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European Innovative Partnership – Active Healthy Ageing, EIP-AHA columns

COLLaboration on AGEing-COLLAGE: Ireland’s three star reference site for the European Innovation Partnership on Active and Healthy Ageing (EIP on AHA)

1. Introduction

The European Innovation Partnership on Active and Healthy Ageing (EIP on AHA) was created to meet the challenges and opportunities associated with societal ageing in the European Union (EU) [1]. The European Commission has identified active and healthy ageing as an important goal for all European countries [2], and through the EIP on AHA, it sets out to attain a triple win for Europe: enabled, independent, older EU citizens; sustainable and efficient social and health care systems; and competitive markets for innovative products and services. The EIP on AHA addresses this vision by identifying, supporting and promoting the dissemination of good practice innovations with societal benefits, in order to increase average healthy lifespan by two years, by 2020 [2]. There are three possible levels of engagement with the EIP on AHA, namely:

- registration on the marketplace (an online system to facilitate networking);
- membership of an action group (in six specific targeted areas);
- as a reference site.

From those who participated in the initial call for reference sites demonstrating innovative practices, 32 were selected as exemplars [3–6] from 12 EU states.

The Collaboration on Ageing (COLLAGE), Ireland’s reference site for the EIP on AHA, formed from the merger of IRELANDS two initial reference site applications: The Cork Healthy Ageing through Resource Generation and Education programme (CHARGE), coordinated by University College Cork (UCC) and the Louth Age Friendly County initiative, Trinity EngAGE and the Health Services Executive (HSE), Ireland’s publicly funded health service, already contributed to the EIP on AHA at Action Group level, also joined COLLAGE [7]. COLLAGE is based on the premise that ageing is an opportunity rather than a burden on society (European Parliament A7-0029/2013). Although traditional primary healthcare and public health approaches are essential elements of the EIP on AHA, they are, in themselves, not sufficient to achieve the ambitious target of increasing the number of Healthy Life Years by two. This requires a wider effective engagement within and between reference sites and throughout the Innovation Union. COLLAGE includes research groups, academic institutions, healthcare providers, The Irish Longitudinal Study on Ageing (TILDA), public authorities and community groups. Over 30 discrete initiatives are now included, with a presence in all six established action group projects (Table 1) and all three pillars of the EIP on AHA (Fig. 1). An additional fourteen initiatives are registered on the Marketplace. Since forming, COLLAGE has developed significant collaborations with other groups within Europe, and received a three star designation from the EIP on AHA, in July 2013, based on three selected good practice initiatives. The COLLAGE website is curated by UCC and is available in English (http://www.collage-ireland.eu/).

2. Selected good practice initiatives

COLLAGE is involved in all six of the initial, specific action groups projects. These groups fall under three key pillars [5]. The first pillar, Prevention, screening and early diagnosis, contains three innovative solutions: to ensure patient adherence to treatment (A1); for personalized health management starting with a falls prevention strategy (A2), and to prevent functional decline and frailty, with a particular focus on malnutrition (A3). The second pillar, Care and cure, aims to promote integrated care models for chronic diseases, including using remote monitoring (B3): The third pillar, Active and independent living of older adults, seeks to develop ICT solutions to promote interoperable independent living solutions including guidelines for business models (C2), and age-friendly environments (D4). Three good practice initiatives formed the central component of COLLAGE’s reference site application, across these pillars. These are the Let Me Decide (LMD) advanced care programme [8], the Community Assessment of Risk Treatment and Strategies programme (CARTS) [9–13], the Louth Age Friendly County Initiative (http://www.louthagefriendlycounty.ie), through the Age-Friendly Regional Alliances in the North East working Together (AFRA.NET). Details of individual projects and synergies within COLLAGE initiatives are presented in Table 2.

2.1. Let Me Decide (A1)

The LMD advanced care plan (ACP) programme originally designed in Canada [14], offers a systematic, structured approach to advanced care planning in long-term care (LTC) to improve advance care directives (ACDs) completion, promote patient autonomy and support adherence to patients’ end of life care wishes. It has received national and international commendation from a wide variety of groups, with over 30 peer-reviewed academic papers and a short book published in seven languages [8]. LMD has been successfully implemented in LTC in several studies, including a large randomised controlled trial, in which 49% of competent residents and 78% of families of incompetent residents in the intervention homes completed ACDs [14]. In addition, LMD programme is classed as dementia-friendly based on a set of criteria in the Dementia Policy Lens Toolkit [15]. The key elements of the LMD-ACP programme include education of residents about end-of-life care and a formal assessment of
Table 1
Action groups of the collaboration on ageing.

<table>
<thead>
<tr>
<th>Pillar</th>
<th>Action Group</th>
<th>Initiative (Acronym)</th>
<th>Governance/partnership</th>
<th>Region</th>
<th>Objective</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prevention, screening and early diagnosis</td>
<td>A1</td>
<td>Let Me Decide (LMD)</td>
<td>University</td>
<td>Cork</td>
<td>Improve patient adherence with advance care planning and promoting user empowerment</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Health literacy initiatives</td>
<td>University and Tertiary care (HSE)</td>
<td>Cork</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Trinity EngAGE</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>A2</td>
<td>Activating Falls and Fracture Prevention in Ireland Together (AFFINITY)</td>
<td>Governmental (HSE and State Claims Agency)</td>
<td>National</td>
<td>Develop health literacy support services for pharmacists</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Trinity EngAGE</td>
<td></td>
<td>Dublin</td>
<td></td>
</tr>
<tr>
<td></td>
<td>A3</td>
<td>The Community Assessment of Risk Treatment and Strategies programme (CARTS)</td>
<td>University and Governmental (HSE)</td>
<td>Cork</td>
<td>Screen for and prevent frailty, functional decline and adverse healthcare outcomes for community dwelling older adults</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Trinity EngAGE</td>
<td></td>
<td>Dublin</td>
<td></td>
</tr>
<tr>
<td>Care and cure</td>
<td>B3</td>
<td>Telewarfarin</td>
<td>Tertiary care (HSE)</td>
<td>Cork</td>
<td>To improve the quality of life and reduce adverse events of patients prescribed chronic oral anticoagulant therapy</td>
</tr>
<tr>
<td>Active and independent living of older adults</td>
<td>C2, D4</td>
<td>Age-friendly regional alliances in the North East working together (AFRA.NET)</td>
<td>Region</td>
<td>Louth</td>
<td>Development of a dementia friendly community (region)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Kinsale community response to dementia (K-CoRD)</td>
<td>Town or city</td>
<td>Cork</td>
<td>Development of a dementia friendly community (town)</td>
</tr>
</tbody>
</table>

HSE: Health Service Executive of Ireland.

Fig. 1. Pillars of the European Innovation Partnership on Active and Healthy Ageing covered by the COLLaboration on AGEing.

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### Table 2
Group initiatives, individual projects and synergies within the collaboration on ageing.

<table>
<thead>
<tr>
<th>Action group</th>
<th>Initiative (acronym)</th>
<th>Individual projects</th>
<th>Description of individual projects</th>
<th>Synergies</th>
</tr>
</thead>
<tbody>
<tr>
<td>A1</td>
<td>Let Me Decide (LMD)</td>
<td>The Let Me Decide randomised controlled trial</td>
<td>Randomised controlled trial funded by the Health Research Board of Ireland 2015-18</td>
<td>Irish Hospice Foundation, Marymount Hospice, Cork, Ireland, Waterford University Hospital, Ireland, University of Norway, The HSE &amp; State Claims Agency collaborative (SCA)</td>
</tr>
<tr>
<td>A2</td>
<td>Activating Falls &amp; Fractures in Ireland Together (AFFINITY)</td>
<td>National Implementation Project to prevent harmful falls and fractures amongst persons aged 65 years and older</td>
<td>Population health, quality improvement approach. Key implementation pillars include robust governance, an integrated service delivery model and change management supports. Four early adopters were prioritised in the national health and social care provider service plan in 2015, to scale up an integrated care pathway (ICP) for falls prevention and bone health. Key deliverables include access, quality and value indicators. Experiential learning from early adopters will be used to enhance services, manage gaps and extract transferable lessons to support the development of more ICPs.</td>
<td>The HSE, South Ireland, University of Western Australia, IDIAP Jordi Gol, Barcelona, Spain, University Of Porto, Porto, Portugal, Dundalk Institute of Technology</td>
</tr>
<tr>
<td>A3</td>
<td>The Community Assessment of Risk Treatment and Strategies programme (CARTS)</td>
<td>CARTS randomised controlled trial</td>
<td>Funding application, HSE co-funding obtained 2014</td>
<td>The HSE South, Ireland</td>
</tr>
<tr>
<td>A3</td>
<td>ACAT screening using the CARI</td>
<td>Prospective validation of CARI. Grant obtained from Freemantle Hospital Medical Research Foundation 2014</td>
<td></td>
<td>University of Western Australia</td>
</tr>
<tr>
<td>A3</td>
<td>Screening using the RISC in a Spanish population</td>
<td>Primary Care Office of the Catalan Health Institute funding obtained 2014. Funding application</td>
<td></td>
<td>IDIAP Jordi Gol, Barcelona, Spain</td>
</tr>
<tr>
<td>A3</td>
<td>Screening using the RISC in a Portugal</td>
<td>Prospective cohort study on mental health and fractures in northern Portugal. Funding application</td>
<td></td>
<td>University Of Porto, Porto, Portugal</td>
</tr>
<tr>
<td>C2, D4</td>
<td>Age-Friendly Regional Alliances in the North East working Together (AFRA.NET)</td>
<td>The Great Northern Haven</td>
<td>Apartment block (16 houses) equipped to support ageing in place through the application of tele-health and tele-care supports (120 clients in Louth)</td>
<td>Louth Local Authorities, HSE North East, Ireland</td>
</tr>
<tr>
<td>C2, D4</td>
<td>Louth Garda Division Strategy for Older People</td>
<td>Dedicated to implementing An Garda Sióchána Older People strategy throughout Co. Louth</td>
<td></td>
<td></td>
</tr>
<tr>
<td>C2, D4</td>
<td>Louth Age Friendly Business Plan</td>
<td>A 10 point plan promoting active ageing, optimising opportunities for social and economic participation, health &amp; security to enhance quality of life as people age</td>
<td></td>
<td></td>
</tr>
<tr>
<td>C2, D4</td>
<td>Louth Age Friendly County website</td>
<td>Joint effort of the Louth Age Friendly Alliance and the Louth Older People’s Forum</td>
<td>Ireland’s first age-friendly town</td>
<td></td>
</tr>
<tr>
<td>C2, D4</td>
<td>Ardee Age Friendly Town Programme</td>
<td>The “Parlour”</td>
<td>Drop in centres for older people’s frontline services</td>
<td></td>
</tr>
<tr>
<td>C2, D4</td>
<td>Men’s Sheds</td>
<td>Community-based, non-commercial space for men to gather and/or work on meaningful projects/socialize</td>
<td></td>
<td></td>
</tr>
<tr>
<td>C2, D4</td>
<td>Others</td>
<td>Older People’s Sports Programme, Business Charter for Older People, Louth Age Friendly Transport Action Plan</td>
<td></td>
<td></td>
</tr>
<tr>
<td>C2, D4</td>
<td>Kinsale Community Response to Dementia (K-CoRD)</td>
<td>Integrated dementia specific healthcare initiatives, Individualized support packages, Dementia education strategies, Community activities</td>
<td>Dementia care coordinator, the K-CoRD care review panel and local primary care dementia register Signposting, responsive support based on consultation, dementia specific day care, assistive technologies, care support and education including home respite care Development of dementia awareness training for health care assistants, a reference guide on dementia for the Irish College of General Practitioners and a regional Dementia Care Conference K-CoRD Cafe (Informal meeting place, where people with memory problems, families and friends can come together and engage with activities over a cup of coffee); sessional activities e.g., functional mobility; community events; Arts programme (VISION) and volunteer programme</td>
<td>The HSE South, Ireland, The Genio Dementia Programme, The 5 steps to living well with dementia in South Tipperary, Community action on dementia in Mayo, Living well with dementia (Dublin), CareZapp, The Cork Institute of Technology, ELEVATOR (Dublin City University), Age Friendly Ireland Programme, Alzheimer Society of Ireland Dementia Friendly Town Network</td>
</tr>
</tbody>
</table>

HSE: Health Service Executive of Ireland; RISC: risk instrument for screening in the community; CARI: Community Assessment of Risk Instrument.
capacity to understand the implications of choices made in completing a LMD-ACD [16]. The programme also includes education for staff on administering structured ACDs and providing palliative care. Ongoing research includes the conduct of a cluster, randomized control trial, across six LTC facilities in Ireland. This three-year study, funded by the Health Research Board in Ireland, will commence early 2015. The study involves the implementation of the LMD-ACD which will include online education and the development of advance care planning facilitators, nurses who will administer on-site education to staff and develop a systems approach to advance care planning. The primary outcome of the study is the impact healthcare staff attitudes, beliefs, barriers and knowledge of ACDs, and an enhanced palliative care approach. Individual patient outcomes such as pain and symptom management at end of life, residents’ level of self-determination and quality of care at end of life, from family and staff perspectives will be measured. Other outcomes include, family satisfaction with care, ACD/ACP completion rates, residents’ understanding of healthcare choices made using the LMD-ACD, healthcare staff’s compliance with residents’ wishes/choices regarding end-of-life care and healthcare utilisation and costs among residents (hospital admission, hospital deaths, life-prolonging/curative treatments, medications prescribed). In addition to the Irish based trial, the research team together with colleagues from A1 and A3 have submitted an application to Horizon 2020 to conduct a five-year pan-European study involving five European countries; United Kingdom, Spain, Portugal, France and Ireland. This collaborative network was developed from EIP on AHA action groups.

The CARTS programme is the subject of an ongoing prospective cohort study of community-dwelling older adults, in Southern Ireland (http://www.collage-ireland.eu/initiatives/specific-action-group-members/c2/). CARTS comprises an integrated screening, assessment and treatment package that aims to identify, understand and manage risk factors for frailty and functional decline. The central components are two new assessment instruments, a short global assessment, the Risk Instrument for Screening in the Community (RISC) [9–12], and a more detailed assessment, the Community Assessment of Risk Instrument [17]. A pilot study showed that public health nurses, trained to administer the RISC, who assessed 803 community-dwelling older adults, accurately identified older adults at high risk of three adverse healthcare outcomes: institutionalisation, hospitalization and death [10]. Pilot studies are now ongoing in conjunction with EIP on AHA partners in Portugal, Spain, Northern Ireland and Australia.

The counties in the northeast region of Ireland committed to align their age-friendly efforts on a regional basis. The formation of the Age-Friendly Regional Alliances in the North East working Together (AFRA.NET)/Louth County Council (C2, D4) combines the subject of community-dwelling older adults, in Southern Ireland (http://www.collage-ireland.eu/initiatives/specific-action-group-members/c2/). CARTS comprises an integrated screening, assessment and treatment package that aims to identify, understand and manage risk factors for frailty and functional decline. The central components are two new assessment instruments, a short global assessment, the Risk Instrument for Screening in the Community (RISC) [9–12], and a more detailed assessment, the Community Assessment of Risk Instrument [17]. A pilot study showed that public health nurses, trained to administer the RISC, who assessed 803 community-dwelling older adults, accurately identified older adults at high risk of three adverse healthcare outcomes: institutionalisation, hospitalization and death [10]. Pilot studies are now ongoing in conjunction with EIP on AHA partners in Portugal, Spain, Northern Ireland and Australia.

The counties in the northeast region of Ireland committed to align their age-friendly efforts on a regional basis. The formation of the Age-Friendly Regional Alliances in the North East working Together (AFRA.NET) builds on existing commitments to age-friendly principles through their individual endorsements of the Dublin Declaration, and membership of the World Health Organization (WHO) Global Network. AFRA.NET’s aim is to share innovations and practices in areas of mutual interest; these include promoting opportunities to age-in-place by better integration across housing and care, promoting economic participation through supporting age-friendly business, and achieving alignments across the public, private and 3rd sectors. AFRA.NET has established a virtual regional office to support local coordination and to strengthen capacities to deliver on the Dublin Declaration through greater awareness, training, guidelines, and practice development. AFRA.NET is working with partners in the EIP on AHA through the mechanisms of the Covenant of Mayors and the European forum of cities within the WHO Global Network to:

- reduce fragmentation and strengthen alignment between stakeholders and initiatives across the range of global and EU hierarchical levels;
- bring forward indicators to aid management, evaluation and continuous improvement;
- make demographic change a climate issue with strong public awareness; develop and integrate personalised transport;
- increase participation through innovations in information sharing;
- increase the community’s sense of safety and protection. A key component of AFRA.NET’s commitment to D4 is delivered through the Centre for Affective Solutions for Ambient Living Awareness (CASALA), (http://www.casala.ie), CASALA, an applied research enhancement centre, acts as the commercial arm of the Netwell Centre.

3. Other action group members

3.1. Trinity EngAGE (A1, A2, A3)

Trinity EngAGE is a multi-disciplinary centre, with national and international collaborations across each of the four research themes, mind, body, social environment and built environment. The flagship infrastructure for Trinity EngAGE is TILDA (http://www.tilda.ie). Trinity EngAGE was a first wave member of the EIP on AHA A2 Falls Prevention group and through activities of Technology Research for Independent Living (TRIL) (http://www.trilcentre.org) and TILDA, is contributing to deliverables 1.2 and 1.3, and coordinating deliverables 2.1 and 2.2. In the second call for commitments, Trinity EngAGE was also invited to join the A1 and A3 action groups.

3.2. Health literacy initiatives (School of Pharmacy) (A1)

Health literacy initiatives, developed by the School of Pharmacy in UCC, aim to empower patients and improve medication adherence by developing health literacy support services for pharmacists. A key factor implicated in poor adherence is low health literacy [18]. This initiative has shown that pharmacists and other healthcare professionals are often unaware of low health literacy in patients [19]. In addition, there are very few support tools to aid pharmacists in providing appropriate information to these patients. The failure to adhere to medication could lead to the individual not taking the prescribed drug, taking it at the wrong time or missing doses. These health literacy initiatives are examining the format and content of current prescription medicine labeling, comparing it to patient-centred labeling (PCL) [20]. PCL is linked to the concept of a Universal Medication Schedule, which aims to standardize prescription instructions and provide explicit information, in plain language, to support patients in correctly dosing their medicine over the course of a day. The initiative is currently training pharmacists and pharmacy undergraduate students in health literacy support services, while exploring information technology solutions to health literacy issues.

3.3. Activating Falls and Fracture Prevention in Ireland Together (AFFINITY) (A2)

AFFINITY is the national project to implement the ‘National Strategy for the Prevention of Falls and Fractures in Ireland’s
Ageing Population. AFFINITY aims to prevent harmful falls amongst persons aged 65 years and older, enhance the manage-
ment of falls and improve health and well-being through a focus on bone health (fracture prevention). Change management supports for AFFINITY include a web-based repository, education and e-
learning packages, quality improvement methodologies, coaching and so called “best of breed” resources, including http://www.
bonehealth.co.

3.4. Telewarfarin (B3)

Telewarfarin aims to establish a virtual anticoagulant clinic using an Internet based expert system, to improve patient quality of life and ultimately reduce adverse events for patients prescribed chronic oral anticoagulant therapy (OAT). There are currently 84 patients actively self-testing their OAT at home each week, in Cork University Hospital. This reduces the amount of time patients spend attending clinic, encourages health literacy and increases freedom to people on chronic OAT. In addition, it reduces their exposure to hospital infections and it reduces overcrowding in the OAT clinic. Plans are now in place to expand the clinic to include more patients at home and to collaborate with the School of Pharmacy, in UCC, to educate more healthcare professionals, nationally and internationally, on the benefits of this novel service.

3.5. Kinsale Community Response to Dementia (K-CoRD) (D4)

Kinsale Community Response to Dementia (K-CoRD) is a community led dementia care and enablement initiative, coordi-
nated by the multi-disciplinary primary care team in the town of Kinsale in County Cork. K-CoRD is one of four pilot projects being co-funded by the Irish and Atlantic Philanthropies (http://www.atlanticphilanthropies.org/), through the Genio Trust until 2016 (http://www.genio.ie/), to develop services that will support people with dementia to remain at home and remain active in their communities. K-CoRD works in cooperation with other Genio pilot sites [21]. K-CoRD is organized under four working groups: individualised supports, education, community, and assistive technology, all driven from within the community. Initiatives include dementia education strategies, individualized support packages, and innovative service delivery models. The community programme includes the weekly K-CoRD Café, socially inclusive community based activities, a volunteer programme and a community awareness programme. Its VISION programme uses the arts as a means of engaging with people with dementia. K-CoRD is currently installing an Ambient Assistive Living system in selected homes and a demonstration system to encourage wider deployment of these technologies; including stand-alone devices for people with dementia. K-CoRD is also developing synergies with CASALA (now CareZapp), the Cork Institute of Technology and EU partners through the EIP on AHA.

4. Horizontal supports

4.1. Application of Science to Simulation Education Research and Training (ASSERT) for Health Centre

If good practices are to realize their potential in terms of health gain, they must be called and transferred from their original form. One key element to achieving this is effective and evidence based training. This is what the ASSERT for Health Centre (http://www.ucc.ie/en/assert/) offers to COLLAGE. ASSERT was developed by the College of Medicine and Health at UCC to address the global need for scientifically rigorous tools to deliver competency based training for health professionals. ASSERT defines a proficiency standard for a task or skill using objective and validated “metrics”.

Learning, training and assessment are based thereafter entirely of a precise definition of “proficiency” and an objectively established standard. This proficiency-based approach can be applied equally to both discrete technical tasks and complex non-technical tasks.

The ASSERT approach is applied to healthcare workers of differing disciplines who are trained together or in teams as they would function in the real world [22].

ASSERT enhances the function of several existing simulation facilities (using a hub and spoke model), to enable the concentra-
tion of high fidelity training, education and assessment, to support the development of research and commercialisation programmes.

There is ongoing collaboration within and outside UCC with simulation centres, universities, industrial partners, postgraduate training bodies, the health service, interest groups, charities and regulatory bodies. Partners include the Open University of the Netherlands, the European Society of Cardiologists and the Arthrosoc Association of North America. The Centre is closely aligned with UCC’s Tyndall National Research Institute (http://www.
tyndall.ie/), and the Health Information Systems Research Centre (http://www.ucc.ie/en/hisrc/). The ASSERT for Health Centre moves to its new state of the art facility for technology enhanced learning at UCC’s Brookfield campus in September 2015.

4.2. The Netwell Centre

The Netwell Centre was founded from within the Dundalk Institute of Technology (DkIT), (http://www.dkkit.ie/), a major third level educational institution in the North East of Ireland and is supported by a grant from the Atlantic Philanthropies. The Netwell Centre has established links with a global network of stakeholders including the Great Northern Haven development, Age Friendly County Initiative, and the establishment of Cultaca and service brokers who work independently and directly with older people.

More recently the establishment of CASALA aims to work with industry to achieve product innovation, business competitiveness, and market leadership in the emerging AAL sector (http://www.
netwellcentre.org/projects.html).

The Netwell Centre is currently involved in an array of disciplines including the social and behavioural sciences, health and medical sciences, computer science, engineering, design, marketing and business administration, working across the three interrelated and mutually reinforcing strands of communities, environment and technologies. This is aligned with a home in the lab to lab in a home product and service development framework, including a campus-based gerontechnology lab through to a transition studio and 16 assisted living apartments. In addition, we have compiled a large and diverse testbed of matched groups for follow up surveys, interviews, trials and simulations. The Netwell Centre is in a unique position of being able to provide our partners with a complete concept-to-trial, product and service develop-
ment environment (http://www.netwellcentre.org/about-us/
resources.html).

4.3. Louth age friendly county initiative

The Louth Age Friendly County Initiative aims to make Louth an “Age Friendly County” with all agencies working together to promote and maintain the best possible health and well-being of older people, and to make the County itself a great place to grow old, centred around the theme of “Sharing the Journey”. Key drivers of the initiative include the Louth Older People’s Forum and research and development collaborations between DkIT, Louth Local Authorities and HSE North East. The strategy is based on the eight framework programme areas of the World Health Organisa-
tion’s Global Cities Network. The Alliance reports back formally to the Older People of Louth on a bi-annual basis, through the Louth
Older People’s Forum (LOPF) executive that meets every 6 weeks, and on a continual basis online. The LOPF is represented on all implementation groups of the Louth Age Friendly Initiative. Achievements to date are presented in Table 2. The Louth Age Friendly County Initiative has also produced two DVDs, “Generations” an intergenerational study on ageism and “The Journey” capturing the journey of the Initiative. Both DVDs were requested by the EU commission for use during the EU Year on Active Ageing and Solidarity between the Generations.

4.4. Other horizontal supports

A range of other horizontal supports facilitates and enables COLLAGE. These include the Centre for Gerontology and Rehabilitation at UCC (http://www.uc.ie/en/cgr/) which is participating in the multi-centre FP-7 funded PERSOnalised ICT Supported Service for Independent Living and Active Ageing (PERSILIA, see http://www.persilia.eu), the Alimentary Pharmacobiometric Centre at UCC through its work on the Enhancing gut health in older Irish people through an improved understanding of intestinal bacteria (ELDERMET) study (http://eldermet.uc.ie/partners/[23]), TILDA, Tyndall National Institute, the National Health Services Research Institute, the Health Information Systems Research Centre (http://hisc.uc.ie) and Cork – A World Health Organisation (WHO) Healthy City (http://corkhealthycities.com/).

5. Future considerations

COLLAGE, like all of the EIP on AHA reference sites, faces potential challenges. The Healthy report [24] on community healthcare organisations in Ireland highlighted deficits in communication between and integration of primary, secondary and social care in Ireland. A recent critical analysis of integrated healthcare in Ireland stressed the need to form multi-disciplinary groups and ‘borrow ideas’ that are proven to work [25]. Meeting the challenge of integrating healthcare services in Ireland, as well as the integration of national and international structures and economic and business models will be important steps in developing and ultimately sustaining COLLAGE. Similar issues exist in other EU countries and exploring successful strategies in other member states is crucial. Likewise, maintaining momentum after the initial application is a challenge. Expanding, recruiting new partners and developing new initiatives will also be important to sustain the collaboration. The EIP on AHAs marketplace allows new partners, at home and at a European level, connect and is a useful resource to allow expansion. Governance issues are also foreseen and COLLAGE, led by UCC and Louth County Council, will require close cooperation and regular meetings with its partner initiatives to steer the collaboration. Such structures are now being put into place and funding, required to sustain multi-disciplinary initiatives, is being sought through Horizon 2020.

6. Conclusions

COLLAGE’s is a multi-faceted collaboration with a shared mission to create and deliver sustainable innovations to ensure Ireland and the EU goal of active and healthy ageing. The COLLAGE reference site comprises stakeholders from a range of backgrounds including academia, healthcare, technology, social care and local government across all three pillars of the EIP on AHA. The establishment of COLLAGE has realised benefits already, including identification of synergistic initiatives within Ireland and the development of important relationships with other European centres. Our designation as a reference site will provide many opportunities in the future and allow Ireland to continue to play an important role within the EIP on AHA.

Acknowledgement

The Centre for Gerontology and Rehabilitation is funded by Atlantic Philanthropies, the Health Service Executive of Ireland, the Health Research Board of Ireland and the Irish Hospice Foundation.

Ethical statement: D. William Molloy is copyright holder of the Let Me Decide advanced care directive. D. William Molloy and Rónán O’Caoimh are joint copyright holders of the Risk Instrument for Screening in the Community and the Community Assessment of Risk Instrument.

References


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2ASSERT for Health Centre, School of Medicine, University College Cork, Brookfield Health Sciences Complex, College Road, Cork City, Ireland
3Mallow General Hospital, Mallow, Co Cork, Ireland
4School of Nursing and Midwifery, University College Cork, Brookfield Health Sciences Complex, College Rd, Cork City, Ireland
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