durability and capitalization plan will allow us to collect key data from users and early adopters which will support PPs to improve ONE-STOP-CARE ability to analyze, understand and act upon data generated through platform use, and it often materializes in the platform becoming able to automate processes or creating new services by combining the resources of separate providers.	ONE-STOP-CARE e-care services platform	

D 3.5	ONE-STOP-CARE Knowledge Framework	Technical document comprising collated and integrated knowledge jointly generated by the LP, PP2, PP3, PP4, PP5,PP6,PP8,PP9,PP11,PP12, ASP1 and ASP2 in the process of configuring, deploying, piloting, and transferring ONE-STOP-CARE solutions to users. Deliverable scope is to disseminate and communicate the project knowledge to support the future development and scaling up of existing digital social and healthcare platforms. To avoid a situation where each existing platforms (including the one developed through other projects with the EU financial support) needs to reinvent the wheel, ONE-STOP-CARE Knowledge framework will ensure that its acquired knowledge is properly shared, transferred and disseminated for being integrated into a larger cumulative knowledge base on the challenges and opportunities associated with developing and scaling digital platforms at EU level. ONE-STOP-CARE knowledge platform will resume and describe used methodologies, used technologies, tools and methods used for integration, configuration and aggregation, project outputs and deliverables access, pilots' data, key results and conclusions, users interviews and feedbacks, analytic documents tracing the development, deployment, and transfer of the ONE-STOP-CARE care e-services platform.	ONE-STOP-CARE e-care services platform	

Work package 1

5.1 WP1 Preparing solutions

5.2 Aim of the work package

The aim of this work package is to prepare solutions to help address the identified challenge. You can either develop entirely new solutions or adapt existing solutions to the needs of your target groups. Prepare your solutions in a way that you can pilot them in Work Package 2. Consider how you involve your target groups in preparation of the solutions.
Organise your activities in up to five groups of activities to present the actions you plan to implement. Describe the deliverables and outputs as well as present the timeline.

5.3 Work package leader

Work package leader 1 PP 1 - Tallinn University of Technology

Work package leader 2 PP 10 - Aarhus University

5.4 Work package budget

Work package budget 30%

5.5 Target groups

	Target group	How do you plan to reach out to and engage the target group?

	Target group	How do you plan to reach out to and engage the target group?
1	Local public authority Municipalities who deliver public care services (department of social services, department of healthcare services, department of assisted living, IT department) to older people from Estonia, Finland, Latvia, Lithuania, Norway, and Denmark. Specific engaged municipalities: Kuldiga municipality – Latvia; Kretinga social services center – Lithuania; Aarhus municipality – Denmark; Jarva municipality – Estonia; Lillestrom municipality – Norway. 443 / 500 characters	ONE-STOP-CARE already engaged targeted municipalities as project consortium partners. Therefore, Kuldiga municipality, Kretinga municipality and Aarhus municipality are project partners and Jarva municipality as Associated Partner (ASP). This municipalities are directly involved and contributing to the user requirements design, selection and configuration of their social and healthcare services as regional aggregated and integrated e-care services under ONE-STOP-CARE platform, on setting the regional capability framework for cross-border data exchange and interoperability, on feeding up as key adopters and end-users deliverers in the process of preparation and configuration of e-Delivery cross-border data exchange layer (cross-border e-care services) and on evaluation and refining input for the platform deployment for piloting. PP11 will engage Lillestrom municipality through direct participation in co-creation workshops and design thinking camps organized for platform configuration. 998 / 1,000 characters
2	Regional public authority Wellbeing, IT&C, social and healthcare departments from regional governments located in Estonia (Pohja-Esti), Finland (Kanta-Hame) and Sweden (Vasterbotten). At project level we have already engaged Vasterbotten Region – Sweden and Wellbeing services county of Kanta-Hame – Finland 281 / 500 characters	ONE-STOP-CARE already engaged part of the targeted regional authorities as project consortium partners. Therefore, Vasterbotten Region is involved in WP1 project activities as direct project partner and Wellbeing services county of Kanta-Hame is involved in WP1 project activities as ASP. Regional government of Pohja-Esti region will be engaged as direct target group member by Taltech. They will be involved in WP1 project actions through: - direct surveys applied to them and through them also to end-users for collecting feedback and data regarding user requirements and FRs from the prototype - participants to focus-groups seminars for finalizing OSC FR/NFRs - contributors to RSD - participation to co-creation workshops and design thinking camps for selecting selection and configuration of their social and healthcare services as regional aggregated and integrated e-care services and cross-border services under ONE-STOP-CARE platform 944 / 1,000 characters
3	Sectoral agency At least 5 sectoral agencies from the project regions with responsibilities and regulating GDPR, patient data, data exchange procedures, cybersecurity, and legal framework for the delivery of public care services, including care e-services. Sectoral agencies from Pohja-Esti (Estonia), Vasterbotten (Sweden), Vidurio ir vakaru Lietuvos region (Lithuania), Kurzeme (Latvia), Central Denmark Region (Denmark), Kanta-Hame (Finland) and Oslo og Viken (Norway). 456 / 500 characters	Minimum 5 sectoral agencies from project regions will be engaged in WP1 project actions with the support of partner municipalities and regional authorities. Practically, municipalities and regional authorities engaged as project partners or ASPs will involve sectoral agencies through: - direct surveys applied to them and through them also to end-users for collecting feedback and data regarding user requirements and FRs from the prototype - direct participation to focus-groups seminars for finalizing OSC FR/NFRs - direct participation in the co-creation workshops based on the PPs developed co-creation methodology and dedicated toolkit to select and prioritize the care e-services packages in each project region - direct participation in design thinking camps to co-design, select and validate the care e-services packages in each project region - Participation in transnational design thinking camp for co-designing and co-creation of cross-border care e-services 971 / 1,000 characters
4	Hospital and medical centre Public Hospitals, public medical centers providing primary healthcare services, public home care service providers from Pohja-Esti (Estonia), Vasterbotten (Sweden), Vidurio ir vakaru Lietuvos region (Lithuania), Kurzeme (Latvia), Central Denmark Region (Denmark), Kanta-Hame (Finland) and Oslo og Viken (Norway). At project level we target 20 public hospitals, medical centers and home care service providers who deliver its services for older people 55+. 455 / 500 characters	Minimum 10 hospitals and medical care providing public care services in project regions will be engaged in WP1 project actions with the support of partner municipalities and regional authorities (organizations under their coordination or under national government coordination). They will be involved through: - direct surveys applied to them and through them also to end-users for collecting feedback and data regarding user requirements and FRs from the prototype - direct participation to focus-groups seminars for finalizing OSC FR/NFRs - direct participation in the co-creation workshops based on the PPs developed co-creation methodology and dedicated toolkit to select and prioritize the care e-services packages in each project region - direct participation in design thinking camps to co-design, select and validate the care e-services packages in each project region - Participation in transnational design thinking camp for co-designing and co-creation of cross-border care e-services 995 / 1,000 characters
5	NGO Older people associations supporting older people receiving social and healthcare public services; Patient associations representing needs and interests of older people 55+; Care givers professional association representing needs and interest of care givers; Nurses and Doctors professional associations representing the medical staff needs from Pohja-Esti), Vasterbotten, Vidurio ir vakaru Lietuvos region, Kurzeme, Central Denmark Region, Kanta-Hame and Oslo og Viken. 470 / 500 characters	Minimum 17 NGO's will be engaged in WP1 project actions by PPs and ASPs. Targeted NGOs are aimed to involve public care services key end-users: older people and caregivers. NGO's will assure the needed sample of end-users for user requirements design and for co-creation and co-design of e-care services. They will be involved through: - direct surveys applied to them and through them also to end-users for collecting feedback and data regarding user requirements and FRs from the prototype - direct participation to focus-groups seminars - direct participation in the co-creation workshops based on the PPs developed co-creation methodology and dedicated toolkit to select and prioritize the care e-services packages in each project region - direct participation in design thinking camps to co-design, select and validate the care e-services packages in each project region - Participation in transnational design thinking camp for co-designing and co-creation of cross-border care e-services 994 / 1,000 characters

5.6 Activities, deliverables, outputs and timeline

No.	Name
1.1	Requirements Building for the ONE-STOP-CARE (OSC) Platform Architecture
1.2	Prioritizing Regional and Cross-Border Care e-Services for Integration in ONE-STOP-CARE Platform
1.3	Adapting and Configuring Selected Regional Care e-Service Technologies for ONE-STOP-CARE Integration
1.4	Existing Regional Capability Framework of Cross-border Data Exchange and Interoperability
1.5	Preparation and configuration of e-Delivery cross-border data exchange layer for the ONE-STOP-CARE

WP 1 Group of activities 1.1

5.6.1 Group of activities leader

Group of activities leader PP 10 - Aarhus University

A 1.1

5.6.2 Title of the group of activities

Requirements Building for the ONE-STOP-CARE (OSC) Platform Architecture

71 / 100 characters

5.6.3 Description of the group of activities

A1.1 will build functional (FR) and non-functional requirements (NFRs) of the ONE-STOP-CARE (OSC) platform. AS the Digital Silver Hub already exists, the Hub needs changing to fit with OSC objectives. Subsequently, the front-end and backend functions will need to be elicited and visualized for the OSC architecture. Co-creation, design thinking principles, engaging users at all stages, and agile software methods will be used for building and validating OSC FR/NFRs. Task 1– PP11 and PP10 will organize a co-working seminar for designing the methodological toolkit for selecting, validating, and building the FR/NFRs of OSC. Based on the co-working seminar, PP10 and PP11 will develop the tools, methods, and instruments for selecting and validating FR/NFRs through a survey template, focus-group tool, and instructions; sampling methods based on user-oriented quadruple helix (QH) approach; Design Thinking; co-creation methodology and tools. Based on these tools and instruments, a no-code, clickable prototype will be created. Task 2 – PP10 will organize 2 online technical workshops with PP2,PP9,PP11,LP,PP6 and PP3 for analyzing the elicited FR/NFRs and the clickable prototype, improving them, and suggesting feedback through focus-group, design thinking and co-creation methodology. Task 3 – PP11 will prepare target groups feedback session structure, consulted with all PPs via a technical online meeting. Under PP11 coordination, partner universities from each region will run 2 co-working seminars with target groups using the user-oriented QH approach for collecting feedback of OSC FRs and NFRs. Universities PPs will apply the target groups feedback session structure designed by PP11. Task 4 – Based on PPs and target groups' received input, PP10 and PP11 will refine the FR/NFRs, visualizing them via the clickable prototype. Using online technical meetings and collaborative tools (MS Teams, Pitch etc.) revised FR/NFRs will be sent for review to the External Advisory Board (EAB) which will be established at project beginning. Based on EAB feedback, updates may be done and PPs will approve the final form. Task 5 – Municipality PPs and ASP1 will apply the developed survey to end-user target groups (older people 55+, patient associations, NGOs, home care/care facilities, caregivers association etc.) Through the survey, they will collect feedback and data regarding the user experience and FRs from the prototype. Task 6 – PP4,PP5,PP8,PP12, ASP1 and ASP2 with the support of LP,PP2,PP3,PP6,PP9,PP10 and PP11 will organize 2 focus-group seminars in each project region finalizing OSC FR/NFRs. Task 7 – LP,PP2,PP3,PP6,PP9 and PP10 will analyze the end-user feedback and the data collected through survey and focus-groups. Mentioned PPs will prepare an End-users Requirements Report (ERR) based on which LP will draft the Requirements Specification Document (RSD). RSD will be sent for review to EAB and updated if needed. Finally, PPs will validate and approve final RSD.

2,992 / 3,000 characters

5.6.4 This group of activities leads to the development of a deliverable ☑

D 1.1

Title of the deliverable

ONE-STOP-CARE Requirements Specification Document (RSD)

55 / 100 characters

Description of the deliverable

The deliverable for this activity is the ONE-STOP-CARE RSD. This document summarizes elicited FR/NFRs from the activity workshops, as well as good interface usability practices determined by the activity workshops and co-creation sessions. The RSD is divided into three parts: specific functionalities, general operation of the platform (backend connectivity, response time, etc.) and usability principles (ensuring the platform caters particularly to older people over the age of 55). For the FRs, the RSD presents a use-case ID for each functionality of the ONE-STOP-CARE platform, use-case name of the functionality, primary user identification, the preconditions and post-conditions for using the functionality, and mapping the main success scenario for using the functionality. The success scenarios provide step-by-step actions taken by the primary user for successfully accessing and using the e-services provided, and other functions, like using the virtual assistant. The RSD will also summarize elicited NFRs which pertain to the general operation of the platform. Like the functional requirements, a use-case ID will be assigned, the type of non-functional requirement will be specified (accessibility, availability, reliability, etc.) and the description of each non-functional requirement will be provided, along with different Key Performance Indicators (KPIs) to measure each non-functional requirement. This ensures the operation of the platform has specific metrics to adhere to, providing a baseline understanding if the platform is running as efficiently as possible. Lastly, the RSD will summarize the usability principles implemented in the platform. For instance, ensuring those with disabilities can access the platform, and creating an interface using design thinking principles that cater to the needs of older people over the age of 55 who are not as digitally literate as other population segments.

1,928 / 2,000 characters

Which output does this deliverable contribute to?

ONE-STOP-CARE Deployment Handbook

33 / 100 characters

5.6.6 Timeline

Period:	1	2	3	4	5	6
WP.1: WP1 Preparing solutions						
A.1.1: Requirements Building for the ONE-STOP-CARE (OSC) Platform Architecture						
D.1.1: ONE-STOP-CARE Requirements Specification Document (RSD)						

5.6.7 This deliverable/output contains productive or infrastructure investment ☐

WP 1 Group of activities 1.2

5.6.1 Group of activities leader

Group of activities leader PP 10 - Aarhus University

A 1.2

5.6.2 Title of the group of activities

Prioritizing Regional and Cross-Border Care e-Services for Integration in ONE-STOP-CARE Platform

96 / 100 characters

5.6.3 Description of the group of activities

This activity is dedicated to the final selection of critical public care needs in each project region from the perspective of care e-service users. The aim is to select in each project region 1 or 2 critical needs regarding the development of regional social and healthcare public services. These needs will be clustered and attributed to each project region. The aim is to select a minimum of 2 critical cross-border public care e-services that will be piloted under WP2. This activity will utilize innovative co-creation tools, methods and design thinking methodology, engaging users at all stages. Task 1 – PP10 and PP11 will finalize the co-creation and design thinking methodology as well as the dedicated toolkits for applying co-creation and design thinking techniques. Also, they will finalize sampling methods based on user-oriented quadruple helix approach and dedicated instructions. Task 2 - LP and PP10 will organize 2 online technical workshops with PPs to describe the sampling process based on user-oriented quadruple helix approach, to present the methodology for organizing co-creation workshops and Design Thinking camps, and to explain the dedicated toolkit for applying co-creation and design thinking camps. Task 3 – LP,PP2,PP3,PP6,PP9, PP10 and the PP4,PP5,PP8, PP12, ASP1 and ASP2 will cooperate and organize 2 co-creation workshops (2 days duration each) in each project region. LP,PP2,PP3,PP6,PP9, PP10 will effectively organize the co-creation workshops and will apply the toolkit for working with target groups. PP4,PP5,PP8, PP12, ASP1 and ASP2 will support university PPs to engage target groups and assign their own representatives for active involvement in the co-creation process. Co-creation workshop will involve project target groups for care e-services. The scope of the workshops is to select and prioritize the care e-services packages in each project region according to critical needs shortlisted under user requirements applied research set up in A1.1. Task 3 - LP,PP2,PP3,PP6,PP9,PP10 and PP4,PP5,PP8, PP12, ASP1 and ASP2 will cooperate and organize 2 Design Thinking Camps (2 days duration each) in each project region to co-design, select and validate the care e-services packages in each project region. Task 4 – For co-designing and co-creation of cross-border care e-services 1 transnational Design Thinking Camp will be organized in each project region: Denmark, Sweden, Lithuania, Latvia, Norway, Finland, and Estonia. All PPs will prepare, organize, and run the Transnational Design Thinking Camp with a duration of 2 days, based on the methodology developed under Task 1 coordinated by PP10 and approved by EAB. Task 5 – LP, PP2,PP3,PP6,PP9, PP10 will design the care e-services technical and functional specifications and prioritize them based on co-creation and design thinking results/conclusions. Task 6 - LP, PP2,PP3,PP6,PP9, PP10 and PP11 will develop the ONE-STOP-CARE e-Services Catalogue.

2,949 / 3,000 characters

5.6.4 This group of activities leads to the development of a deliverable ✔

D 1.2

Title of the deliverable

ONE-STOP-CARE e-Services Catalogue

34 / 100 characters

Description of the deliverable

The ONE-STOP-CARE e-Service Catalog details each package of regional and cross-border care e-services that will be configured and integrated into the ONE-STOP-CARE Platform for each project region. The catalogue has multiple purposes. The first is to name each regional and cross-border e-service in each regional language and in English. The second is to classify each care e-service based on the prioritization workshops conducted in the activity. The third is to provide service descriptions for each regional and cross-border e-service and what each service provides to different end-users (older people, public service providers, NGOs, etc.). The fourth element of the catalogue explains ownership for who is responsible for the care e-service provided either regionally or cross-border. Fifth, the catalogue describes the current information systems used by the care e-service providers. The e-service provider information systems will be integrated to the ONE-STOP-CARE Platform through API standardization, but before this occurs, a clear picture of what information systems are currently used is needed, and the catalogue will serve this purpose. The catalog provides a holistic understanding of the ONE-STOP-CARE platform ecosystem and gives stakeholders a full picture of what care e-services are provided. This enables better resource allocation, and importantly, metrics can be better tracked and assessed to see which care e-services are delivering efficiently and effectively. All these catalogue purposes will be shaped in the workshop and co-creation seminars described in the activity. For end-users, the ONE-STOP-CARE e-Services catalog will make service provision more organized and provide clear definitions of what each care e-service provides. As more care e-services are added to the platform, the catalogue will help the owner of the platform manage resources more efficiently and strategically.

1,921 / 2,000 characters

Which output does this deliverable contribute to?

One-Stop Care Deployment Handbook

34 / 100 characters

5.6.6 Timeline

Period:	1	2	3	4	5	6
WP.1: WP1 Preparing solutions						
A.1.2: Prioritizing Regional and Cross-Border Care e-Services for Integration in ONE-STOP-CARE Platform						
D.1.2: ONE-STOP-CARE e-Services Catalogue						

5.6.7 This deliverable/output contains productive or infrastructure investment ☐

WP 1 Group of activities 1.3

5.6.1 Group of activities leader

Group of activities leader PP 1 - Tallinn University of Technology

A 1.3

5.6.2 Title of the group of activities

Adapting and Configuring Selected Regional Care e-Service Technologies for ONE-STOP-CARE Integration

100 / 100 characters

5.6.3 Description of the group of activities

Under this activity, LP and PP2 will coordinate the process of adapting and configuring the selected care e-services and their supporting technologies into the ONE-STOP-CARE platform architecture. At the project level the following existing care e-service technology solutions will be utilized: - Digital Silver Hub platform - Caremate, Üks Pai, Benita, Epikoda, AS Hoolekande teenused, Helpific, Kauem kodus OÜ, Pihlakodu, Senior Care – Hool ja Abi OÜ - EHSCI - Electronic Health Software System (Lithuania) - Smart Care Platform – CIP funded platform - Tellu E-health Platform (Norway) - Aarhus Municipality VR platform and assisted living solutions - TalTech Next Gen e-government services infrastructure and solutions - Digital Health platform from Umea Region/municipality - AWS tools - PP7 e-Delivery connection point In this activity, the configuration process will heavily rely on the creation of a standardized API used by all regional care e-service providers to connect to the ONE-STOP-CARE platform and be delivered regionally. As a result, a methodology will be realized for analyzing the requirements of the API and its architecture. Data models will also be created to understand the types of data being exchanged at a regional level between the care e-service providers and their end-users. Under this group of activities, the following tasks will be performed: Task 1 – LP and PP2 will realize a dedicated methodology for adapting and configuring care e-service solutions and technologies for integration into the ONE-STOP-CARE platform, with a primary focus on how to standardize API requirements and testing protocols. Three online technical meetings will be organized by LP with the participation of PP2 experts to define and elaborate the methodology. Task 2 – PP2 will organize 2 online workshops with LP, PP3,PP6,PP9, PP10,PP4,PP5,PP8,PP12, ASP1 and ASP2 for analyzing and reviewing the developed methodology. EAB will also review it and provide recommendations. In the 2nd digital workshop, EAB recommendations will be discussed. HAMK will refine the methodology and then validate the final form with PPs. Task 3 - LP proposes a shortlist of API technologies and solutions. PP2,PP3,PP6,PP9, PP10,PP4,PP5,PP8,PP12, ASP1 and ASP2 provide input and validate the shortlist through 2 dedicated online seminars. Task 4 - LP organizes 2 technical co-working seminars with PP2,PP3,PP6,PP9 and PP10 to create a common API standard from the technologies and solutions, with data models defined by the participants. Task 5 – LP in cooperation with PP2,PP3,PP6,PP9 and PP10 designs and compiles the ONE-STOP-CARE e-Services System Operational Requirements and Configuration Guide. University PPs under LP coordination and in cooperation with PP4,PP5,PP8,PP12, ASP1 and ASP2 will configure their care e-services to the standardized API solutions, connecting them to the ONE-STOP-CARE platform based on the ONE-STOP-CARE e-Services System Operational Requirements and Configuration Guide.

2,999 / 3,000 characters

5.6.4 This group of activities leads to the development of a deliverable ✔

D 1.3

Title of the deliverable

ONE-STOP-CARE Regional e-Services System Operational Requirements and Configuration Guide

89 / 100 characters

Description of the deliverable

Technical document describing technology solutions that are configured to the ONE-STOP-CARE platform. The configuration guide provides the operational requirements of the platform and system by describing the ONE-STOP-CARE platform concept, who the end-users are, necessary regional API integrations, and cybersecurity standards adopted for the platform. The Guide can be viewed as a “how-to” technical document, describing step-by-step procedures for configuring the regional care e-services into the ONE-STOP-CARE platform where the service provider regional API tools, definitions, and protocols are described, including API configurations and integrations to ensure the platform is working properly. The workshop sessions will describe and develop the API architecture, which will be recorded in this guide. Additionally, the guide will provide testing protocols for ensuring the API configurations are working smoothly.

924 / 2,000 characters

Which output does this deliverable contribute to?

The ONE-STOP-CARE Deployment Handbook

38 / 100 characters

5.6.6 Timeline

Period:	1	2	3	4	5	6
WP.1: WP1 Preparing solutions						
A.1.3: Adapting and Configuring Selected Regional Care e-Service Technologies for ONE-STOP-CARE Integr						
D.1.3: ONE-STOP-CARE Regional e-Services System Operational Requirements and Configuration Guide						

5.6.7 This deliverable/output contains productive or infrastructure investment ☐

WP 1 Group of activities 1.4

5.6.1 Group of activities leader

Group of activities leader PP 1 - Tallinn University of Technology

A 1.4

5.6.2 Title of the group of activities

Existing Regional Capability Framework of Cross-border Data Exchange and Interoperability

89 / 100 characters

5.6.3 Description of the group of activities

In this activity, all PPs will focus on understanding the current state of cross-border data exchange and interoperability in PP regions. The scope is to explore if the existing infrastructure in PP regions are compatible for assuring the delivery of cross-border care e-services for older people, in addition to exploring the exchange of social and health data in a secure, efficient, and interoperable way. Under this group of activities, the following tasks will be implemented: Task 1 – LP will organize 2 online workshops with all PPs to analyze, describe and realize a shared understanding of current technologies used, data structures, and potentiality of cross-border data exchange from the technical perspective. The European Interoperability Framework will serve as an analysis model for this task. Furthermore, A strong emphasis will be allocated on EU e-Health Digital Infrastructure (eHDSI). Task 2 – PP9 in cooperation with PP12, LP, PP4 and PP2 will organize an online transnational seminar (2 days) with EC responsible for eHDSI and for the delivery of its e-health cross-border services (e-prescription, e-dispensation, and patient summary) and the data exchange protocols. A dedicated joint analysis will be realized by PP9 in cooperation with LP, PP6, PP2, PP3, PP4 and eHDSI representatives. Conclusions of analyses will be shared and debated will all PPs in a dedicated technical working meeting. Task 3 – LP in cooperation with PP2,PP3,PP6,PP9 and PP10 will run 2 online seminars for designing the semantic standardizations framework of data to be exchanged. Then, PP4 will organize 2 online workshops with public authorities PPs, including project target groups based on user-oriented quadruple helix approach to present the semantic standardization framework, to collect input and to co-design the ultimate version of the framework. EAB will review it and all PPs will approve the final form. Task 4 – 3 dedicated transnational conferences will be organized to analyze the legal implications of project regions related to interoperability and data exchange (GDPR, ethical considerations etc.). Focus group and round tables methodology will be used for running the transnational conferences. 1st transnational conference will be organized by PP2 in Finland, 2nd will be organized by PP6 in Latvia, and 3rd will be organized by LP in Estonia. Focus group and round table methodologies will be used to engage target groups based on the user-oriented quadruple helix approach. Task 5 – Based on transnational conferences results, PP6 in cooperation will all PPs will elaborate the organizational policies for e-services providers that enhance interoperability. Then, LP, PP2, PP6, PP9 and PP3 will design the Transnational ONE-STOP-CARE Interoperability Framework (TOSCIF). EAB will review TOSCIF and provide further refinements if necessary. Task 6 – LP organizes 1 joint online conference for validation of the TOSCIF with all PPs and creation of the framework document.

2,992 / 3,000 characters

5.6.4 This group of activities leads to the development of a deliverable ✔

D 1.4

Title of the deliverable

Transnational ONE-STOP-CARE Interoperability Framework (TOSCIF)

63 / 100 characters

Description of the deliverable

Transnational ONE-STOP-CARE Interoperability Framework (TOSCIF) is a comprehensive framework document defining transnational technical, semantic, legal, and organizational interoperability principles to be adhered to for enabling cross-border e-service provision through the ONE-STOP-CARE platform. The framework will define the technical specifications and the concept of the Harmony e-Delivery AP access point which enables cross-border interoperability between care e-service providers, the platform, and end-users. An essential component of the TOSCIF is the presentation of a standardized semantic and syntactical data framework, meaning all data exchanged between the platform and end-users is standardized (everyone is using the same definitions). This eliminates inconsistencies with data formats, ensuring seamless flows of data. The TOSCIF will specify the legal environments of all regional partners related to the exchange of data. The purpose of this is to understand regional legal implications like GDPR, and how to remain compliant. Lastly, organizational interoperability will be outlined in the framework, specifying organizational policies to be adopted in the ONE-STOP-CARE platform for enabling transnational exchange of data. The framework will be a deliverable based on the workshop sessions analyzing the current cross-border interoperability capability of all regional partners.

1,403 / 2,000 characters

Which output does this deliverable contribute to?

ONE-STOP-CARE Deployment Handbook

34 / 100 characters

5.6.6 Timeline

	Period: 1	2	3	4	5	6
WP.1: WP1 Preparing solutions						
A.1.4: Existing Regional Capability Framework of Cross-border Data Exchange and Interoperability						
D.1.4: Transnational ONE-STOP-CARE Interoperability Framework (TOSCIF)						

5.6.7 This deliverable/output contains productive or infrastructure investment ☐

WP 1 Group of activities 1.5

5.6.1 Group of activities leader

Group of activities leader PP 1 - Tallinn University of Technology

A 1.5

5.6.2 Title of the group of activities

Preparation and configuration of e-Delivery cross-border data exchange layer for the ONE-STOP-CARE

99 / 100 characters

5.6.3 Description of the group of activities

In this activity, LP with PP7 will realize the technical and functional cross-border integrations of the OSC cross-border e-services following interoperability requirements and data exchange protocols correlated with cybersecurity and GDPR regulations. Key to this activity is the Harmony e-Delivery access point, enabling providers to deliver cross-border care e-services. Task 1 – LP and PP7 will have 2 dedicated workshops for the technical creation of a standardized API for all cross-border care e-service providers to implement. 1st workshop – LP and PP7 will define and develop the cross-border API and data models; 2nd workshop – LP and PP7 will set up the configuration steps and all needed technical functionalities for implementing the cross-border API. Task 2 – PP7 configures the e-Delivery back-end access point and e-Delivery connector functionality between OSC and cross-border care e-service providers. Task 3 – PP7 organizes a transnational seminar (2 days) with PPs to present the implementation process of the developed APIs in PP4,PP5,PP8,PP12, ASP1 and ASP2 backend system, and in the OSC platform. At least 1 relevant representative from each mentioned PP will participate. PP7 will also create a dedicated virtual room, allowing them to support PP4,PP5,PP8,PP12, ASP1 and ASP2 in implementing the developed APIs and data models in their backend systems. Public authority PPs are responsible for deploying and operating their own Harmony access points and installing and configuring the connector provided by PP7. PP7 will support and consult in installing and configuring the connector to the e-Delivery access point. Task 4 – PP10 and PP11 will draft a minimum of 3 testing simulation scenarios. Then, they will jointly organize 2 technical working meetings with all PPs to collect their feedback and input. Based on the input, the proposed testing scenarios will be revised and updated. Next, EAB will review it and provide recommendations. PP10 and PP11 will refine the simulation scenarios, based on EAB recommendations. Task 5 – PP4,PP5,PP8,PP12, ASP1 and ASP2 deploy and operate Harmony e-Delivery access points. PP7 and LP with the support of PP2,PP3,PP6,PP9 and PP10 will perform a testing simulation period of 15 days when all technical parameters and functionalities will be checked and validated. Each regional partnership (PPs and ASPs from each project region) will select 2 types of end-user samples who will be involved in the testing simulation period, respectively: 1) Trial sample of minimum 10 older persons who are potential users of defined cross-border public care e-services; 2) Trial sample of minimum 10 caregivers who are regarded as potential users and cross-border public care e-services delivery staff. Task 6 – After validation, LP and PP7 will design and validate the Harmony e-Delivery API OSC Integration handbook with all PPs through two dedicated online meetings, describing the design of the handbook and validating its contents.

2,989 / 3,000 characters

5.6.4 This group of activities leads to the development of a deliverable ☐

O 1.5

Title of the output

ONE-STOP-CARE Deployment Handbook

33 / 100 characters

Description of the output

This deployment handbook is a technical guide containing all the necessary resources and information to deploy the ONE-STOP-CARE platform. The DH provides technical instructions for adopting, using, configuring and delivering public care e-services through ONE-STOP-CARE Platform. The RSD will be a valuable contribution to the DH, as all the functional and non-functional requirements elicited from A1.1 will be summarized and serve as input to the DH document. In addition, the implemented usability principles and usability requirements of the ONE-STOP-CARE Platform will be summarized in the DH, giving stakeholders and service providers the necessary guidance for how to adapt their e-services to meet the high usability standards required to participate in the platform. The DH will also incorporate an e-Service Catalogue described in the following A1.2, where all care e-services provided will be summarized by name and objective, as well as who is responsible. Thie catalogue provides PP and other potential collaboration an overview of current regional and cross-border e-services delivered through the ONE-STOP-CARE platform. The DH will also provide technical information explaining the architecture of the regional API used to connect regional public care e-service providers to the ONE-STOP-CARE platform. Step-by-step Instructions for regional API configuring, integration and deployment of the API connection to provide care e-services to target groups will be presented. Interoperable regional and cross-border data exchange is central to the viability of the platform. For data to be exchanged and care e-services delivered through the platform, data mapping and standardized semantic meanings will be included in the DH. In short, a data glossary will be incorporated into the DH, detailing the correct meanings of data and supported data architectures. The best organizational interoperability policies to be adopted for public ONE-STOP-CARE e-service providers will be provided. The DH will also devote specific sections to GDPR compliance and elaborate cybersecurity policies to be taken. To present a coherent interoperability strategy, the Transnational Interoperability ONE-STOP-CARE Framework (TIOSCF) will be a reference guide for the above interoperability factors. From a cross-border perspective, the DH also explains the open-source Harmony e-Delivery access point and relevant cross-border API architecture. Like the regional APIs, step-by-step instructions for configuring, integrating and deploying the cross-border API through the Harmony e-Delivery Best practices for implementing the back-end information connector to the Harmony e-Delivery access point will be described. Common troubleshooting information will be given for both regional and cross-border API configuration, integration and deployment. Finally, software testing methods and practices for the platform will be integrated into the DH.

2,940 / 3,000 characters

Target groups and uptake of the solution presented in this output

Target groups	How will this target group apply the output in its daily work?
Target group 1 Local public authority Municipalities who deliver public care services (department of social services, department of healthcare services, department of assisted living, IT department) to older people from Estonia, Finland, Latvia, Lithuania, Norway, and Denmark. Specific engaged municipalities: Kuldiga municipality – Latvia; Kretinga social services center – Lithuania; Aarhus municipality – Denmark; Jarva municipality – Estonia; Lillestrom municipality – Norway.	For local public authorities, the delivery of localized care e-services to their older citizens is an important responsibility codified into law in some regions. To deploy public e-care service provision through the platform, the DH will be a comprehensive guide for local public authorities for integrating into the ONE-STOP-CARE platform and delivering important e-services. The uptake of the DH by local public authorities will be facilitated by incorporating them into the DH creation process. Generally, policymakers are not IT specialists, however this DH is intended to bridge the gap between policymakers responsible for service delivery and the operational requirements necessary for the platform. Having local public authorities participate in the DH design process will ensure its usable for these stakeholders, increasing their ability to uptake the output solution. 878 / 1,000 characters
Target group 2 Regional public authority Wellbeing, IT&C, social and healthcare departments from regional governments located in Estonia (Pohja-Esti), Finland (Kanta-Hame) and Sweden (Vasterbotten). At project level we have already engaged Vasterbotten Region – Sweden and Wellbeing services county of Kanta-Hame – Finland	For regional public authorities, the delivery of localized care e-services to their older citizens is also an important responsibility codified into law in some regions. To deploy regional and cross-border public e-care service provision through the platform, the DH will be a comprehensive guide for regional public authorities to integrate into the ONE-STOP-CARE platform and deliver important e-services. The uptake of the DH by regional public authorities will be facilitated by incorporating them into the DH creation process. Generally, policymakers are not IT specialists, however this DH is intended to bridge the gap between policymakers responsible for service delivery and the operational requirements necessary for the platform. Having regional public authorities participate in the DH design process will ensure its usable for this sector, increasing their ability to uptake the output solution. 908 / 1,000 characters
Target group 3 Sectoral agency At least 5 sectoral agencies from the project regions with responsibilities and regulating GDPR, patient data, data exchange procedures, cybersecurity, and legal framework for the delivery of public care services, including care e-services. Sectoral agencies from Pohja-Esti (Estonia), Vasterbotten (Sweden), Vidurio ir vakaru Lietuvos region (Lithuania), Kurzeme (Latvia), Central Denmark Region (Denmark), Kanta-Hame (Finland) and Oslo og Viken (Norway).	Due to high rates of job and social mobility in the Baltic and Nordic regions, interregional and internal data exchange is a high priority for the public sector in the EU. For sectoral agencies, interoperable data exchange allows for the implementation of regional and cross-border e-services. For sectoral agencies whose mandate extends to providing social care and health services to older segments of the population, the DH enables sectoral agencies to integrate their backend systems to securely exchange data and therefore provide potential care e-services to citizens regionally and across borders. The uptake of the DH by regional public authorities will be facilitated by incorporating them into the DH creation process. Sectoral agencies will be able to validate the DH is easy to use and the TOSCIF helps facilitate secure data exchange across borders, increasing uptake ability. 889 / 1,000 characters
Target group 4 Hospital and medical centre Public Hospitals, public medical centers providing primary healthcare services, public home care service providers from Pohja-Esti (Estonia), Vasterbotten (Sweden), Vidurio ir vakaru Lietuvos region (Lithuania), Kurzeme (Latvia), Central Denmark Region (Denmark), Kanta-Hame (Finland) and Oslo og Viken (Norway). At project level we target 20 public hospitals, medical centers and home care service providers who deliver its services for older people 55+.	Hospitals and medical centres are instrumental in the care of older people by providing services and producing e-health data. Subsequently, their role in the ONE-STOP-CARE ecosystem is as an e-service and health data provider. For instance, cross-border e-prescriptions are now available in over six EU countries. Using a combination of the Harmony e-Delivery access points, hospitals can securely connect to the API and access points for exchanging data in a secure and interoperable way. The Open-Access design of the DH makes it easily accessible for interested hospitals and medical centres to efficiently integrate and configure their backend information systems with the ONE-STOP-CARE platform. Cybersecurity measures and GDPR compliance procedures in the DH assures these target groups that security and privacy is of the utmost importance to the platform's function. 874 / 1,000 characters

Target groups	How will this target group apply the output in its daily work?
Target group 5 NGO Older people associations supporting older people receiving social and healthcare public services; Patient associations representing needs and interests of older people 55+; Care givers professional association representing needs and interest of care givers; Nurses and Doctors professional associations representing the medical staff needs from Pohja-Esti), Vasterbotten, Vidurio ir vakaru Lietuvos region, Kurzeme, Central Denmark Region, Kanta-Hame and Oslo og Viken.	NGOs represent an interface point between end-user, caregivers and public care e-services, as they tend to represent home care services and care givers for older people. For NGOs who want to digitize their service provision and delivery, the DH provides clear instructions for these organizations to technically integrate their backend information systems into the ONE-STOP-CARE platform. The Open-Access nature of the DH will facilitate this process. Additionally, for NGOs wanting to expand their e-services across borders, the DH provides operational guidance for scaling e-services into other project regions across-borders.

628 / 1,000 characters

Durability of the output

The ONE-STOP-CARE DH output is durable through three main design features. First, the DH will contain up-to-date information on state-of-the-art regional and cross-border API integration instructions and usability principles. The DH will be constantly maintained and updated by LP and PP7 throughout the pilot's duration and after pilot completion. This means the DH will not become obsolete during the pilot and after the pilot is finished. Second, the DH will be Open Access, and therefore distributed and easily accessible to all ONE-STOP-CARE PPs and potential future partners. Knowledge sharing sessions and an information platform where PPs can download the DH will be provided. Knowledge-sharing sessions Third, the TIOSCF provides state-of-art and platform interoperability principles, relevant data structures and organizational polices future care e-service providers can easily plug into their information systems and processes.

939 / 1,000 characters

5.6.6 Timeline

Period:	1	2	3	4	5	6
WP.1: WP1 Preparing solutions						
A.1.5: Preparation and configuration of e-Delivery cross-border data exchange layer for the ONE-STOP-CARE						
O.1.5: ONE-STOP-CARE Deployment Handbook						

5.6.7 This deliverable/output contains productive or infrastructure investment

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Work package 2

5.1 WP2 Piloting and evaluating solutions

5.2 Aim of the work package

The aim of this work package is to pilot, evaluate and adjust solutions. Plan one or several pilots to validate the usefulness of the solutions prepared in Work Package 1. Start Work Package 2 early enough to have time to pilot, evaluate and adjust solutions, together with your target groups. By the end of this work package implementation the solutions should be ready to be transferred to your target groups in Work Package 3.
The piloted and adjusted solution should be presented in one project output.
Organise your activities in up to five groups of activities. Describe the deliverables and outputs as well as present the timeline.

5.3 Work package leader

Work package leader 1	PP 4 - Aarhus Municipality
Work package leader 2	PP 1 - Tallinn University of Technology

5.4 Work package budget

Work package budget	40%

5.4.1 Number of pilots

Number of pilots	7

5.5 Target groups

	Target group	How do you plan to reach out to and engage the target group?
1	Local public authority Municipalities who deliver public care services (department of social services, department of healthcare services, department of assisted living, IT department) to older people from Estonia, Finland, Latvia, Lithuania, Norway, and Denmark. Specific engaged municipalities: Kuldiga municipality – Latvia; Kretinga social services center – Lithuania; Aarhus municipality – Denmark; Jarva municipality – Estonia; Lillestrom municipality – Norway. 443 / 500 characters	ONE-STOP-CARE already engaged targeted municipalities as project consortium partners. Kuldiga municipality, Kretinga municipality, Aarhus municipality and Jarva municipality are directly involved and contributing to the testing, piloting, and evaluation of ONE-STOP-CARE regional and cross-border e-care services. Above mentioned municipalities are assigned pilot sites for ONE-STOP-CARE platform care e-services: - Pilot sites for testing and evaluating care e-services dedicated to home care, independent and assisted living for older people over the age of 55; piloting primary care e-services; piloting virtual assistant functionality, analyzing efficiency, and impact. Piloting will be realized based on the piloting methodology set up in A2.1. Data collection: feedback survey; observation data sheets, experimental scenarios CANVASES PP11 will engage Lillestrom through a small pilot of testing and evaluation a customized demonstration case of regional and cross-border e-care services. 994 / 1,000 characters
2	Regional public authority Wellbeing, IT&C, social and healthcare departments from regional governments located in Estonia (Pohja-Esti), Finland (Kanta-Hame) and Sweden (Vasterbotten). At project level we have already engaged Vasterbotten Region – Sweden and Wellbeing services county of Kanta-Hame – Finland 281 / 500 characters	ONE-STOP-CARE already engaged part of the targeted regional authorities as project consortium partners. Vasterbotten Region and Wellbeing services county of Kanta-Hame are directly involved and contributing to the testing, piloting, and evaluation of ONE-STOP-CARE regional and cross-border e-care services. Above mentioned regional authorities are assigned pilot sites for ONE-STOP-CARE platform care e-services: - Pilot sites for testing and evaluating care e-services dedicated to home care, independent and assisted living for older people over the age of 55; piloting primary care e-services; piloting virtual assistant functionality, analyzing efficiency, and impact. Piloting will be realized based on the piloting methodology set up in A2.1. Data collection: feedback survey; observation data sheets, experimental scenarios CANVASES 840 / 1,000 characters
3	Sectoral agency At least 5 sectoral agencies from the project regions with responsibilities and regulating GDPR, patient data, data exchange procedures, cybersecurity, and legal framework for the delivery of public care services, including care e-services. Sectoral agencies from Pohja-Esti (Estonia), Vasterbotten (Sweden), Vidurio ir vakaru Lietuvos region (Lithuania), Kurzeme (Latvia), Central Denmark Region (Denmark), Kanta-Hame (Finland) and Oslo og Viken (Norway). 456 / 500 characters	Minimum 5 sectoral agencies from project regions will be engaged as users and/or deliverers in the piloting and testing of ONE-STOP-CARE platform regional and cross-border e-care services with the support of partner municipalities and regional authorities. Practically, municipalities and regional authorities engaged as project partners or ASPs will involve sectoral agencies through: - Technical online workshops and seminars for designing, testing and evaluation methodologies for pilot sites (pilot stages, sample dimensions, piloting scenarios, cybersecurity, and data protocols etc) - Deployment, testing, piloting, and evaluation of regional e-care services - Deployment, piloting, testing, and evaluation of cross-border care e-services data exchange, interoperability, cybersecurity, end-user assisted functions (virtual guidance), and end-user experience - Co-working seminars for refining and adjusting ONE-STOP-CARE platform 936 / 1,000 characters
4	Hospital and medical centre Public Hospitals, public medical centers providing primary healthcare services, public home care service providers from Pohja-Esti (Estonia), Vasterbotten (Sweden), Vidurio ir vakaru Lietuvos region (Lithuania), Kurzeme (Latvia), Central Denmark Region (Denmark), Kanta-Hame (Finland) and Oslo og Viken (Norway). At project level we target 20 public hospitals, medical centers and home care service providers who deliver its services for older people 55+. 455 / 500 characters	Hospital and medical centers will be engaged as users and deliverers in the piloting and testing of ONE-STOP-CARE platform regional and cross-border e-care services with the support of partner municipalities and regional authorities. In the care services delivery process hospitals and medical centers are directly connected with end-users: care givers (nurses, doctors that assures the delivery of care services) and older people that receives the care services. Hospitals and medical centers will be involved through: - Technical online workshops and seminars for designing, testing and evaluation methodologies for pilot sites (pilot stages, sample dimensions, piloting scenarios and data protocols) - Deployment, testing, piloting, and evaluation of regional e-care services - Deployment, piloting, testing, and evaluation of cross-border care e-services data exchange, interoperability, end-user assisted functions and UX - Co-working seminars for refining and adjusting ONE-STOP-CARE platform 998 / 1,000 characters
5	NGO Older people associations supporting older people receiving social and healthcare public services; Patient associations representing needs and interests of older people 55+; Care givers professional association representing needs and interest of care givers; Nurses and Doctors professional associations representing the medical staff needs from Pohja-Esti), Vasterbotten, Vidurio ir vakaru Lietuvos region, Kurzeme, Central Denmark Region, Kanta-Hame and Oslo og Viken. 470 / 500 characters	Minimum 17 NGO's will be engaged as users in the piloting and testing of ONE-STOP-CARE platform regional and cross-border e-care services by PPs and ASPs. Targeted NGOs are aimed to involve in the piloting and testing process the older people and caregivers (end-users). NGO's will assure the needed sample of end-users for piloting of ONE-STOP-CARE platform in the project pilot sites. They will be involved through: - Technical online workshops and seminars for designing, testing and evaluation methodologies for pilot sites (pilot stages, sample dimensions, piloting scenarios and data protocols etc) - Deployment, testing, piloting, and evaluation of regional e-care services - Deployment, piloting, testing, and evaluation of cross-border care e-services data exchange, interoperability, end-user assisted functions and UX - Co-working seminars for refining and adjusting ONE-STOP-CARE platform 900 / 1,000 characters

5.6 Activities, deliverables, outputs and timeline

No.	Name
2.1	**Piloting and adopting software quality testing methods,user-scenarios & pilot evaluation methodology**
2.2	**Piloting, Testing, and Evaluation of Regional ONE-STOP-CARE Platform e-Services**
2.3	**Demo of the ONE-STOP-CARE Cross-border Care e-Services and Evaluation of Demo Results**
2.4	**Piloting, Testing, and Evaluation of Cross-border ONE-STOP-CARE Platform e-Services**
2.5	**Refining and Adjusting ONE-STOP-CARE Platform and Dissemination of Deployment Toolkit**

WP 2 Group of activities 2.1

5.6.1 Group of activities leader

Group of activities leader PP 4 - Aarhus Municipality

A 2.1

5.6.2 Title of the group of activities

Piloting and adopting software quality testing methods,user-scenarios & pilot evaluation methodology

100 / 100 characters

5.6.3 Description of the group of activities

PP4 will coordinate the activity. Under this activity, PPs will design and validate the piloting scenarios in each project region as well as the evaluation methodology for assessing the piloting and testing results. The following tasks will be implemented: Task 1 – PP4 in cooperation with each LP,PP2,PP3,PP6, PP9 and PP11 will design the piloting, testing and evaluation methodology comprising the following: 1) piloting stages – sample dimensions, piloting environments, piloting scenarios, data collection roles, data analytics, monitoring, and evaluation tools. In this sense, PP4 will organize 2 online workshops LP,PP2,PP3,PP6, PP9 and PP11 to design user-testing scenarios and pilot evaluation methodology. In the 1st workshops PP4 will coordinate the creation of 2 Joint Expert Panels (JEP) who will work separately: JEP 1 – Experts will work on designing piloting stages, end-users sample dimensions, piloting environment and piloting scenarios; and JEP 2 – Experts will work on data collection tools and roles, on defining data analytics and on elaborating the methodology for monitoring and evaluating pilot and testing sites (including monitoring and testing tools). Task 2 – LP in cooperation with PP7,PP6,PP2,PP9 and PP3 will organize 2 online seminars for designing the software quality testing methods and the evaluation methodology. In the 1st seminar, LP will coordinate the creation of a joint working group (JWG) which will work on developing software quality testing methods and tools. In the 2nd seminar, JWG will elaborate the monitoring and evaluation methodology for software testing quality results. Task 3 – PP4 will organize a transnational workshop for analyzing proposed piloting methodology, for collecting input from PPs and target groups. Based on collected input, piloting and evaluation methodology and tools will be refined and updated. Task 4 – PP4 will organize a transnational seminar for analyzing proposed piloting and evaluation methodology for cross-border care e-services with PPs, eHDSI representatives as well as with target groups representatives from each project region (public care services authorities, sectoral agencies, NGOs, medical and care institutions, caregivers' professional associations). During the Transnational seminar, PP4 will collect specific input regarding the piloting and evaluation methodology. Based on the input, PP4 will update and refine the methods and tools. Task 5 – PP2 and PP6 will jointly cooperate for designing the data documentation and pilots' data analyzing instruments, respectively: feedback survey, Observation helix and experimental CANVAS models for each piloting scenario. Then, PP2 and PP6 will organize 2 technical co-working sessions with all PPs, ASP1 and ASP2 to debate and analyze the proposed documentation and pilots' data analyzing instruments. EAB will review and make recommendations. Based on PPs feedback and EAB recommendations, PP2 and PP4 will revise them.

2,966 / 3,000 characters

5.6.4 This group of activities leads to the development of a deliverable ☑

D 2.1

Title of the deliverable

Piloting, testing and evaluation Methodology

44 / 100 characters

Description of the deliverable

Technical document presenting the piloting stages, pilot requirements and piloting scenarios. This document explains the piloting and testing methodologies to be implemented in the proceeding activities and provides specific evaluation methods for assessing the impact the platform has on the delivery or regional and cross-border care e-services. The outcomes of the A1 workshops will determine the most suitable piloting methods, determining feasible sample sizes, data collection and analytic tools for measuring uptake and care e-service delivery. As the platform will need continuous software quality testing, testing methodologies include unit testing, integration testing and automation testing, among others. The document will explain how to conduct these testing methodologies in an effective and efficient manner to ensure proper maintenance and continuous availability of the platform. User-scenarios will also be described in the document, giving partner stakeholders different examples of user segment pathways when accessing and receiving care e-services. The technical document also describes specific evaluation methods and metrics to be implemented during the piloting process. The evaluation of the platform will focus on the usability and overall user-experience of the platform as well as the uptake and delivery of different care e-services provided through the platform. In sum, the document provides all necessary information for project partners to implement piloting, software quality testing and an evaluation methodology for understanding the platform's impact.

1,588 / 2,000 characters

Which output does this deliverable contribute to?

One-Stop Care e-care services platform

38 / 100 characters

5.6.6 Timeline

Period:	1	2	3	4	5	6
WP.2: WP2 Piloting and evaluating solutions						
A.2.1: Piloting and adopting software quality testing methods,user-scenarios & pilot evaluation methodology						
D.2.1: Piloting, testing and evaluation Methodology						

5.6.7 This deliverable/output contains productive or infrastructure investment ☐

WP 2 Group of activities 2.2

5.6.1 Group of activities leader

Group of activities leader PP 4 - Aarhus Municipality

A 2.2

5.6.2 Title of the group of activities

Piloting, Testing, and Evaluation of Regional ONE-STOP-CARE Platform e-Services

79 / 100 characters

5.6.3 Description of the group of activities

The activity is coordinated by PP4 in cooperation with PP9, LP, PP6, PP3 and PP2. Under this activity, ONE-STOP-CARE integrated care e-services platform will be piloted and tested in the following six sites: 1. Kanta-Häme Pilot Site – piloting care e-services dedicated to home care and assisted living for older people over the age of 55; piloting primary care e-services; piloting virtual assistant functionality, efficiency, and impact. 2. Järve municipality Pilot Site - piloting care e-services dedicated to home care and assisted living for older people over the age of 55; piloting primary care e-services; piloting virtual assistant functionality, efficiency, and impact. 3. Aarhus municipality Pilot Site - piloting care e-services dedicated to home care and assisted living for older people over the age of 55; piloting primary care e-services; piloting virtual assistant functionality, efficiency, and impact. 4. Umea Region pilot site – piloting independent living e-services and remote e-care services for older people over the age of 55+; piloting and testing 2 e-services dedicated to assisted care through virtual assistant functionality and to remote health conditions management and monitoring. 5. Kuldiga municipality Pilot Site - piloting care e-services dedicated to home care and assisted living for older people over the age of 55; piloting primary care e-services; piloting virtual assistant functionality, efficiency, and impact. 6. Kretinga social services centre Pilot Site - piloting care e-services dedicated to home care and assisted living for older people over the age of 55; piloting primary care e-services; piloting virtual assistant functionality, efficiency, and impact. Task 1 – LP in coordination with all PPs will conduct regional ONE-STOP-CARE e-service delivery simulations with different regional user-scenarios, capturing different user-segment pathways for accessing the prioritized care e-services. Results from the simulations will validate the usability of the user-interface of the platform before piloting begins Task 2 – All PPs will deploy comprehensive software quality test methodologies chosen from A2.1 on the OSC platform, testing API integrations, configurations, and care e-service delivery methods. The testing results will be evaluated, and further configurations of the platform will be made if necessary. Task 3 – All PPs will pilot the deployment of OSC platform and the delivering of regional e-service to a specified number of real end-users and various population segments. Task 4– All PPs will design and distribute two feedback surveys to end-users. One captures feedback to the OSC platform, evaluating platform functionality and usability and the other survey instrument captures feedback on the care e-services used, their effectiveness and user-experience. Task 5 – All PPs will organize regional workshop session analyzing feedback evaluation results. The quality deployment pilot reports will be compiled and presented.

2,994 / 3,000 characters

5.6.4 This group of activities leads to the development of a deliverable ✔

D 2.2

Title of the deliverable

Deployment Sites Reports

25 / 100 characters

Description of the deliverable

Deployment Site Reports are qualitative documents describing the piloting process, progress, challenges, evaluation results setbacks, gaps, key findings of the care e-service integrations and care e-service delivery in each partner region. This document gives all project target groups a summary of piloting activities in each partner region as well as assessing the platform's utility and effectiveness through specific metrics developed and adopted in A2.1. The operational integration of the APIs connecting the regional service providers with the ONE-STOP-CARE platform will also be of focus in the deployment reports, describing their effectiveness and any challenges related to their deployment. The information in the reports will be captured through various tools and methodologies, like feedback surveys, observational data sheets and experimental scenarios. Evaluation of the care e-service delivery will be centered around established metrics from A2.1, measuring uptake, impact, and efficiency. The evaluation outcomes are important for understanding the efficacy of the platform in delivering care e-services to regional end-users. These reports will help project stakeholders understand the impacts and the challenges of the piloting process, as well as gaps in implementation and key findings for future development of the platform. It is important to note that this deliverable concentrates on regional deployment only and will not focus on cross-border piloting outcomes.

1,488 / 2,000 characters

Which output does this deliverable contribute to?

One-Stop Care e-care services platform

38 / 100 characters

5.6.6 Timeline

Period:	1	2	3	4	5	6
WP.2: WP2 Piloting and evaluating solutions						
A.2.2: Piloting, Testing, and Evaluation of Regional ONE-STOP-CARE Platform e-Services						
D.2.2: Deployment Sites Reports						

5.6.7 This deliverable/output contains productive or infrastructure investment ☐

WP 2 Group of activities 2.3

5.6.1 Group of activities leader

Group of activities leader PP 1 - Tallinn University of Technology

A 2.3

5.6.2 Title of the group of activities

Demo of the ONE-STOP-CARE Cross-border Care e-Services and Evaluation of Demo Results

85 / 100 characters

5.6.3 Description of the group of activities

Activity is coordinated by LP and its scope is to pilot a customized package of cross-border care e-services in 3 to maximum 5 testing scenarios. The piloting phase will start with a demonstration of the ONE-STOP-CARE cross-border e-services in which a 30-day simulation will be carried out on a sample of 10 end-users. Demonstration scenarios have the role of validating smooth cross-border deployment of the ONE-STOP-CARE platform and care e-services before piloting begins in A2.4. The Demo will also test and validate the interoperability framework developed in A1.4 and the cross-border Harmony e-Delivery access points are working as intended. Task 1 – LP and PP2 will hold two transnational workshops sessions to design the Demo around user scenarios describing different cross-border user-pathways and demographic profiles. The demographic profiles will focus on older people over the age of 55, caregivers/family members, organizational end-users, and other profiles. The workshop sessions will evaluate different user- scenario methodologies for the demo, the cross-border context of user-pathways, and adopt data collection methods for demo evaluation. Task 2 – ASP1, PP4, PP5,PP8, PP12 and ASP2 will run the demo for 30 days created in Task 1 with at least ten cross-border end-users. The demo will test platform functionalities in a simulated environment and LP and PP2,PP3,PP6,PP7,PP9, and PP10 will use data collection methods for aggregating pilot operational results for evaluation. In addition to the platform functionalities, the demo will simulate the virtual assistant responding to user-queries in a cross-border context. Lastly, the demo will help test the interoperability framework in a simulated environment, assessing whether cross-border access points are working properly, and data is securely exchanged. Results from the simulations will validate the usability and user-experience of the platform before piloting begins. Task 3 – PP6 will coordinate a transnational workshop to discuss and evaluate the results of cross-border ONE-STOP-CARE demo through chosen methods. Areas of improvement in the user-experience and usability of the platform will be identified, as well as any modifications or challenges related to the Harmony e-Delivery access points will also be evaluated. Task 4 – LP with PP2,PP3,PP6,PP7,PP9, and PP10 will compile the cross-border demo operational report, explaining the demo process, how it was conducted, and evaluate the results of the demo simulation through data collection methods pertaining to the demo simulation. Task 5 – LP and PP4 will organize a transnational workshop for analyzing proposed cross-border piloting methodology, for collecting input from PPs and target groups from the demo. Based on collected input, piloting and evaluation methodology, tools will be refined and updated.

2,854 / 3,000 characters

5.6.4 This group of activities leads to the development of a deliverable ✔

D 2.3

Title of the deliverable

Cross-border Operational DEMO Report

37 / 100 characters

Description of the deliverable

Cross-border Operational Pilot Report is a qualitative document describing the piloting process, progress, challenges, short backs, gaps, key findings specifically pertaining to the to cross-border delivery of e-services through the ONE-STOP-CARE platform. As the technical architecture of the selected cross-border care e-services uses the Harmony e-Delivery access points, it contains more complexity than regional care e-service delivery. As a result, a demo of the cross-border care e-service delivery is necessary before the piloting phase begins in A2.4. This demo report will describe the outcomes and key findings of the 30-day simulation process with ten end-users. The demo scenarios will be based on three to five testing scenarios, where different user-segments (older people over the age of 55, caregivers, family members, etc.) will have different pathways and objectives for accessing and using the cross-border care e-services. This is due to the nature of cross-border care e-service provision, where user-pathways are different than regional e-service provision. In addition, cross-border data exchange has different requirements compared with regional data exchange, and thus requires a specific demonstration to ensure all components are working in unison. From the results of the cross-border operational demo, necessary adaptations can be made to the platform for proceeding to the piloting phase in A2.4.

1,427 / 2,000 characters

Which output does this deliverable contribute to?

One-Stop Care e-care services platform

38 / 100 characters

5.6.6 Timeline

Period:	1	2	3	4	5	6
WP.2: WP2 Piloting and evaluating solutions						
A.2.3: Demo of the ONE-STOP-CARE Cross-border Care e-Services and Evaluation of Demo Results						
D.2.3: Cross-border Operational DEMO Report						

5.6.7 This deliverable/output contains productive or infrastructure investment ☐

WP 2 Group of activities 2.4

5.6.1 Group of activities leader

Group of activities leader PP 1 - Tallinn University of Technology

A 2.4

5.6.2 Title of the group of activities

Piloting, Testing, and Evaluation of Cross-border ONE-STOP-CARE Platform e-Services

84 / 100 characters

5.6.3 Description of the group of activities

Under this activity the following ONE-STOP-CARE (OSC) functionalities will be piloted: - Data exchange simulations based on pre-defined scenarios correlated with A2.3 piloting phases - Technical evaluation of OSC interoperability - Safety and data protection protocols - Virtual assistant usage - Accessibility of cross-border care e-services - Delivery of cross-border care e-services Task 1 – ASP1,PP4,PP5,PP8,PP12 and ASP2 will select a sample of a maximum of 30 users from the following categories: older people over 55+ age (maximum of 10); 2) municipalities/public service providers (min of 3); 3) hospitals and medical centers (max of 10); 4) sectoral agencies (max of 3); 5) caregivers professional association - (max of 2); 5) older people patient associations/NGOs (max of 2). Task 2 – LP in coordination with ASP1,PP4,PP5,PP8,PP12 and ASP2 will conduct regional cross-border OSC e-service delivery simulations with different user-scenarios capturing different user-segment pathways for accessing the cross-border care e-services. The simulations will also encompass data exchange, helping PPs technically assess platform interoperability and the virtual assistant's usability for fielding user queries. Simulation results will validate usability and user-experience (UX) of the platform before piloting begins. Task 3 – All PPs will deploy software quality test methodologies chosen from A2.1 on the OSC platform cross-border functionalities, testing the Harmony e-Delivery access points and APIs, cross-border care e-service integrations, configurations, and delivery methods. Testing results will be evaluated and necessary changes to the platform will be made. Task 4 – Selected user samples in each region will be engaged in a piloting and testing period of a minimum of 12 months for the parameters and functionalities that were mentioned above. The piloting rule: in 1st piloting scenario will be engaged sample users from a minimum of 2 and a maximum of 3 project regions; in 2 piloting scenarios will be engaged sample users from a min of 3 and a max of 5 project regions, and 3rd scenario - will be engaged sample users from a min of 5 and maximum 7 project regions. Task 5 – Evaluation of cross-border OSC e-services. This task focuses on using two tools for evaluating the UX of the cross-border care e-services. The first is a user-feedback survey that will be designed and distributed to previous users who will assess the delivery of the cross-border care e-services through OSC. The second is data analytics integrated into OSC directly. This data will be collected and visualized for PPs to understand the OSC platform's cross-border care e-services utility. Task 6 – Cross-border interoperability, data exchange and care e-Services pilot report. This report will be compiled by LP, summarizing the cross-border interoperability challenges, gaps and activities performed and the specific cross-border data exchanged in the pilot. The final reports will be validated by PPs.

3,000 / 3,000 characters

5.6.4 This group of activities leads to the development of a deliverable ✔

D 2.4

Title of the deliverable

Cross-border Interoperability, Data Exchange, and Care e-Service Delivery Pilot Reports

87 / 100 characters

Description of the deliverable

Technical qualitative document reporting the piloting sites key findings, comprising the data collected and analysis parameters, as well as the evaluation results of piloted cross-border data exchange and care e-service delivery. This document gives project target groups a summary of cross-border piloting activities, assessing the platform's utility and effectiveness through specific metrics developed and adopted in A2.1. The operational integration of the Harmony e-Delivery APIs connecting the regional service providers with the ONE-STOP-CARE platform will also be of focus in the deployment reports, describing their effectiveness and any challenges related to their deployment. The information in the reports will be captured through various tools and methodologies, like feedback surveys, observational data sheets and experimental scenarios. Evaluation of the cross-border care e-service delivery will be centered around established metrics from A2.1, measuring uptake, impact, and efficiency. The evaluation outcomes are important for understanding the efficacy of the platform in delivering care e-services to regional end-users. These reports will help project stakeholders understand the impacts and the challenges of the piloting process, as well as gaps in implementation and key findings for future development of the platform. It is important to note that this deliverable concentrates on regional deployment only and will not focus on cross-border piloting outcomes.

1,486 / 2,000 characters

Which output does this deliverable contribute to?

One-Stop Care e-care services platform

38 / 100 characters

5.6.6 Timeline

Period:	1	2	3	4	5	6
WP.2: WP2 Piloting and evaluating solutions						
A.2.4: Piloting, Testing, and Evaluation of Cross-border ONE-STOP-CARE Platform e-Services						
D.2.4: Cross-border Interoperability, Data Exchange, and Care e-Service Delivery Pilot Reports						

5.6.7 This deliverable/output contains productive or infrastructure investment ☐

WP 2 Group of activities 2.5

5.6.1 Group of activities leader

Group of activities leader PP 1 - Tallinn University of Technology

A 2.5

5.6.2 Title of the group of activities

Refining and Adjusting ONE-STOP-CARE Platform and Dissemination of Deployment Toolkit

85 / 100 characters

5.6.3 Description of the group of activities

Based on piloting evaluation data from user-feedback, operational statistics and other sources, LP in cooperation PP7,PP2,PP3,PP6 and PP9 will realize the needed fine tuning and adjusting of the ONE-STOP-CARE platform. As a result of this activity, a dedicated Toolkit for proper deployment and usage of ONE-STOP-CARE platform will be designed and disseminated. Task 1 – Identifying and collecting regional ONE-STOP CARE platform refinements and adjustments. From the regional piloting conducted in A2.1 All data, input, user-feedback, and operational evaluation results will be presented by LP,PP2,PP3,PP6,PP9, PP4 and PP11 to projects target groups. This will enable target groups to see regional implementation differences and collect refinements and adjustments to be added to the Requirements Specific Document (RSD) for implementation in Task 3. Task 2 – Identifying and collecting cross-border ONE-STOP-CARE platform refinements and adjustments. Similar procedures and methods from task 1 will be applied to capture refinements pertaining to cross-border care e-service delivery and these adjustments will be added to the RSD for implementation in task 3. These refinements may also impact the TOSCIF, potentially impacting technical interoperability, semantic standardization, organizational policies and legal implications. Task 3 – Implementation of collected refinements and adjustments. Using the best agile software engineering processes, LP with PP7,PP2,PP3,PP6 and PP9 will implement the regional and cross-border refinements and adjustments to the ONE-STOP-CARE platform. After the refinements are implemented, a focus group session will be conducted for end-users, validating the refinements have been implemented properly at the regional and cross-border level. Task 4 – Toolkit design and compiled, validated by PP7,PP2,PP3,PP6 and PP9 . Two-day collaborative workshops by LP for designing the toolkit and compiling the following information: configuring regional care e-services to a standardized API, connecting them to the ONE-STOP-CARE platform; configuring to the Harmony e-Delivery access point; best usability practices; current regional and cross-border care e-services provided; process for adding a care e-service to the e-service catalogue; presenting the TOSCIF and other additional information that is deemed relevant to deployment. Task 5 – Dissemination of toolkit. Transnational seminar hosting stakeholders from all regions for disseminating ONE-STOP-CARE platform outcomes and the deployment toolkit. The toolkit will be presented to transregional seminar participants and target groups, their feedback to the toolkit will be captured for future consideration.

2,698 / 3,000 characters

5.6.4 This group of activities leads to the development of a deliverable ☐

O 2.5

Title of the output

ONE-STOP-CARE e-Services Platform

34 / 100 characters

Description of the output

ONE-STOP-CARE e-Services Platform – The platform is a one-stop e-service provider of regional and cross-border social and healthcare electronic services from private and public sector providers. The platform incorporates standardized APIs for connecting regional third-party social and healthcare e-service providers and integrating them into the ONE-STOP-CARE platform. From a cross-border perspective, the Harmony e-Delivery access points make the platform interoperable, thus giving users in different regions the opportunity to access e-services from other partner regions. The platform contains the best usability practices and agile software engineering methods in WP1 to ensure a positive user-experience. In addition, the platform's virtual assistant will help guide users through the platform's interface and is a necessary tool for helping those who may lack the digital skills to find the necessary e-service suitable for them. The platform contains functionalities for end-users to access and receive regional and cross-border e-services in a seamless and efficient manner. Using evaluation methodologies, project stakeholders will be able to assess the efficiency and efficacy of the platform in delivering care e-services on the regional and cross-border level.
Platform deployment is backed by ONE-STOP-CARE Platform e-Services Ecosystem and Deployment Toolkit: A set of operational requirements and instruments that will facilitate the transfer and usage of the STOP-CARE platform ecosystem either at regional level, on the cross-border level, or at both levels. This deliverable is made of multiple components. The first component is a comprehensive summary of the ONE-STOP-CARE e-services provided, their description and responsible owners as well as the regional stakeholders involved. The second component is information describing regional API integrations and the cross-border Harmony e-Delivery access point configuration and integration procedures. There will be a step-by-step guide for e-Service providers to deploy both the API and access points. The third component focuses on the virtual assistant architecture and its usefulness for guiding end-users through the ONE-STOP-CARE platform interface and support. Fourth, best practice usability principles will be explained and how they are implemented on the platform. Fifth, cross-border interoperability aspects of the platform will be summarized, with contextual information about the technical, semantic, legal, and organizational related to the TOSCIF implemented in the platform. In sum, the deployment toolkit is a comprehensive instrument explaining the operational requirements implemented, procedures for integrating care e-services via regional and cross-border APIs, usability best practices and explaining the cross-border TOSCIF

2,820 / 3,000 characters

Target groups and uptake of the solution presented in this output

Target groups	How will this target group apply the output in its daily work?
Target group 1 Local public authority Municipalities who deliver public care services (department of social services, department of healthcare services, department of assisted living, IT department) to older people from Estonia, Finland, Latvia, Lithuania, Norway, and Denmark. Specific engaged municipalities: Kuldiga municipality – Latvia; Kretinga social services center – Lithuania; Aarhus municipality – Denmark; Jarva municipality – Estonia; Lillestrom municipality – Norway.	For local public authorities, the ONE-STOP-CARE e-Services platform represents an easy-to-use, one-stop shop for providing local level care e-services to the older population. For care e-service target groups, which includes older citizens 55+, their caregivers and health and social stakeholders, the platform will provide a streamlined delivery channel to these target groups. Ultimately, the platform enables better accessibility to care e-service delivery. The packages of these local care e-services will be aggregated in one place with high usability, ensuring positive user-experience for end-user target groups. As local public authorities will participate in every step of development, piloting and evaluation of the platform, their perspective and local context will be incorporated into the platform. Local public care e-services will then be delivered through ONE-STOP-CARE platform, ensuring local public authority uptake. 935 / 1,000 characters
Target group 2 Regional public authority Wellbeing, IT&C, social and healthcare departments from regional governments located in Estonia (Pohja-Esti), Finland (Kanta-Hame) and Sweden (Vasterbotten). At project level we have already engaged Vasterbotten Region – Sweden and Wellbeing services county of Kanta-Hame – Finland	Currently in the EU, the concept of a Digital Single Market for private and public services has been an important concept in European development. However, a lack of interoperability standards across regions has hampered internal and more importantly cross-border e-services. The platform's embedded TOSCIF will be an innovative framework fostering uptake of the platform by regional public authorities who are searching for ways to deliver e-services to the older population on a regional and cross-border level. Regional and public care e-services will then be delivered through the ONE-STOP-CARE platform, ensuring regional public authority uptake. Evaluation tools and methods will provide data to regional public authorities about the usage and effectiveness of their care e-service delivery. 797 / 1,000 characters
Target group 3 Sectoral agency At least 5 sectoral agencies from the project regions with responsibilities and regulating GDPR, patient data, data exchange procedures, cybersecurity, and legal framework for the delivery of public care services, including care e-services. Sectoral agencies from Pohja-Esti (Estonia), Vasterbotten (Sweden), Vidurio ir vakaru Lietuvos region (Lithuania), Kurzeme (Latvia), Central Denmark Region (Denmark), Kanta-Hame (Finland) and Oslo og Viken (Norway).	For social and health sectoral agencies, the provision of care e-services generally falls under their policy domain. The platform's embedded TOSCIF will serve as an innovative framework fostering uptake of the platform by regional public authorities who are searching for ways to deliver e-services to the older population on a regional and cross-border level. Regional and public care e-services will then be delivered through the ONE-STOP-CARE platform, ensuring sectoral agency uptake. Evaluation tools and methods will provide data to sectoral agencies about the usage and effectiveness of their care e-service delivery. This will create data feedback loops, giving sectoral agencies an accurate picture of their care e-service delivery quality on a regional and potentially cross-border level. Thus, as the platform will deliver sectoral e-care services to end-users, uptake is ensured by this target group. 912 / 1,000 characters
Target group 4 Hospital and medical centre Public Hospitals, public medical centers providing primary healthcare services, public home care service providers from Pohja-Esti (Estonia), Vasterbotten (Sweden), Vidurio ir vakaru Lietuvos region (Lithuania), Kurzeme (Latvia), Central Denmark Region (Denmark), Kanta-Hame (Finland) and Oslo og Viken (Norway). At project level we target 20 public hospitals, medical centers and home care service providers who deliver its services for older people 55+.	For hospitals and medical centres, the ONE-STOP-CARE e-Services platform is a streamlined digital channel for providing regional or cross-border care e-services. As the EU has identified the secure exchange of health data as an important concept through the eHDSI, the platform's emphasis on enabling interoperable data exchange and incorporating eHDSI principles The platform's Harmony e-Delivery access points and connector aligns with this policy. Hospitals and medical centres are thus ensured their care e-services are delivered in a trusted and secure environment. As the platform focuses on involving this target in every step of development, piloting and evaluation, their perspective will be integrated into the platform's functionalities and architecture. Hospital and medical centre care e-service delivery must have strict cybersecurity measures, as well as strict GDPR compliance. The platform's emphasis on both concepts will help the uptake of the solution by this target group 992 / 1,000 characters

Target groups	How will this target group apply the output in its daily work?
Target group 5 NGO Older people associations supporting older people receiving social and healthcare public services; Patient associations representing needs and interests of older people 55+; Care givers professional association representing needs and interest of care givers; Nurses and Doctors professional associations representing the medical staff needs from Pohja-Esti), Vasterbotten, Vidurio ir vakaru Lietuvos region, Kurzeme, Central Denmark Region, Kanta-Hame and Oslo og Viken.	At the NGO level, the ONE-STOP-CARE platform represents an innovative channel for delivering regional and cross-border care e-services. NGOs generally are not technically centric, but rather support concepts and advocate for specific issues. However, some NGOs also provide care e-services like supporting caregivers and providing qualified caregiving help. The platform will ease the burden of NGO care e-service delivery, as it will provide better accessibility and visibility of provided NGO care e-services. The platform's cross-border capability is also an innovative concept as NGOs are less experienced with this approach than public sector care e-service providers. As the platform focuses on involving the NGO target group in every step of development, piloting and evaluation, their perspective will be incorporated into the platform's architecture and e-service delivery processes. 894 / 1,000 characters

Durability of the output

The primary durability factor of the ONE-STOP-CARE platform is the future ownership model. Generally, future platform ownership and responsibility are key factors for the sustainability and durability of technological solutions, especially e-service providing ones. After the pilot has finished, platform ownership will be transferred to a TalTech spinoff entity, providing sustainable institutional instruments for financing and governing. As opposed to a traditional NGO ownership model, responsibility and ownership will be fully taken over by the TalTech spinoff entity. Additionally, the open-source nature of the Harmony e-Delivery access point creates a durable cross-border data exchange layer that is not influenced by some unsustainable effects of privatization. This allows for cross-border e-services to run on a continuous basis regardless of the pilot's conclusion.

879 / 1,000 characters

5.6.6 Timeline

Period:	1	2	3	4	5	6
WP.2: WP2 Piloting and evaluating solutions						
A.2.5: Refining and Adjusting ONE-STOP-CARE Platform and Dissemination of Deployment Toolkit						
O.2.5: ONE-STOP-CARE e-Services Platform						

5.6.7 This deliverable/output contains productive or infrastructure investment ☐

Work package 3

5.1 WP3 Transferring solutions

5.2 Aim of the work package

In Work Package 3, communicate and transfer the ready solutions to your target groups. Plan at least one year for this work package to transfer your solutions to the target groups, considering their respective needs. Select suitable activities to encourage your target groups to use the solutions in their daily work.
Organise your activities in up to five groups of activities. Describe the deliverables and outputs as well as present the timeline.

5.3 Work package leader

Work package leader 1	PP 9 - Umeå University
Work package leader 2	PP 4 - Aarhus Municipality

5.4 Work package budget

Work package budget	15%

5.5 Target groups

	Target group	How do you plan to reach out to and engage the target group?
1	Local public authority Municipalities who deliver public care services (department of social services, department of healthcare services, department of assisted living, IT department) to older people from Estonia, Finland, Latvia, Lithuania, Norway, and Denmark. Specific engaged municipalities: Kuldiga municipality – Latvia; Kretinga social services center – Lithuania; Aarhus municipality – Denmark; Jarva municipality – Estonia; Lillestrom municipality – Norway. 443 / 500 characters	ONE-STOP-CARE already engaged targeted municipalities as project consortium partners. Kuldiga municipality, Kretinga municipality, Aarhus municipality and Jarva municipality are early adopters of ONE-STOP-CARE regional and cross-border e-care services. Municipalities will be involved through: - Early adoption and full deployment of ONE-STOP-CARE regional and cross-border e-care services - Technical online workshops for development of Open Knowledge Box - co-working seminars for configuring and setting up the OPEN-STOP-CARE chatbot that will accomplish the role of virtual assistant - online workshops for setting virtual chatbot testing and piloting methodology - Organizing and direct participation in Transnational Learning and Knowledge Transfer Camps - Organizing and direct participation in Transnational demos seminars - Joint designing of Durability and Capitalization Plan - Joint development and deployment of ONE-STOP-CARE knowledge framework 958 / 1,000 characters
2	Regional public authority Wellbeing, IT&C, social and healthcare departments from regional governments located in Estonia (Pohja-Esti), Finland (Kanta-Hame) and Sweden (Vasterbotten). At project level we have already engaged Vasterbotten Region – Sweden and Wellbeing services county of Kanta-Hame – Finland 281 / 500 characters	ONE-STOP-CARE already engaged part of the targeted regional authorities as project consortium partners. Vasterbotten Region and Wellbeing services county of Kanta-Hame are early adopters of ONE-STOP-CARE regional and cross-border e-care services. Regional authorities will be involved through: - Early adoption and full deployment of ONE-STOP-CARE regional and cross-border e-care services - Technical online workshops for development of Open Knowledge Box - co-working seminars for configuring and setting up the OPEN-STOP-CARE chatbot that will accomplish the role of virtual assistant - online workshops for setting virtual chatbot testing and piloting methodology - Organizing and direct participation in Transnational Learning and Knowledge Transfer Camps - Organizing and direct participation in Transnational demos seminars - Joint designing of Durability and Capitalization Plan - Joint development and deployment of ONE-STOP-CARE knowledge framework 958 / 1,000 characters
3	Sectoral agency At least 5 sectoral agencies from the project regions with responsibilities and regulating GDPR, patient data, data exchange procedures, cybersecurity, and legal framework for the delivery of public care services, including care e-services. Sectoral agencies from Pohja-Esti (Estonia), Vasterbotten (Sweden), Vidurio ir vakaru Lietuvos region (Lithuania), Kurzeme (Latvia), Central Denmark Region (Denmark), Kanta-Hame (Finland) and Oslo og Viken (Norway). 456 / 500 characters	Sectoral agencies from project regions will be engaged as early adopters of ONE-STOP-CARE regional and cross-border e-care services with the support of partner municipalities and regional authorities. Practically, municipalities and regional authorities engaged as project partners or ASPs will involve sectoral agencies through: - Early adoption and full deployment of ONE-STOP-CARE regional and cross-border e-care services - Technical online workshops for development of Open Knowledge Box - Co-working seminars for configuring and setting up the OPEN-STOP-CARE chatbot that will accomplish the role of virtual assistant - Online workshops for setting virtual chatbot testing and piloting methodology - Organizing and direct participation in Transnational Learning and Knowledge Transfer Camps - Organizing and direct participation in Transnational demos seminars - Joint designing of Durability and Capitalization Plan - Joint development and deployment of ONE-STOP-CARE knowledge framework 994 / 1,000 characters
4	Hospital and medical centre Public Hospitals, public medical centers providing primary healthcare services, public home care service providers from Pohja-Esti (Estonia), Vasterbotten (Sweden), Vidurio ir vakaru Lietuvos region (Lithuania), Kurzeme (Latvia), Central Denmark Region (Denmark), Kanta-Hame (Finland) and Oslo og Viken (Norway). At project level we target 20 public hospitals, medical centers and home care service providers who deliver its services for older people 55+. 455 / 500 characters	Hospital and medical centers will be engaged as intermediate users and deliverers in the process of early adoption by public care authorities of ONE-STOP-CARE platform regional and cross-border e-care services. Hospitals and medical centers will be involved through: - Supporting transfer and early adoption of ONE-STOP-CARE regional and cross-border e-care services - Technical online workshops for development of Open Knowledge Box - Co-working seminars for configuring OPEN-STOP-CARE chatbot that will accomplish the role of virtual assistant - Online workshops for setting virtual chatbot testing and piloting methodology - Direct participation in Transnational Learning and Knowledge Transfer Camps - Direct participation in Transnational demos seminars - Joint designing of Durability and Capitalization Plan - Joint development and deployment of ONE-STOP-CARE knowledge framework 886 / 1,000 characters

	Target group	How do you plan to reach out to and engage the target group?
5	NGO Older people associations supporting older people receiving social and healthcare public services; Patient associations representing needs and interests of older people 55+; Care givers professional association representing needs and interest of care givers; Nurses and Doctors professional associations representing the medical staff needs from Pohja-Esti), Västra Götaland Region, Kurzeme, Central Denmark Region, Kanta-Hame and Oslo og Viken. 470 / 500 characters	Minimum 17 NGO's will be engaged as early end-users of ONE-STOP-CARE platform regional and cross-border e-care services by PPs and ASPs. NGO's will assure the needed sample of end-users for early adoption of ONE-STOP-CARE platform in the project pilot sites. They will be involved through: - Supporting transfer and early adoption of ONE-STOP-CARE regional and cross-border e-care services by public care authorities - Technical online workshops for development of Open Knowledge Box - Co-working seminars for configuring OPEN-STOP-CARE chatbot that will accomplish the role of virtual assistant - Co-creation seminars for setting virtual chatbot testing and piloting methodology - Direct participation in Transnational Learning and Knowledge Transfer Camps - Direct participation in Transnational demos seminars - Co-working meetings for designing of Durability and Capitalization Plan - Co-working workshops for development and deployment of ONE-STOP-CARE knowledge framework 977 / 1,000 characters

5.6 Activities, deliverables, outputs and timeline

No.	Name
3.1	**Designing and Diffusion of ONE-STOP-CARE Open Toolbox**
3.2	**Transnational Learning and Knowledge Transference Camps**
3.3	**ONE-STOP-CARE Cross-border Care e-Services Demos in BSR Regions**
3.4	**Developing an Evidence-based Post-deployment Durability and Capitalization Plan for ONE-STOP-CARE**
3.5	**Developing a Knowledge Framework for the Development and Scaling of EU e-care Platforms**

WP 3 Group of activities 3.1

5.6.1 Group of activities leader

Group of activities leader PP 9 - Umeå University

A 3.1

5.6.2 Title of the group of activities

Designing and Diffusion of ONE-STOP-CARE Open Toolbox

53 / 100 characters

5.6.3 Description of the group of activities

Scope of this activity is to generate a sustainable and customized toolbox for communicating, disseminating, and supporting early adoption/transfer for public care authorities as well as for other target group categories in both project regions and BSR region. Toolbox will be composed of an Open Knowledge Box (OKB) and a virtual assistant. Under this activity the following tasks will be performed: Task 1 – PP9 in cooperation with PP4 will design the architecture requirements of the OKB. PP9 will organize 2 online technical meetings with all PPs to: 1) establish the selection criteria for research papers included in the OKB; 2) to co-work and establish the content structure of the best practices and case studies from each pilot site; 3) to establish presentation format of the project deliverables, project outputs, pilot results, pilots evaluation and conclusions; 4) to prepare and integrate the recorded demos in the OKB (LP), and 5) to select the format and diffusion channels for the open knowledge box Task 2 – PP9 will organize an online workshop with LP and PP7 to establish the technical steps for creating an OKB dedicated section in the ONE-STOP-CARE platform Task 3 – PP4 will organize 2 online seminars with all PPs to analyze the OKB proposed architecture and validate it. EAB will also review it. Task 4 – PP7 and LP will develop an OKB dedicated section in the ONE-STOP-CARE platform Task 5 – PP9 in cooperation with LP,PP7,PP2,PP3,PP6 and PP4 will finalize the open knowledge box. Then, it will be delivered to LP for being uploaded in the ONE-STOP-CARE platform Task 6 – LP and PP7 will have 3 co-working seminars for configuring and setting up the OPEN-STOP-CARE chatbot that will accomplish the role of virtual assistant. PP7 will work on API configuration and LP on functional and non-functional requirements. Then PP7 will configure the automation functions Task 7 – LP and PP7 will elaborate on a testing methodology for piloting and assessing the functionality of virtual assistant (chatbot). The testing methodology will be debated with all PPs during 2 dedicated online workshops. At the same time, EAB will review the testing methodology. LP and PP7 will finally perform the needed revisions.

2,228 / 3,000 characters

5.6.4 This group of activities leads to the development of a deliverable ✔

D 3.1

Title of the deliverable

One Stop Care Open Toolbox

26 / 100 characters

Description of the deliverable

Open toolbox for communicating, disseminating, and supporting early adoption/transfer for public care authorities as well as for other target group categories in both project regions and other BSR region. The toolbox will be composed of an OKB and a virtual assistant. OKB will comprise pilots testing scenarios, pilots' results, evaluation and conclusions, research papers, best practices and case studies from pilot sites, recorded demos from pilots and transnational learning camps (A3.2), project deliverables and outputs (i.e, ONE-STOP-CARE Deployment Handbook). The virtual assistant is a dedicated chatbot that will disseminate demo contents, pilot results, and best practices through automated functions to municipalities, healthcare institutions, older people care facilities, regional & national authorities as well as end-users. Also, another function of the chatbot will be to collect and register technical support requests from potential early adopters, requests which will be automatically transferred to the consortium technical support team. The virtual assistant will have the capacity to deliver some limited automated support services to potential target groups in the process of platform testing or a demo for its care e- services.

1,254 / 2,000 characters

Which output does this deliverable contribute to?

ONE-STOP-CARE e-care services platform

38 / 100 characters

5.6.6 Timeline

Period:	1	2	3	4	5	6
WP.3: WP3 Transferring solutions						
A.3.1: Designing and Diffusion of ONE-STOP-CARE Open Toolbox						
D.3.1: One Stop Care Open Toolbox						

5.6.7 This deliverable/output contains productive or infrastructure investment ☐

WP 3 Group of activities 3.2

5.6.1 Group of activities leader

Group of activities leader PP 9 - Umeå University

A 3.2

5.6.2 Title of the group of activities

Transnational Learning and Knowledge Transference Camps

56 / 100 characters

5.6.3 Description of the group of activities

The scope of this activity is to run 7 transnational Learning and Knowledge Transfer Camps in each project region to facilitate and support the transfer process of the ONE-STOP-CARE e-services to public care authorities (specially to the project partner public care authorities). The following specific tasks will be implemented: Task 1 – PP9 in cooperation with PP4, PP12, PP11, PP2, LP and PP6 will organize 2 co-working seminars to elaborate ONE-STOP-CARE Demonstration Cases, which will comprise: pilots' key results; key benefits; evaluation results; 3 demonstrative simulation scenarios that can be used by PP public care authorities to check benefits and viability of ONE-STOP-CARE e-services. Task 2 – PP9 in cooperation with PP4 will elaborate a dedicated methodology for organizing and running the transnational Learning and Knowledge Transfer Camps. Methodology will be presented, refined and validated byall PPs during a digital co-working session Task 3 – PP4 will organize 1st Transnational Learning and Knowledge Transfer Camp (3 days) in Aarhus with the participation of municipalities, public care services providers as well as other quadruple helix stakeholders from project regions and from other BSR countries. 1st day – Brief presentation of the ONE-STOP-CARE platform and its integrated care e-services; pilots and testing analysis, pilots' key results and evaluation conclusions; Presentation of ONE-STOP-CARE Demonstration Cases; Q&A; 2 day – ONE-STOP-CARE Demo with participants – live simulations of the 3 demonstrative scenarios (Demonstrative Cases); 3rd day – Testimonials from PP public care authorities; key steps and technical description for ONE-STOP-CARE solution adoption and utilization in BSR region; Presentation of the project key outputs which supports ONE-STOP-CARE adoption/deployment and utilization; Q&A session; Conclusion and remarks Task 4 – PP12 will organize a 2nd Transnational Learning and Knowledge Transfer Camp in Umea with the participation of municipalities, public care services providers as well as other quadruple helix stakeholders from project regions and from other BSR regions. The transnational camp agenda is similar to the one in Aarhus. Task 5 – PP5 will organize a 3rd Transnational Learning and Knowledge Transfer Camp in Kuldiga with the participation of municipalities, public care services providers as well as other quadruple helix stakeholders from project regions and from other BSR regions. The transnational camp agenda is similar to the one in Aarhus. Task 7 – PP8 will organize 5th Transnational Learning and Knowledge Transfer Camp in Kretinga Task 8 – PP2 will organize 6th Transnational Learning and Knowledge Transfer Camp in Hameenlinna – Wellbeing services county of Kanta-Häme Task 9 – PP11 will organize 7th Transnational Learning and Knowledge Transfer Camp in Oslo

2,854 / 3,000 characters

5.6.4 This group of activities leads to the development of a deliverable ☑

D 3.2

Title of the deliverable

ONE-STOP-CARE Demonstration Cases

33 / 100 characters

Description of the deliverable

ONE-STOP-CARE Demonstration Cases is a knowledge manual which will be used as a learning and distribution facilitator tool for target groups, but especially for public care authorities. The manual will comprise the following key data/knowledge: 1) brief presentation of ONE-STOP-CARE platform and its care e-services 2) Pilots and testing analysis 3) Pilots' key results and evaluation conclusions 4) Presentation of ONE-STOP-CARE Demonstration Cases - minimum 3 demonstrative simulation scenarios that can be used by PP public care authorities to check benefits and viability of ONE-STOP-CARE integrated e-services 5) Methodology and technical instructions for live simulations of the 3 demonstrative scenarios (Demonstrative Cases) 6) Testimonials from PP public care authorities/service providers 7) Key steps and technical description for ONE-STOP-CARE solution adoption and utilization in the BSR region 8) Presentation of the project key outputs which supports ONE-STOP-CARE adoption/deployment and utilization ONE-STOP-CARE Demonstration Cases Manual is the baseline for successful organization of project Transnational Learning and Knowledge Transfer Camps and at the same time is one of the key tools for disseminating the ONE-STOP-CARE form solution and for supporting early adoption of the platform. A key aspect of the deliverable is that it allows public care authorities/service providers as well as other target group categories to use live demo scenarios in order to check its viability, responsiveness, efficiency, and accessibility of end-users in correlation with their critical needs.

1,605 / 2,000 characters

Which output does this deliverable contribute to?

ONE-STOP-CARE e-care services platform

38 / 100 characters

5.6.6 Timeline

Period:	1	2	3	4	5	6
WP.3: WP3 Transferring solutions						
A.3.2: Transnational Learning and Knowledge Transference Camps						
D.3.2: ONE-STOP-CARE Demonstration Cases						

5.6.7 This deliverable/output contains productive or infrastructure investment ☐

WP 3 Group of activities 3.3

5.6.1 Group of activities leader

Group of activities leader PP 4 - Aarhus Municipality

A 3.3

5.6.2 Title of the group of activities

ONE-STOP-CARE Cross-border Care e-Services Demos in BSR Regions

63 / 100 characters

5.6.3 Description of the group of activities

The scope of this activity is to prepare and run transnational demos for public care authorities/providers and other target group categories from the entire BSR region. Under this activity we will prepare, organize, and run 6 transnational demo seminars for communicating, disseminating, and engaging early adopters of ONE-STOP-CARE cross border care e-services solution. This activity will contribute to our specific objective of transferring ONE-STOP-CARE solution to minimum 10 public care authorities/service providers from project regions/other BSR regions. Under this activity, the following tasks will be performed: Task 1 – LP. PP6 and PP7will prepare the demo scenarios and instructions for Transnational Demo Seminars. Demo scenarios will be debated and analyzed with PPs during 2 online technical co-working meetings. Based on the feedback and conclusions, LP and PP7 will configure the final demos. Task 2 – PP9 in cooperation with PP4 and PP11 will draft the methods and tools for organizing and running the Transnational demo seminars and conferences. Drafted tools and methods will be analyzed and improved during 2 online co-creation workshops organized by PP9 with all PPs. Based on PPs feedback, PP9, PP4 and PP11 will improve the methods and tools and will elaborate the methodology/instructions for running transnational demos Task 3 – PP2 will organize 1st Transnational demo seminar (2 days) in Hameenlinna with the participation of municipalities, public care services providers as well as other quadruple helix stakeholders from project regions and from other BSR regions: 1st day – Brief presentation of ONE-STOP-CARE platform and its cross-border care e-services; pilot key results and evaluation conclusions; Presentation of Demos scenarios; Q&A; live demo for the 1st scenario/use case with the participants; 2 day – live demos for the 2nd and 3rd scenario/use case with the participants; Q&A; conclusions of the demos sessions Task 4 – PP6 will organize 2nd Transnational demo seminar (2 days) in Kuldiga with the participation of municipalities, public care services providers as well as other quadruple helix stakeholders from project regions and from other BSR regions. Task 5 – PP3 will organize 3rd Transnational demo seminar (2 days) in Kretinga with the participation of municipalities, public care services providers as well as other quadruple helix stakeholders from project regions and from other BSR regions/countries. Task 6 – PP11 will organize 4th Transnational demo seminar (2 days) in Oslo with the participation of municipalities, public care services providers as well as other quadruple helix stakeholders from project regions and from other BSR regions/countries. Task 7 – PP9 will organize 5th Transnational demo seminar (2 days) in Umea - municipalities, public care services providers from project regions and from other BSR regions/countries. Task 8 – LP will organize 6th Transnational demo seminar (2 days) in Jarva

2,970 / 3,000 characters

5.6.4 This group of activities leads to the development of a deliverable ✔

D 3.3

Title of the deliverable

Demos Report

12 / 100 characters

Description of the deliverable

Technical document comprising specific data and information referring to the methodology and tools for organizing and running the Transnational demo seminars and conferences; the established demos scenarios and instructions; the live demos participants; the key results of each live demo scenarios/use case; the use case characteristics; the participants characteristics; the participants feedback and their main input regarding adoption of ONE-STOP-CARE cross-border care e-services; conclusions and final remarks of transnational demos.

538 / 2,000 characters

Which output does this deliverable contribute to?

ONE-STOP-CARE e-care services platform

38 / 100 characters

5.6.6 Timeline

Period:	1	2	3	4	5	6
WP.3: WP3 Transferring solutions						
A.3.3: ONE-STOP-CARE Cross-border Care e-Services Demos in BSR Regions						
D.3.3: Demos Report						

5.6.7 This deliverable/output contains productive or infrastructure investment ☐

WP 3 Group of activities 3.4

5.6.1 Group of activities leader

Group of activities leader PP 9 - Umeå University

A 3.4

5.6.2 Title of the group of activities

Developing an Evidence-based Post-deployment Durability and Capitalization Plan for ONE-STOP-CARE

97 / 100 characters

5.6.3 Description of the group of activities

Scope of this activity is to set up a strategic roadmap under the framework of a Capitalization and Durability Plan of ONE-STOP-CARE care e-services to assure post-deployment scaling, and early adoption of the ONE-STOP-CARE platform. One key aspect of ONE-STOP-CARE platform durability and capitalization is represented by the continuous engagement of user experience through demos simulation and early adoption. PPs and previous research data show that a key determinant for long-term success lies in a digital platform's ability to continuously improve the core value it delivers to its network of service providers and end-users (i.e., its platform ecosystem). For ONE-STOP-CARE platform, being a care e-services integration platform is an important first step since it adds an initial critical mass of services to the platform that can be used and evaluated by an initial user base. However, to function and provide value long-term, the platform needs to attract more users by diversifying the services it offers in terms of both functional scope and geographical scale. To generate such diversity, ONE-STOP-CARE needs to develop towards a position where it autonomously attracts providers and provides them with the resources necessary to integrate their service with limited manual labour from the platform owner. Under this activity the following tasks will be implemented: Task 1 – PP9 in cooperation with LP, PP4 and PP11 will have 3 online workshops for defining and drafting a durability strategic road map focused on the main actions that the PPs must perform in the post-deployment period of the platform for attracting more users and public care authorities as early adopters. During 2 Transnational seminars, all PPs will be consulted regarding the drafted durability strategic road map and the core measures that are needed for enlarging the number of early adopters and end-users. EAB will review the strategic roadmap and will provide recommendation. PP9, PP4, LP and PP11 will update and revise the durability strategic road map based on received input from EAB and all PPs. Task 2 – For the efficient implementation of the strategic roadmap actions, PP9, PP4 and LP will jointly co-work on developing a dedicated ONE-STOP-CARE Durability and Capitalization plan. LP will organize 2 online technical co-working meetings to set up the structure of the plan and draft the main measures and tools that will support the implementation of the strategic roadmap. The key tools will be foreseen to support the implementation of customized demos workshops, transnational demo seminars, webinars, virtual assistant reports, and ONE-STOP-CARE early adoption campaign (integrated package of demo events and webinars for facilitating early adoption/attract new users). The action plan is setting up also the responsible for each measure to be implemented as well as for key tools preparation. During 2 transnational workshops, PPs will analyse and give feedback on the proposed plan.

2,991 / 3,000 characters

5.6.4 This group of activities leads to the development of a deliverable ✔

D 3.4

Title of the deliverable

Durability and Capitalization Plan

34 / 100 characters

Description of the deliverable

Action Plan setting up the timeframe, main roles, key measures, stages and tools which will support the optimal implementation of the ONE-STOP-CARE care e-services strategic road map in the post-deployment period of the platform for attracting more users and public care authorities/service providers as early adopters. The action plan is setting up also the responsible for each measure to be implemented as well as for key tools preparation. The key tools foreseen to support the implementation are customized demo workshops, transnational demo seminars, webinars, virtual assistant reports, and ONE-STOP-CARE early adoption campaign (integrated package of demo events and webinars for awareness and to facilitate early adoption/attract new users). The durability and capitalization plan will also comprise the strategic roadmap detailing the long-term goals and associated scaling up and transfer pathways available for users. The roadmap will be based on a systematic meta-synthesis of implemented durability actions and collected data during the WP3 period and during post-implementation period of the project. The results of the meta-synthesis will be presented to project partners verbally and in a written report where the roadmap is accompanied by a detailed description of the strategic options available. The roadmap and pathways will serve as a key basis for short, medium, and long-term user engagement and retain planning regarding platform and ecosystem design, during as well as after the project period. The durability and capitalization plan will allow us to collect key data from users and early adopters which will support PPs to improve ONE-STOP-CARE ability to analyze, understand and act upon data generated through platform use, and it often materializes in the platform becoming able to automate processes or creating new services by combining the resources of separate providers.

1,905 / 2,000 characters

Which output does this deliverable contribute to?

ONE-STOP-CARE e-care services platform

38 / 100 characters

5.6.6 Timeline

	Period: 1	2	3	4	5	6
WP.3: WP3 Transferring solutions						
A.3.4: Developing an Evidence-based Post-deployment Durability and Capitalization Plan for ONE-STOP-CAR						
D.3.4: Durability and Capitalization Plan						

5.6.7 This deliverable/output contains productive or infrastructure investment ☐

WP 3 Group of activities 3.5

5.6.1 Group of activities leader

Group of activities leader PP 9 - Umeå University

A 3.5

5.6.2 Title of the group of activities

Developing a Knowledge Framework for the Development and Scaling of EU e-care Platforms

88 / 100 characters

5.6.3 Description of the group of activities

The objective of this task is to ensure that knowledge and insights from developing the ONE-STOP-CARE platform is collated and disseminated beyond the project and its partners. Indeed, digital platforms carry the potential to be a key solution to many of the challenges that Europe is facing, not least because of their inherent ability to integrate services from different countries and contexts, and to provide centralized coordination in distributed systems. To avoid a situation where each platform project needs to reinvent the wheel, it is important to ensure that knowledge from such projects becomes integrated into a larger cumulative knowledge base on the challenges and opportunities associated with developing and scaling digital platforms in the context of the European Union. While other tasks in this WP focuses on the transfer, diffusion, and user early adoption of the ONE-STOP-CARE platform to contexts beyond the project and its partners, this task is complementary in that it focuses on the production and dissemination of knowledge that is generalizable to a context beyond the ONE-STOP-CARE platform. To realize this, PP9, LP, PP2, PP3, PP6, PP9 and PP10 experts and research team will jointly work to trace the development of the platform over time. Following a process study methodology, the research team will collect and analyse interviews, documents, and piloting results to trace the development of ONE-STOP-CARE. Under this activity the following tasks will be implemented: Task 1 – PP9 in cooperation with LP will organize 3 online workshops with PP2, PP3, PP6 and PP10 for drafting a joint methodology to design the ONE-STOP-CARE ledge framework. PP9 and LP will elaborate the draft version of the methodology. During the 3 online workshops, the draft methodology will be analyzed by PP2, PP3, PP6 and PP10. Relevant input and feedback are collected and based on this PP9 will work on the final form of the methodology. Task 2 – Based on joint methodology, LP, PP2, PP3, PP6, PP9 and PP10 will jointly co-work on designing the ONE-STOP-CARE Knowledge framework. This will be done during at least 2 transnational seminars organized by PP2 and PP3. EAB will review it and provide input. PP9 in cooperation with PP2 will refine it based on the EAB input. Task 3 – PP11 will prepare an integrated package of dissemination tools actions for ONE-STOP-CARE Knowledge Framework (video-spots, pitches, landing pages resuming piloting data/results, users' testimonials, webinars explaining shortly project outputs, social media dissemination newsletters etc). Then, PP11 will select the key communication channels and implement the dissemination actions. Task 4 – LP will organize a Transnational Conference in Tallin (2 days duration) for communicating ONE-STOP-CARE Knowledge framework. LP with the support of PPs will invite to the event eHDSI experts, EIP-AHA, owners of e-health/e-care platforms, solutions, public care services providers.

2,965 / 3,000 characters

5.6.4 This group of activities leads to the development of a deliverable ✔

D 3.5

Title of the deliverable

ONE-STOP-CARE Knowledge Framework

33 / 100 characters

Description of the deliverable

Technical document comprising collated and integrated knowledge jointly generated by the LP, PP2, PP3, PP4, PP5,PP6,PP8,PP9,PP11,PP12, ASP1 and ASP2 in the process of configuring, deploying, piloting, and transferring ONE-STOP-CARE solutions to users. Deliverable scope is to disseminate and communicate the project knowledge to support the future development and scaling up of existing digital social and healthcare platforms. To avoid a situation where each existing platforms (including the one developed through other projects with the EU financial support) needs to reinvent the wheel, ONE-STOP-CARE Knowledge framework will ensure that its acquired knowledge is properly shared, transferred and disseminated for being integrated into a larger cumulative knowledge base on the challenges and opportunities associated with developing and scaling digital platforms at EU level. ONE-STOP-CARE knowledge platform will resume and describe used methodologies, used technologies, tools and methods used for integration, configuration and aggregation, project outputs and deliverables access, pilots' data, key results and conclusions, users interviews and feedbacks, analytic documents tracing the development, deployment, and transfer of the ONE-STOP-CARE care e-services platform.

1,280 / 2,000 characters

Which output does this deliverable contribute to?

ONE-STOP-CARE e-care services platform

38 / 100 characters

5.6.6 Timeline

Period:	1	2	3	4	5	6
WP.3: WP3 Transferring solutions						
A.3.5: Developing a Knowledge Framework for the Development and Scaling of EU e-care Platforms					■	■
D.3.5: ONE-STOP-CARE Knowledge Framework						■

5.6.7 This deliverable/output contains productive or infrastructure investment ☐

6. Indicators

Indicators

Output indicators				Result indicators		
Output indicators	**Total target value in number**	**Project outputs**	**Please explain how the solution presented in this output serves the target group(s).**	**Result indicator**	**Total target value in number**	**Please explain how organisations in the target groups within or outside the partnership will take up or upscale each solution.**
RCO 84 – Pilot actions developed jointly and implemented in projects	7	N/A	N/A			

Output indicators	Total target value in number	Project outputs	Please explain how the solution presented in this output serves the target group(s).	Result indicator	Total target value in number	Please explain how organisations in the target groups within or outside the partnership will take up or upscale each solution.
		O.1.5: ONE-STOP-CARE Deployment Handbook	Municipalities and regional public authorities will use DH as a comprehensive guide to integrate into the ONE-STOP-CARE platform and deliver important e-services. The uptake of the DH by public authorities will be facilitated by incorporating them into the DH creation process. Generally, policymakers are not IT specialists, however this DH is intended to bridge the gap between policymakers responsible for service delivery and the operational requirements necessary for the platform.. DH enables sectoral agencies to integrate their backend systems to securely exchange data and therefore provide potential care e-services to citizens regionally and across borders. DH enables hospitals and medical centres to efficiently integrate and configure their backend information systems with the ONE-STOP-CARE platform. Cybersecurity measures and GDPR compliance procedures in the DH assures these target groups that security and privacy is of the utmost importance to the platform's function. 989 / 1,000 characters	RCR 104 - Solutions taken up or up-scaled by organisations	2	For public authorities (early adopters) the ONE-STOP-CARE e-Services platform represents an easy-to-use, one-stop shop for providing local level care e-services to the older population. For care e-service target groups, which includes older citizens 55+, their caregivers and health and social stakeholders, the platform will provide a streamlined delivery channel to these target groups. Ultimately, the platform enables better accessibility to care e-service delivery. The packages of these local care e-services will be aggregated in one place with high usability, ensuring positive user-experience for end-user target group. Public care e-services will then be delivered through ONE-STOP-CARE platform, ensuring local and regional public authority uptake. Hospital and medical centers will be engaged as intermediate users and deliverers in the process of early adoption by public care authorities of ONE-STOP-CARE platform regional and cross-border e-care services. They will support the transfer and early adoption of ONE-STOP-CARE regional and cross-border e-care services by public care authorities Sectoral agencies from project regions will be engaged as early adopters of ONE-STOP-CARE regional and cross-border e-care services with the support of partner municipalities and regional authorities. NGOs represent an interface point between end-user, caregivers, and public care e-services, as they tend to represent home care services and care givers for older people. For NGOs who want to digitize their support services for public care provision and delivery, the outputs provide clear instructions to technically integrate their backend information systems into the ONE-STOP-CARE platform. The Open-Access nature of the Deployment Handbook will facilitate this process. Additionally, for NGOs wanting to expand their support for e-services across borders, the DH provides operational guidance for scaling e-services into other project regions across borders. 1,971 / 2,000 characters

Output indicators		Result indicators		
RCO 116 – Jointly developed solutions	2			
RCO 87 - Organisations cooperating across borders	14			

Output indicator	Total target value in number	Result indicator	Total target value in number	Please describe what types of organisations are planned to actively participate in the project. Explain how this participation will increase their institutional capacity. These types of organisations should be in line with the target groups you have defined for your project.

Result indicator	Total target value in number	Please describe what types of organisations are planned to actively participate in the project. Explain how this participation will increase their institutional capacity. These types of organisations should be in line with the target groups you have defined for your project.	
PSR 1 - Organisations with increased institutional capacity due to their participation in cooperation activities across borders	40	Project partners and associated organisations	Project partnership is uniting the expertise, knowledge, and experience of 6 universities (HAMK, Taltech, RTU, KVK, Aarhus University and Umea University), 3 municipalities (Kuldiga, Kretinga and Aarhus), 1 regional authority (Vaseterbotten) from Estonia, Latvia, Lithuania, Denmark, Finland, and Sweden, 1 software company from Estonia (Trexicom) and 1 inclusive innovation, co-creation and UX design company from Norway. Project partnership also engages 2 Associated partners: Jarva Muncipality from Estonia and Wellbeing services county of Kanta-Hame. Project partners will actively participate in ONE-STOP-CARE platform configuration, e-care services aggregation, deployment, piloting, evaluation, adjusting and platform early adoption. PPs and ASPs work is based on quadruple helix approach, user centered design, deployment, experimentation, and validation. University PPs improve their methodologies and tools for understanding users' requirements, for working and feeding up solutions with user requirements and for transferring solution based on users' experimentation process and adjustments. Public authorities PPs will increase their capacity for co-working and co-creating e-services to improve the responsiveness, accessibility and easy to deliver/use of their provided public services. Moreover, they will have an increase capacity of early adoption of digital transformation services, technology use for public services delivery, quadruple helix, and user centered cooperation. 1,493 / 1,500 characters
		Other organisations	Sectorial agencies with responsibilities in public care services delivery and regulating GDPR, patient data, data exchange procedures, cybersecurity, and legal framework for the delivery of public care services, including care e-services will improve their capacity to adapt critical components of the social and healthcare systems to support a secure, legal, and protected delivery of public care services with the support of technology. Also, they will have increased capacity to adapt the legal framework for efficient care e-services delivery through relevant policy tools. Hospitals and medical centers will improve their capacity to adapt their social and healthcare services to the support of technology and IT&C backed-up solutions for an ageing population. Therefore, digital transformation of their services enhances a better responsiveness and accessibility of their public care services to older people's healthy ageing and independent living. Also, they will have a better capacity to understand, adapt and upgrade their services based on user-centric approaches using co-creation tools. NGO's are engaged with the key categories of end-users: older people who receive services for healthy, active and independent living at home and care givers who deliver the care services. They will have improved capacity to technology use for covering the the gaps of public care services, assuring equal and fast access to services and real-time connection with the end-users' needs 1,484 / 1,500 characters

7. Budget

7.0 Preparation costs

Preparation Costs

Would you like to apply for reimbursement of the preparation costs?	Yes

Other EU support of preparatory cost

Did you receive any other EU funds specifically designated to the development of this project application?	No

7.1 Breakdown of planned project expenditure per cost category & per partner

No. & role	Partner name	Partner status	CAT0 - Preparation costs	CAT1 - Staff	CAT2 - Office & administration
1 - LP	Tallinn University of Technology	Active 22/09/2022	24,000.00	320,833.00	48,124.95
2 - PP	Häme University of Applied Sciences Ltd	Active 22/09/2022	0.00	242,280.00	36,342.00
3 - PP	KLAIPĖDA STATE UNIVERSITY OF APPLIED SCIENCES	Active 22/09/2022	0.00	129,690.00	19,453.50
4 - PP	Aarhus Municipality	Active 22/09/2022	0.00	272,500.00	40,875.00
5 - PP	KULDIGA LOCAL MUNICIPALITY	Active 22/09/2022	0.00	114,320.00	17,148.00
6 - PP	Riga Technical University	Active 22/09/2022	0.00	144,360.00	21,654.00
7 - PP	Traxicom	Active 22/09/2022	0.00	140,000.00	21,000.00
8 - PP	KRETINGA SOCIAL SERVICES CENTRE	Active 22/09/2022	0.00	102,520.00	15,378.00
9 - PP	Umeå University	Active 22/09/2022	0.00	236,540.00	35,481.00
10 - PP	Aarhus University	Active 22/09/2022	0.00	275,652.00	41,347.80
11 - PP	Inclusive Creation AS	Active 22/09/2022	0.00	255,850.00	38,377.50
12 - PP	Region Vasterbotten	Active 22/09/2022	0.00	222,240.00	33,336.00
Total			24,000.00	2,456,785.00	368,517.75

No. & role	Partner name	CAT3 - Travel & accommodation	CAT4 - External expertise & services	CAT5 - Equipment	Total partner budget
1 - LP	Tallinn University of Tech	48,124.95	47,218.40	8,100.00	496,401.30
2 - PP	Häme University of Applie	36,342.00	64,000.00	0.00	378,964.00
3 - PP	KLAIPĖDA STATE UNIV	19,453.50	43,500.00	1,800.00	213,897.00
4 - PP	Aarhus Municipality	40,875.00	38,000.00	0.00	392,250.00
5 - PP	KULDIGA LOCAL MUNI	17,148.00	34,000.00	13,000.00	195,616.00
6 - PP	Riga Technical University	21,654.00	43,000.00	14,000.00	244,668.00
7 - PP	Traxicom	21,000.00	59,000.00	0.00	241,000.00
8 - PP	KRETINGA SOCIAL SE	15,378.00	37,000.00	12,000.00	182,276.00
9 - PP	Umeå University	35,481.00	41,000.00	0.00	348,502.00
10 - PP	Aarhus University	41,347.80	15,067.00	3,000.00	376,414.60
11 - PP	Inclusive Creation AS	38,377.50	24,000.00	12,750.00	369,355.00
12 - PP	Region Vasterbotten	33,336.00	41,000.00	58,000.00	387,912.00
Total		368,517.75	486,785.40	122,650.00	3,827,255.90

7.1.1 External expertise and services

Contracting partner	Group of expenditure	Item no.	Specification	Investment item?	Group of activities no.	Planned contract value	
11. Inclusive Creati	Specialist support	CAT4-PP11-E-	Organizing focus group seminars - Cost to hire expert facilitator and mentors, event organization. (98 / 100 characters)	No	1.1	3,000.00	
11. Inclusive Creati	Specialist support	CAT4-PP11-E-	Organizing co-creation workshops Cost to hire expert facilitator and mentors, event organization. (97 / 100 characters)	No	1.2	3,000.00	
11. Inclusive Creati	Specialist support	CAT4-PP11-E-	Organizing Design Thinking Camps - Cost to hire expert facilitator and mentors, event organization. (99 / 100 characters)	No	1.2	3,000.00	
11. Inclusive Creati	Events/meetings	CAT4-PP11-A-	Organising Joint Working Group Seminar - costs for organising the seminar, coffee break etc (91 / 100 characters)	No	2.1	1,500.00	
11. Inclusive Creati	Events/meetings	CAT4-PP11-A-	Co-working seminar organization - costs for organising the seminar, coffee break etc (84 / 100 characters)	No	2.4	1,500.00	
11. Inclusive Creati	Events/meetings	CAT4-PP11-A-	Organizing co-working seminars for desiging Open Toolbox (56 / 100 characters)	No	3.1	3,000.00	
11. Inclusive Creati	Events/meetings	CAT4-PP11-A-	Organizing Transnational learning and transferring camp - preparing and running live demo session (97 / 100 characters)	No	3.2	3,000.00	
11. Inclusive Creati	Events/meetings	CAT4-PP11-A-	Organizing Transnational Demo Seminar in Oslo (45 / 100 characters)	No	3.3	3,000.00	
11. Inclusive Creati	Events/meetings	CAT4-PP11-A-	Preparation, Communication and dissemination of ONE-STOP-CARE Knowledge framework (81 / 100 characters)	No	3.5	3,000.00	
1. Tallinn Universitv	Events/meetings	CAT4-PP1-A-1	Organizing focus group seminars (31 / 100 characters)	No	1.1	3,000.00	
	Total					486,785.40	

Contracting partner	Group of expenditure	Item no.	Specification	Investment item?	Group of activities no.	Planned contract value	
1. Tallinn Universitv	Events/meetings	CAT4-PP1-A-1	Organizing co-creation workshops 32 / 100 characters	No	1.2	3,000.00	
1. Tallinn Universitv	Specialist support	CAT4-PP1-E-1	External services for facilitator expert on co-creation and designi thinking camps 82 / 100 characters	No	1.1 1.2	3,000.00	
1. Tallinn Universitv	Events/meetings	CAT4-PP1-A-1	Organizing technical working meetings (workshops, seminars, co-working etc) 75 / 100 characters	No	2.1 2.2 2.3 2.4 2.5	7,200.00	
1. Tallinn Universitv	Events/meetings	CAT4-PP1-A-1	Co-working and evaluation seminar organization 46 / 100 characters	No	2.2	1,500.00	
1. Tallinn Universitv	Specialist support	CAT4-PP1-E-1	External services for piloting facilitators and user engagement for cross-border e-services 91 / 100 characters	No	2.3	2,000.00	
1. Tallinn Universitv	Events/meetings	CAT4-PP1-A-1	Organizing co-working seminars for (e.g designing Open Toolbox, strategic roadmap etc) 86 / 100 characters	No	3.1 3.4 3.5	7,500.00	
1. Tallinn Universitv	Events/meetings	CAT4-PP1-A-1	Organizing Transnational learning and transferring camp - preparing and running live demo session 97 / 100 characters	No	3.2	7,700.00	
1. Tallinn Universitv	Events/meetings	CAT4-PP1-A-1	Organizing Transnational Demo Seminar 37 / 100 characters	No	3.3	8,200.00	
1. Tallinn Universitv	Events/meetings	CAT4-PP1-A-1	Preparation, Communication and dissemination of ONE-STOP-CARE Knowledge framework 81 / 100 characters	No	3.5	4,118.40	
2. Häme Universitv	Events/meetings	CAT4-PP2-A-2	Organizing focus group seminars 31 / 100 characters	No	1.1	4,000.00	
2. Häme Universitv	Events/meetings	CAT4-PP2-A-2	Organizing co-creation workshops 32 / 100 characters	No	1.2	5,000.00	
	Total					486,785.40	

Contracting partner	Group of expenditure	Item no.	Specification	Investment item?	Group of activities no.	Planned contract value	
2. Häme Universitv	Events/meetings	CAT4-PP2-A-2	Organizing Design Thinking Camps 32 / 100 characters	No	1.2	6,000.00	
2. Häme Universitv	Specialist support	CAT4-PP2-E-2	External services for target groups engagement and support on co-creation and design thinking camps 99 / 100 characters	No	1.1 1.2	7,500.00	
2. Häme Universitv	Events/meetings	CAT4-PP2-A-2	Organizing technical working meetings 37 / 100 characters	No	2.1 2.4 2.5	2,000.00	
2. Häme Universitv	Events/meetings	CAT4-PP2-A-2	Co-working and evaluation seminar organization 46 / 100 characters	No	2.2 2.3	2,000.00	
2. Häme Universitv	Specialist support	CAT4-PP2-E-2	External services for piloting facilitators and user engagement for cross-border e-services 91 / 100 characters	No	2.3	6,000.00	
2. Häme Universitv	Specialist support	CAT4-PP2-E-2	External services for user/target groups engagement and support on piloting 75 / 100 characters	No	2.2 2.3 2.4	10,000.00	
2. Häme Universitv	Events/meetings	CAT4-PP2-A-2	Organizing co-working workshops, seminars 41 / 100 characters	No	3.1 3.4	4,000.00	
2. Häme Universitv	Events/meetings	CAT4-PP2-A-2	Organizing Transnational learning and transferring camp - preparing and running live demo session 97 / 100 characters	No	3.2	7,000.00	
2. Häme Universitv	Events/meetings	CAT4-PP2-A-3	Organizing Transnational Demo Seminar 37 / 100 characters	No	3.3	4,000.00	
2. Häme Universitv	Events/meetings	CAT4-PP2-A-3	Preparation, Communication and dissemination of ONE-STOP-CARE Knowledge framework 81 / 100 characters	No	3.5	6,500.00	
3. KLAIPĖDA STAT	Events/meetings	CAT4-PP3-A-3	Organizing focus group seminars 31 / 100 characters	No	1.1	3,000.00	
	Total					486,785.40	

Contracting partner	Group of expenditure	Item no.	Specification	Investment item?	Group of activities no.	Planned contract value	
3. KLAIPĖDA STAT	Events/meetings	CAT4-PP3-A-3	Organizing co-creation workshops 32 / 100 characters	No	1.2	4,000.00	
3. KLAIPĖDA STAT	Events/meetings	CAT4-PP3-A-3	Organizing Design Thinking Camps 32 / 100 characters	No	1.2	4,000.00	
3. KLAIPĖDA STAT	Specialist support	CAT4-PP3-E-3	External services for facilitator expert on co-creation and designi thinking camps 82 / 100 characters	No	1.1 1.2	6,500.00	
3. KLAIPĖDA STAT	Events/meetings	CAT4-PP3-A-3	Organizing technical working meeting 36 / 100 characters	No	2.1 2.4 2.5	1,500.00	
3. KLAIPĖDA STAT	Events/meetings	CAT4-PP3-A-3	External services for user/target groups engagement and support on piloting 75 / 100 characters	No	2.2	1,500.00	
3. KLAIPĖDA STAT	Specialist support	CAT4-PP3-E-3	External services for piloting facilitators and user engagement for cross-border e-services 91 / 100 characters	No	2.3	8,000.00	
3. KLAIPĖDA STAT	Events/meetings	CAT4-PP3-A-3	Organizing co-working workshops, seminars 41 / 100 characters	No	3.1 3.4	3,000.00	
3. KLAIPĖDA STAT	Events/meetings	CAT4-PP3-A-4	Organizing Transnational learning and transferring camp - preparing and running live demo session 97 / 100 characters	No	3.2	5,000.00	
3. KLAIPĖDA STAT	Events/meetings	CAT4-PP3-A-4	Organizing Transnational Demo Seminar 37 / 100 characters	No	3.3	3,000.00	
3. KLAIPĖDA STAT	Specialist support	CAT4-PP3-E-4	Preparation, Communication and dissemination of ONE-STOP-CARE Knowledge framework 81 / 100 characters	No	3.5	4,000.00	
8. KRETINGA SOC	Events/meetings	CAT4-PP8-A-4	Organising end-users focus-groups 33 / 100 characters	No	1.1	3,000.00	
8. KRETINGA SOC	Events/meetings	CAT4-PP8-A-4	Organising end-users co-creation workshops 42 / 100 characters	No	1.1 1.2	3,000.00	
	Total					486,785.40	

Contracting partner	Group of expenditure	Item no.	Specification	Investment item?	Group of activities no.	Planned contract value	
8. KRETINGA SOC	Events/meetings	CAT4-PP8-A-4	Organising end-users Design Thinking Camp 41 / 100 characters	No	1.2	4,000.00	
8. KRETINGA SOC	Events/meetings	CAT4-PP8-A-4	Organizing demo sessions with older people 42 / 100 characters	No	2.2 2.3	5,000.00	
8. KRETINGA SOC	Events/meetings	CAT4-PP8-A-4	Co-working demo sessions with care givers 41 / 100 characters	No	2.2 2.3	5,000.00	
8. KRETINGA SOC	Events/meetings	CAT4-PP8-A-4	Organizing co-working workshops 31 / 100 characters	No	3.1 3.4 3.5	3,000.00	
8. KRETINGA SOC	IT	CAT4-PP8-B-4	Technical support services for transferring One Stop Care to internal system care services 90 / 100 characters	No	2.2 2.3 3.2 3.3	6,000.00	
8. KRETINGA SOC	Specialist support	CAT4-PP8-E-5	Durability and Capitalisation Plan live demo events technical support 69 / 100 characters	No	3.2 3.3	4,000.00	
8. KRETINGA SOC	Communication	CAT4-PP8-C-5	ONE-STOP-CARE Knowledge framework communciation and dissemination events 72 / 100 characters	No	3.5	4,000.00	
4. Aarhus Municipali	Events/meetings	CAT4-PP4-A-5	Organizing focus group end-users seminars 41 / 100 characters	No	1.1	4,000.00	
4. Aarhus Municipali	Events/meetings	CAT4-PP4-A-5	Organizing end-users co-creation workshops 42 / 100 characters	No	1.2	5,000.00	
4. Aarhus Municipali	Events/meetings	CAT4-PP4-A-5	Organizing end-users Design Thinking Camp 41 / 100 characters	No	1.2	6,000.00	
4. Aarhus Municipali	Events/meetings	CAT4-PP4-A-5	Organizing demo sessions with older people 42 / 100 characters	No	2.2 2.3	2,000.00	
4. Aarhus Municipali	Events/meetings	CAT4-PP4-A-5	Organizing demo sessions with care givers 41 / 100 characters	No	2.2 2.3	2,000.00	
	Total					486,785.40	

Contracting partner	Group of expenditure	Item no.	Specification	Investment item?	Group of activities no.	Planned contract value	
4. Aarhus Municipali	Events/meetings	CAT4-PP4-A-5	Organizing co-working workshops, seminars 41 / 100 characters	No	3.1 3.2 3.3 3.4	4,000.00	
4. Aarhus Municipali	Events/meetings	CAT4-PP4-A-5	Organizing Transnational learning and transferring camp - preparing and running live demo session 97 / 100 characters	No	3.2	6,000.00	
4. Aarhus Municipali	Events/meetings	CAT4-PP4-A-5	Organizing Transnational Demo Seminar 37 / 100 characters	No	3.3	4,000.00	
4. Aarhus Municipali	Specialist support	CAT4-PP4-E-6	Preparation, Communication and dissemination of ONE-STOP-CARE Knowledge framework 81 / 100 characters	No	3.5	5,000.00	
5. KULDIGA LOCA	Events/meetings	CAT4-PP5-A-6	Organizing end-users focus group 32 / 100 characters	No	1.1	3,000.00	
5. KULDIGA LOCA	Events/meetings	CAT4-PP5-A-6	Organizing end-users co-creation workshops 42 / 100 characters	No	1.2	3,000.00	
5. KULDIGA LOCA	Events/meetings	CAT4-PP5-A-6	Organising end-users Design Thinking Camp 41 / 100 characters	No	1.2	3,000.00	
5. KULDIGA LOCA	Events/meetings	CAT4-PP5-A-6	Organizing demo sessions with older people 42 / 100 characters	No	2.2 2.3	5,000.00	
5. KULDIGA LOCA	Events/meetings	CAT4-PP5-A-6	Organizing demo sessions with care givers 41 / 100 characters	No	2.2 2.3	4,000.00	
5. KULDIGA LOCA	Events/meetings	CAT4-PP5-A-6	Organizing co-working workshops, seminars 41 / 100 characters	No	3.1 3.2 3.3 3.4	3,000.00	
5. KULDIGA LOCA	IT	CAT4-PP5-B-6	Technical support services for transferring One Stop Care to internal system care services 90 / 100 characters	No	2.2 2.3 2.4 2.5 3.2 3.3	5,000.00	
	Total					486,785.40	

Contracting partner	Group of expenditure	Item no.	Specification	Investment item?	Group of activities no.	Planned contract value	
5. KULDIGA LOCA	Events/meetings	CAT4-PP5-A-6	Capitalization Plan dissemination events 40 / 100 characters	No	3.1 3.2 3.3 3.4	4,000.00	
5. KULDIGA LOCA	Communication	CAT4-PP5-C-6	ONE-STOP-CARE knowledge framework communication and dissemination 65 / 100 characters	No	3.5	4,000.00	
6. Riga Technical U	Events/meetings	CAT4-PP6-A-7	Organizing focus group seminars 31 / 100 characters	No	1.1	3,000.00	
6. Riga Technical U	Events/meetings	CAT4-PP6-A-7	Organizing co-creation workshops 32 / 100 characters	No	1.2	5,000.00	
6. Riga Technical U	Events/meetings	CAT4-PP6-A-7	Organizing Design Thinking Camps 32 / 100 characters	No	1.2	5,000.00	
6. Riga Technical U	Specialist support	CAT4-PP6-E-7	External services for facilitator expert on co-creation and designi thinking camps 82 / 100 characters	No	1.1 1.2	7,000.00	
6. Riga Technical U	Events/meetings	CAT4-PP6-A-7	Organizing technical working meetings 37 / 100 characters	No	2.1 2.4 2.5	1,500.00	
6. Riga Technical U	Events/meetings	CAT4-PP6-A-7	Co-working and evaluation seminar organization 46 / 100 characters	No	2.2 2.3	1,500.00	
6. Riga Technical U	Specialist support	CAT4-PP6-E-7	External services for piloting facilitators and user engagement for cross-border e-services 91 / 100 characters	No	2.3	5,000.00	
6. Riga Technical U	Events/meetings	CAT4-PP6-A-7	Organizing co-working workshops, seminars 41 / 100 characters	No	3.1 3.4 3.5	3,000.00	
6. Riga Technical U	Events/meetings	CAT4-PP6-A-7	Organizing Transnational learning and transferring camp - preparing and running live demo session 97 / 100 characters	No	3.2	5,000.00	
	Total					486,785.40	

Contracting partner	Group of expenditure	Item no.	Specification	Investment item?	Group of activities no.	Planned contract value	
6. Riga Technical U	Events/meetings	CAT4-PP6-A-7	Organizing Transnational Demo Seminar 37 / 100 characters	No	3.3	3,000.00	
6. Riga Technical U	Specialist support	CAT4-PP6-E-8	Preparation, Communication and dissemination of ONE-STOP-CARE Knowledge framework 81 / 100 characters	No	3.5	4,000.00	
7. Traxicom	Specialist support	CAT4-PP7-E-8	External services for defining use-cases and specifications, architecture design, testing etc 93 / 100 characters	No	1.3 1.4 1.5 2.2 2.3 2.4 2.5 3.1 3.2 3.3 3.4 3.5	59,000.00	
9. Umeå University	Events/meetings	CAT4-PP9-A-8	Organizing focus group seminars 31 / 100 characters	No	1.1	3,000.00	
9. Umeå University	Events/meetings	CAT4-PP9-A-8	Organizing co-creation workshops 32 / 100 characters	No	1.2	5,000.00	
9. Umeå University	Events/meetings	CAT4-PP9-A-8	Organizing Design Thinking Camps 32 / 100 characters	No	1.2	5,000.00	
9. Umeå University	Events/meetings	CAT4-PP9-A-8	Organizing technical working meetings 37 / 100 characters	No	2.1 2.4 2.5	2,000.00	
9. Umeå University	Events/meetings	CAT4-PP9-A-8	Co-working and evaluation seminars organization 47 / 100 characters	No	2.2 2.3	2,000.00	
9. Umeå University	Specialist support	CAT4-PP9-E-8	External services for piloting facilitators and user engagement for cross-border e-services 92 / 100 characters	No	2.3	5,000.00	
9. Umeå University	Events/meetings	CAT4-PP9-A-8	Organizing co-working workshops, seminars 41 / 100 characters	No	3.1 3.2 3.3 3.4	3,000.00	
	Total					486,785.40	

Contracting partner	Group of expenditure	Item no.	Specification	Investment item?	Group of activities no.	Planned contract value	
9. Umeå University	Events/meetings	CAT4-PP9-A-8	Organizing Transnational learning and transferring camp - preparing and running live demo session 97 / 100 characters	No	3.2	7,000.00	
9. Umeå University	Events/meetings	CAT4-PP9-A-9	Organizing Transnational Demo Seminar 37 / 100 characters	No	3.3	4,000.00	
9. Umeå University	Specialist support	CAT4-PP9-E-9	Preparation, Communication and dissemination of ONE-STOP-CARE Knowledge framework 81 / 100 characters	No	3.5	5,000.00	
12. Region Vasterb	Events/meetings	CAT4-PP12-A-	Organizing end-users focus group 32 / 100 characters	No	1.1	4,000.00	
12. Region Vasterb	Events/meetings	CAT4-PP12-A-	Organizing end-users co-creation workshops 42 / 100 characters	No	1.2	5,000.00	
12. Region Vasterb	Events/meetings	CAT4-PP12-A-	Organizing end-users Design Thinking Camp 41 / 100 characters	No	1.2	5,000.00	
12. Region Vasterb	Events/meetings	CAT4-PP12-A-	Organizing demo sessions with older people 42 / 100 characters	No	2.2 2.3	2,000.00	
12. Region Vasterb	Events/meetings	CAT4-PP12-A-	Organizing demo sessions with care givers 41 / 100 characters	No	2.2 2.3	2,000.00	
12. Region Vasterb	Events/meetings	CAT4-PP12-A-	Organizing co-working workshops 31 / 100 characters	No	2.1 2.4 2.5	4,000.00	
12. Region Vasterb	IT	CAT4-PP12-B-	Technical support services for transferring One Stop Care to internal system care services 90 / 100 characters	No	2.2 2.3 2.4 2.5 3.2 3.3	10,000.00	
12. Region Vasterb	Events/meetings	CAT4-PP12-A-	Capitalization Plan dissemination events 40 / 100 characters	No	3.1 3.2 3.3 3.4 3.5	4,000.00	
	Total					486,785.40	

Contracting partner	Group of expenditure	Item no.	Specification	Investment item?	Group of activities no.	Planned contract value	
12. Region Vasterb	Specialist support	CAT4-PP12-E-	ONE-STOP-CARE knowledge framework Communication and dissemination services 74 / 100 characters	No	3.5	5,000.00	
10. Aarhus Universit	Events/meetings	CAT4-PP10-A-	Organising co-working workshops 31 / 100 characters	No	1.1 1.2 1.3 1.4 1.5	3,000.00	
10. Aarhus Universit	Events/meetings	CAT4-PP10-A-	Transnational conference organization/camp (demos) 50 / 100 characters	No	2.3 2.4 3.3 3.5	10,067.00	
10. Aarhus Universit	Communication	CAT4-PP10-C-	Publications, open access 25 / 100 characters	No	3.5	2,000.00	
	Total					486,785.40	

7.1.2 Equipment

Contracting partner	Group of expenditure	Item no.	Specification	Investment item?	Group of activities no.	Planned contract value	
11. Inclusive Creati	IT hardware and soft	CAT5-PP11-B-	Equipment for co-creation: digital cameras; ISO video recorder and synchronization software etc 95 / 100 characters	No	1.1 1.2 2.2 2.3	7,500.00	
11. Inclusive Creati	Tools or devices	CAT5-PP11-F-	portable microphonesvideo and audio monitors, headphones, brackets, tripods, stands for UX testing 99 / 100 characters	No	1.1 1.2 2.2 2.3	3,000.00	
11. Inclusive Creati	IT hardware and soft	CAT5-PP11-B-	media converter, distribu.,publishing software, video assist, video editing and production software 99 / 100 characters	No	3.1 3.2 3.3 3.4 3.5	2,250.00	
	Total					122,650.00	

Contracting partner	Group of expenditure	Item no.	Specification	Investment item?	Group of activities no.	Planned contract value	
1. Tallinn Universitv	IT hardware and soft	CAT5-PP1-B-0	Domain and server cost, computers 33 / 100 characters	No	1.1 1.2 1.3 1.4 1.5 2.1 2.2 2.3 2.4 2.5 3.1 3.2 3.3 3.4 3.5	8,100.00	
3. KLAIPĖDA STAT	IT hardware and soft	CAT5-PP3-B-0	3 Tablets for piloting with sample users (cross border e-care services) 71 / 100 characters	No	2.3	1,800.00	
8. KRETINGA SOC	IT hardware and soft	CAT5-PP8-B-0	20 Tablets for piloting with sample end-users 45 / 100 characters	No	2.2 2.3	12,000.00	
5. KULDIGA LOCA	IT hardware and soft	CAT5-PP5-B-0	20 Tablets for piloting with sample end-users 45 / 100 characters	No	2.3 2.4	13,000.00	
6. Riga Technical U	IT hardware and soft	CAT5-PP6-B-0	PC equipment for automation and aggregation of e-services 57 / 100 characters	No	1.2 1.3 1.4 1.5	10,000.00	
6. Riga Technical U	IT hardware and soft	CAT5-PP6-B-0	PC equipment for development of sample use cases 48 / 100 characters	No	2.2 2.3 2.4 2.5	4,000.00	
12. Region Vasterb	IT hardware and soft	CAT5-PP12-B-	Regional Test/Reference environment equip.,Regional endpoints (hardware), explorational endpoints 97 / 100 characters	No	1.2 1.3 1.4 1.5 2.2 2.3 2.4 2.5 3.2 3.3	58,000.00	
	Total					122,650.00	

Contracting partner	Group of expenditure	Item no.	Specification	Investment item?	Group of activities no.	Planned contract value	
10. Aarhus Universit	IT hardware and soft	CAT5-PP10-B-	Recorders and IT equipment 26 / 100 characters	No	1.1 1.2 2.1 2.2 2.3 2.4 3.2 3.3	3,000.00	
	Total					122,650.00	

7.1.3 Infrastructure and works

Contracting partner	Group of expenditure	Item no.	Specification	Investment item?	Group of activities no.	Planned contract value	
Please select	Please select	CAT6-PP--01	0 / 100 characters	Please select		0.00	
	Total					0.00	

7.2 Planned project budget per funding source & per partner

No. & role	Partner name	Partner status	Country	Funding source	Co-financing rate [in %]	Total [in EUR]	Programme co-financing [in EUR]	Own contribution [in EUR]	State aid instrument
1-LP	Tallinn University of Technology	Active 22/09/2022	EE	ERDF	80.00 %	496,401.30	397,121.04	99,280.26	For each partner, the State aid relevance and applied aid measure are defined in the **State aid section**
2-PP	Häme University of Applied Sciences Ltd	Active 22/09/2022	FI	ERDF	80.00 %	378,964.00	303,171.20	75,792.80	
3-PP	KLAIPĖDA STATE UNIVERSITY OF APPLIED SCIENCES	Active 22/09/2022	LT	ERDF	80.00 %	213,897.00	171,117.60	42,779.40	
4-PP	Aarhus Municipality	Active 22/09/2022	DK	ERDF	80.00 %	392,250.00	313,800.00	78,450.00	
5-PP	KULDIGA LOCAL MUNICIPALITY	Active 22/09/2022	LV	ERDF	80.00 %	195,616.00	156,492.80	39,123.20	
6-PP	Riga Technical University	Active 22/09/2022	LV	ERDF	80.00 %	244,668.00	195,734.40	48,933.60	
7-PP	Traxicom	Active 22/09/2022	EE	ERDF	80.00 %	241,000.00	192,800.00	48,200.00	
8-PP	KRETINGA SOCIAL SERVICES CENTRE	Active 22/09/2022	LT	ERDF	80.00 %	182,276.00	145,820.80	36,455.20	
9-PP	Umeå University	Active 22/09/2022	SE	ERDF	80.00 %	348,502.00	278,801.60	69,700.40	
10-PP	Aarhus University	Active 22/09/2022	DK	ERDF	80.00 %	376,414.60	301,131.68	75,282.92	
11-PP	Inclusive Creation AS	Active 22/09/2022	NO	Norway	50.00 %	369,355.00	184,677.50	184,677.50	
12-PP	Region Vasterbotten	Active 22/09/2022	SE	ERDF	80.00 %	387,912.00	310,329.60	77,582.40	
Total ERDF						3,457,900.90	2,766,320.72	691,580.18	
Total Norway						369,355.00	184,677.50	184,677.50	
Total						3,827,255.90	2,950,998.22	876,257.68	

7.3 Spending plan per reporting period

	EU partners (ERDF)		Norwegian partners (Norway)		Total	
	Total	Programme co-financing	Total	Programme co-financing	Total	Programme co-financing
Preparation costs	24,000.00	19,200.00	0.00	0.00	24,000.00	19,200.00
Period 1	620,585.00	496,468.00	76,105.00	38,052.50	696,690.00	534,520.50
Period 2	706,710.20	565,368.16	84,125.00	42,062.50	790,835.20	607,430.66
Period 3	569,062.50	455,250.00	37,650.00	18,825.00	606,712.50	474,075.00
Period 4	486,419.70	389,135.76	33,150.00	16,575.00	519,569.70	405,710.76
Period 5	746,619.10	597,295.28	90,735.00	45,367.50	837,354.10	642,662.78
Period 6	304,504.40	243,603.52	47,590.00	23,795.00	352,094.40	267,398.52
Total	3,457,900.90	2,766,320.72	369,355.00	184,677.50	3,827,255.90	2,950,998.22