Emerging EU level instruments for soft health systems governance

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Contents

Introduction

This report provides a mapping of some EU level instruments for soft health systems governance emerging from the Europe 2020 strategy. We will address three processes: the European Innovation Partnership on Active and Healthy Ageing (EIP AHA); the Joint Action on Health Workforce Planning; and finally the Sector Council on Employment and Skills at EU level. For each of these instruments we will present what is known so far first, on its mandate and legal basis; secondly, on its objectives; thirdly, on its governance structure and stakeholder involvement; fourthly, on the content; and finally on its relevance for workers and their representatives. The aim of the analysis is to understand their importance for the workers in the healthcare sector ([1]).

The document is based on desk research and some interviews. The research was carried out in spring 2012, and the report thus reflects the situation until April 2012. It was fine tuned and finalised in September 2012, including a light update on some aspect.

1. A fourth EU level instrument for soft governance emerging from Europe 2020 strategy, the European Platform against Poverty and Social Exclusion, has not been addressed in this report. Although health inequalities is among the topics under this instrument, we did not find indications that it would address the wider health and long term care systems and therefore it should not in itself have an impact on the health and long-term care pillar of the social OMC.

European Innovation Partnership on Active an Healthy Ageing (EIP AHA)

Mandate

In its flagship initiative Innovation Union ([2]), under the Europe 2020 Strategy, the European Commission introduced the concept of European Innovation Partnerships (EIP) to accelerate research, development and market deployment of innovations to tackle major societal challenges, pool expertise and resources, and to build competitive advantage of EU industry in key markets. The pilot EIP on active and healthy ageing is supposed to test the approach.

The European Council endorsed the Commission's proposal for an Innovation Union, and in particular the launch of an EIP on Active and Healthy Ageing (AHA) in February 2011 ([3]), Both, the Competitiveness Council ([4]) and the European Parliament ([5]) approved the EIP concept and the AHA Pilot Partnership.

The Commissioners for Health and for the Digital Agenda are responsible for the implementation of the active and healthy ageing partnership.

Objectives

According to the Commission the AHA partnership aims to ([6]):

- Enhance the competitiveness of EU industry through business and expansion of new markets for innovative products and services
- Improve the health status and quality of life of European citizens, with particular focus on the elderly. The objective is to add, by 2020, two healthy life years to the average healthy life span of European citizens
- Support the long-term sustainability and efficiency of health and social care systems.

The pilot partnership aims to respond to persistent barriers and bottlenecks for innovation to market quickly and widely enough. According to the European Commission these include ([7]):

2. European Commission (2010a), Communication from the Commission to the European Parliament, the Council, the European economic and social committee and the committee of the regions, Europe 2020 Flagship Initiative Innovation Union. SEC (2010) 1161, Brussels, 6 October 2010. And COM(2010) 546 final.
3. European Council (2011), Conclusions 4 February 2011, Brussels, EUCO 2/11.
4. Council of the European Union (2010a), Conclusions on Innovation Union for Europe, 3049th competitiveness (Internal Market, Industry, Research and Space) Council meeting, Brussels, 26 November 2010.
   and Council of the European Union (2011), Conclusions on preparatory work for the pilot European Innovation Partnership "Active and Healthy Ageing" 3074th competitiveness (Internal Market, Industry, Research and Space) Council meeting, Brussels 9 March 2011.
5. European Parliament (2010), Resolution of 11 November 2010 on European Innovation Partnerships within the Innovation Union flagship initiative, P7_TA(2010)0398
   European Parliament (2011), Resolution of 12 May 2011 on Innovation Union: transforming Europe for a post-crisis world (2010/2245(INI)), P7_TA(2011)0236.
6. European Commission (2011a), Commission staff working paper, Guidance paper for the steering group of the pilot European innovation partnership on active and healthy ageing, Brussels, 13 May 2011 SEC(2011) 589 final.
7. European Commission, 2011a.

- Lack of flexibility of health and care systems to rapidly adopt innovative solutions due to their complexity, budgetary limitations, and common values (universality, equity, accessibility to good quality care and affordability)
- Lack of integration of care (within healthcare and between health and social care), which slows down the penetration of innovation and the implementation of organisational change thus hindering market growth in the areas of healthcare
- Legal rules and procedures and the reimbursement and certification schemes which vary significantly across Member States and limit the scope for developing and deploying innovations on an EU-wide scale
- Lack of EU-wide standards , and their effective use and application, which impedes interoperability of novel products and services
- Insufficient interactions between demand (care providers, elderly, carers) and supply (research, innovative industry and companies), meaning that innovations do not always match the real needs of end-users, carers do not always possess the right skills and qualifications or lack incentives to implement new solutions or processes, and citizens/patients are not sufficiently aware of innovative solutions and/or reluctant to accept them.
- Evidence-based assessment of the effectiveness including cost and benefits of innovations are often either absent, fragmented or poorly assessed, or are not well communicated to healthcare actors and patients
- Lack of continuity between research, pilot projects, and the rolling-out and scaling up of innovation into the market due to inadequate and/or limited access to finance and/or missing financing instruments

Governance structure and stakeholder involvement

Responsibility for the implementation of the active and healthy ageing partnership lies with the Commission.
The Partnership is led by a high-level Steering Group, which was set up to draw the strategic implementation plan (see below). This group is composed of 33 members including the following stakeholders:

- Industry (medical devices, telecom, e-health, pharmaceuticals, nutrition), mainly large companies and one SME;
- Health and care providers (national and regional, local authorities, health care professionals);
- Carers, both formal and informal;
- Users (including patients and older citizens);
- Planners, implementers of health projects, regional authorities, academia, research, insurers and venture capital;
- Five ministerial level politicians, most of them responsible for research/science/education

They have been invited by the European Commission and participate in their personal capacity. They are supported by "Sherpas" and could also draw on a stakeholder forum and request expert input from operational groups working on specific aspects of the partnership.

The steering group is chaired by Vice-President for the Digital Agenda Neelie Kroes and by the Commissioner for Health and Consumers John Dalli, while being coordinated in terms of process and governance by Máire Geoghegan-Quinn, the Research and Innovation Commissioner.

Within the steering groups, three working groups were created which organised three workshops on the main topics identified involving a wider set of external stakeholders.

A strong commitment and ownership on the part of all relevant stakeholders is required. The members of the steering group are expected to play a central role in driving the delivery of the strategic implementation plan through political and sectorial advocacy and in lending sustained, long-term commitment to unblocking existing barriers to innovation. According to the Commission, the partnership 'belongs' to the Steering Group members and to the entire range of stakeholders they represent ([8]). Steering Group members have been asked to act as ambassadors for the EIP in their respective sector (industry, health and care providers, carers, users, planners).

A Sherpa revealed that there is a lot of critical feeling among Member States on what's in the Partnership and how it was developed. The selection of the participants has not been justified by the Commission; there was little transparency on the selection and there was no clear governance mechanism to take decisions ([9]).

Some of these criticisms resonate in the May Council conclusions on the European Innovation Partnerships ([10]). The Council reiterates that the implementation of EIPs must be addressed through the proper political and administrative channels and underlines that EIPs should respect common principles regarding governance including the need to:

- Ensure that membership of the Steering Groups of EIPs balances size with the need to ensure that a wide range of stakeholders are represented;
- Ensure a transparent process for appointing members of the Steering Group;
- Allow all Member States' involvement and to recognize their specific role.

Content

The strategic implementation plan contains a set of operational and actionable recommendations addressed to the different stakeholder communities to achieve the partnership's objectives ([11]). The steering group proposed actions in three pillars.
Under the pillar prevention, screening and early diagnosis, the plan identified the following objectives:

- Improving effectiveness of clinical outcomes through improved health literacy, patient empowerment, ethics, and adherence programmes
- Realising innovation in personal health management through validated programmes and good practices for early diagnosis and preventive measures (including health promotion)
- Implementing integrated programmes for prevention, early diagnosis and management of functional decline, both physical and cognitive, in older people.

8. European Commission (2011b), Commission staff working paper. The Pilot European Innovation Partnership on Active and Healthy Ageing (AHA), First experiences on governance and processes, Brussels, 1 September 2011, SEC(2011) 1028 final.
9. Interview with a Sherpa of the steering group, representing a public authority, 15 March 2012.
10. Council of the European Union (2012b), Conclusions on European Innovation Partnerships, 33169th competitiveness (Internal Market, Industry, Research and Space) Council meeting, Brussels, 30-31 May 2012.
11. European Commission (2011c), Strategic implementation plan for the European Innovation Partnership on Active and Healthy ageing, steering group working document, final, text adopted by the steering group on 7/11/11, Brussels, 17 November 2011.

Under care and cure the identified priority areas are:

- Disseminating and implementing, as appropriate, protocols, education and training programmes for health professionals, care personnel and informal/family carers with special attention to emerging roles and comprehensive case management. For example frailty, multi-morbidity, and remote monitoring
- Piloting and establishing multi-morbidity case management, with new models of care for a range of chronic conditions, including protocols and individualised care plans
- Reducing avoidable/unnecessary hospitalisation of elderly with chronic conditions through the effective implementation of integrated care programmes and chronic disease management models.

Under the third pillar, active ageing and independent living the proposed priorities are:

- Supporting people with cognitive impairments at home through regional co-operation on proving solutions, pooling socio-economic evidence on return of investment and viable business models for innovation, building on users' experience, and diffusing this information for re-use
- Enhancing deployment and take up of interoperable independent living solutions based on open standards
- Supporting social inclusion of elderly by replicating proven solutions with validated socio-economic evidence on the return of investment and viable funding models for innovation, building on experience from a large user base.

As explained by a Sherpa: “As you had so many industry interest groups, nobody wanted to fall outside the scope... and in the end the scope was defined under the three pillars… everybody was really defending something which was useful directly for him and trying to find somebody else to support it together, but there was never really discussion: shall we adopt that proposal or not” ([12]).

To implement the strategic plan, the Commission launched an invitation for proposals seeking the commitment of interested parties to promote specific actions for innovation in active and healthy ageing. 261 projects were submitted. These stakeholders started to define the implementation details of the specific actions. They have formed action groups for each specific action. In each action group stakeholders commit to running a number of activities, contributing towards the headline target through the creation and implementation of an Action Plan ([13]).

Furthermore, the Commission set up an interactive website as a marketplace for innovative ideas ([14]). It is a platform where stakeholders can:

- Find partners to collaborate with for their initiative/project
- Find an initiative/project to participate in
- Provide and search for information about ageing and innovation
- Get in touch with stakeholders
- Participate in discussions in the forum

The marketplace also provides a platform for the action groups.

12. Interview with a Sherpa of the steering group, representing a public authority, 15 March 2012.
13. https://webgate.ec.europa.eu/eipaha/actiongroup/index/invitation (accessed 21 September 2012).
14. See: https://webgate.ec.europa.eu/eipaha/index (accessed 21 September 2012).

The Commission furthermore announced the intention to ([15]):

- Align and effectively use EU funding instruments such as the Competitiveness and Innovation Programme (CIP), the 7th Framework Programme for Research, and the Health Programme
- Address regulatory and standardization issues, e.g. by supporting the development of a new EU framework for interoperability testing, quality labeling, and certification on e-Health

From what precedes it thus appears that the Partnership considers the healthcare budgets as a way to generate economic growth and to serve interests of particular industries, rather than to reach public health objectives. Our interlocutor voiced similar concerns: "The feeling was that they want to reuse money from the public health program to finance the industry" ([16]).

Relevance for workers and their representatives

It is difficult to see where this initiative could be relevant for workers and their representatives. The success of the EIP AHA still has to be demonstrated. Since there is no new funding involved (apart from the already existing ones), there are little incentives for (national, regional and local) public authorities to engage in the initiative.

For instance, some of the projects could, when successful, implement some new IT tools in certain healthcare settings. As an example, the Action Group B3 on integrated care is discussing the target to increase the number of Regions from 20 to 50 with programmes available for chronic conditions/case management, including remote management/monitoring by 2015 ([17]). This could have an impact on the way in which certain types of care will be provided and on the healthcare workers ([18]).

15. European Commission (2012a) Communication from the Commission to the European Parliament and the Council, Taking forward the Strategic Implementation Plan of the European Innovation Partnership on Active and Healthy Ageing, COM/2012/083 final, 29 February 2012.
16. Interview with a Sherpa of the steering group, representing a public authority, 15 March 2012
17. http://ec.europa.eu/research/innovation-union/index_en.cfm?section=active-healthy-ageing&pg=commitment (accessed 21 September 2012).
18. It should be noted that, apart from this EIP AHA, the Commission recently also established a eHealth Stakeholder Group. Whereas the EIP AHA is working on objectives to be realized by stakeholders, this group, which focuses partially on the same domains, is expected to contribute to the development of legislation and policy. http://ec.europa.eu/information_society/activities/health/policy/stakeholders_group/index_en.htm (accessed 26 September 2012).

Joint Action on Health Workforce Planning

Mandate and legal basis

The Agenda for new skills and jobs, under the Europe 2020 strategy provided the framework for work on the health workforce ([19]). In 2010, health ministers in the Council requested the development of an action plan providing options to support the development of Member States' health workforce policies and the set-up of a joint action providing a platform for cooperation between Member States on forecasting health workforce needs and health workforce planning ([20]).

The Commission published its action plan in April 2012 ([21]), in which it announced a three-year EU joint action on forecasting health workforce needs for effective planning in the EU by the end of 2012. This joint action is foreseen in the 2012 work plan of the Health Programme, the funding instrument on health policies of the EU ([22]).

The legal basis of this Health programme is the public health Article (Art 168) in the Treaty on the Functioning of the European Union, based on which EU action is to encourage cooperation between the Member States in the field of public health and, if necessary, lend support to their action.

European Commissions' DG Sanco is responsible for the initiative on health workforce.

Objectives

The joint action, "*Forecasting health workforce needs for effective planning in the EU*", aims to create a partnership of Member States and professional organisations to share good practice and to develop methodologies for forecasting health workforce and skill needs, workforce planning methods, and to improve EU wide data availability on mobility and migration trends of health professionals.
It should enable Member States to:

- Develop and reinforce health workforce forecasting and planning capacity
- Share and benchmark practices, results, knowledge and expertise from Member States at an European level

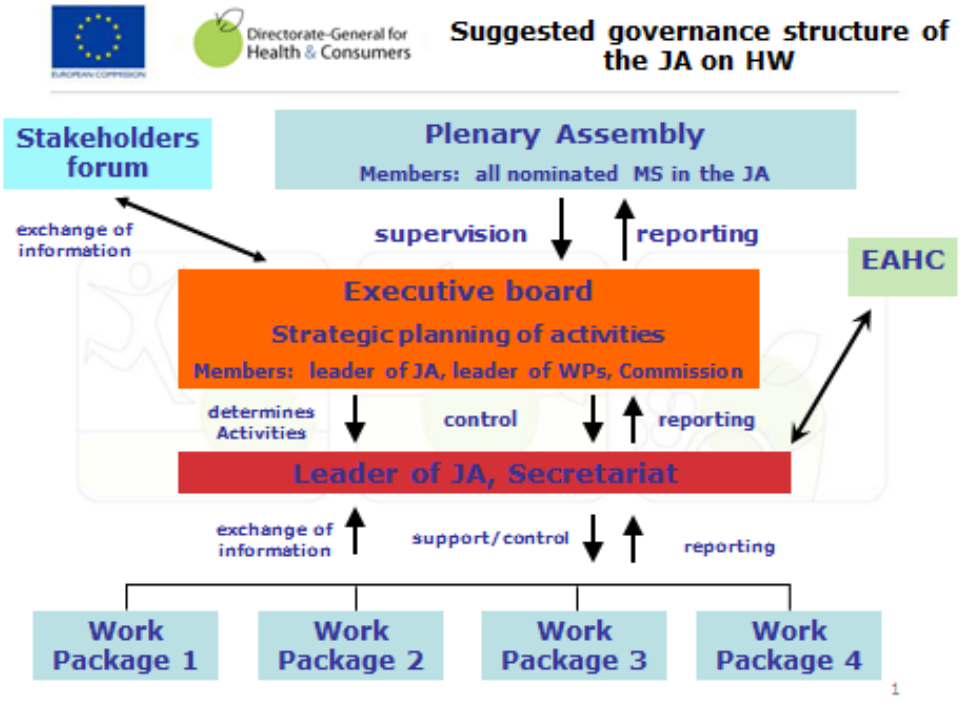
19. European Commission (2010b), Communication from the Commission to the European Parliament, the Council, the European economic and social committee and the committee of the regions. An Agenda for new skills and jobs: A European contribution towards full employment, COM(2010) 682 final, 23 November 2010 .
20. Council of the European Union (2010c), Council conclusions on investing in Europe's health workforce of tomorrow: Scope for innovation and collaboration, 3053rd employment, social policy, health and consumer affairs Council meeting, Brussels, 7 December 2010, 7 December 2010.
21. European Commission (2012b), Commission staff working document on an Action Plan for the EU Health Workforce Accompanying the document Communication from the Commission to the European Parliament, the Council, the European economic and social committee and the committee of the regions, Towards a job-rich recovery, SWD(2012) 93 final, Strasbourg, 18 April 2012.
22. Point 3.2.2.4., forecasting health workforce needs for effective planning in the EU. In: European Commission (2011d), Commission implementing decision of 1 December 2011 on the adoption of the 2012 work plan, serving as a financing decision, in the framework of the second programme of Community action in the field of health (2008-2013), the selection, award and other criteria for financial contributions to the actions of this programme and on the EU payment to the WHO Framework Convention on Tobacco Control. (2011/C 358/06),

- Support evidence based decision making in Member States and at an European level
- Meet current and future challenges in health care by taking into account demand and supply

Governance structure and stakeholder involvement

Joint actions are activities carried out by the European Union and Member States/other countries. Out of the 30 countries eligible for participation, (including the EFTA countries), 26 declared their intention to participate in the joint action on health workforce needs planning ([23]). The joint action will be led by Belgium.

The proposed governance structure is presented in the figure below:



Source: European Commission, 2011 ([24])

Furthermore, a reference group with independent high level experts will be set up to give expert advice to the work of the joint action.

Stakeholders are invited to collaborate, but the owners of the project are the Member States and the European Commission. A dialogue between the expert teams with stakeholders and various target groups is supposed to identify the needs on both country and European level in order to adjust the joint action activities ([25]). To this end, a stakeholders forum will be created which will have a consultative role.

23. http://ec.europa.eu/eahc/documents/health/calls/2012/COUNTRIES_PARTICIPATING_JA_2012.pdf (accessed 24 September 2012).
24. European Commission (2011e), Presentation on the Joint Action on health workforce planning, 5-6 December 2011.
25. JA on health workforce planning and forecasting, Problem Analysis, Objectives and political Relevance, Draft Application Form, section 3 “Technical aspects of the Joint Action”.

CED, CPME, EFN, EHMA, HOPE, PGEU and UMS are associated partners and HOSPEEM and EPSU are collaborative partners in the proposed joint action. Associated partners are actively involved. They are expected to contribute to the content of the work to be carried out under the different work packages by providing expert input and acting as knowledge brokers. Collaborative partners are not taking part in actual work, but participate in the stakeholders forum and will be invited for the exchange moments, where they can participate in the discussion, follow up, and provide input ([26]).

Content

The joint action will have four core work packages ([27]):

1. Data for health workforce planning

Objectives

- To define the necessary data for the health workforce planning at the MSs and at EU level
- To identify obstacles of data collection
- To give special attention to migration and mobility data
- To send, if needed, an invitation to MSs to deliver better quality data on a timely basis according to the WHO Code of Practice

Deliverables

- Analysis on gaps in data
- Recommendations on data collection
- Mapping exercise of terminologies

2. Exchange of good practice with planning methodology;

Objectives

- To exchange information and good practice in planning methodologies
- To develop an auto-evaluation tool

Deliverables

- European catalogue and reference on methodologies
- European workforce planning and forecasting manual
- Publication of Maturity index and manual

26. Interview with a national civil servant involved in the joint action, 16 March 2012.
27. JA on health workforce planning and forecasting, Problem Analysis, Objectives and political Relevance, Draft Application Form.

3. Horizon scanning

Objective

- To exchange experience, practices, and outcomes in estimating future needs in terms of education and training, skills, and competences of the health workforce

Deliverables

- Report on skills and competences in the future
- Users guidelines on how to estimate future needs
- Toolbox on evaluation of training capacities

4. Sustainability of the result of the Joint Action and framework of impacting on policy

Objective

- To consolidate the experiences from the joint action into a platform of collaboration and exchange of MSs, stakeholders, international organisations, and the academia

Deliverables

- Final report on the platform organisation, structure, and procedures
- European framework on planning and forecasting

The work packages will be carried out by experts (researchers, public officers, and stakeholders) working on deliverables on data, quantitative, qualitative methodologies, and decision making.

Relevance for workers and their representatives

The joint action will mainly work on methodologies and data collection. There is no short-term impact to be expected. The most relevant activity for workers' representatives is probably the work package on horizon scanning. This WP aims to estimate future needs in terms of education and training, skills, and competences of the health workforce and their distribution. It should produce a report about different methodologies used in the EU together with a toolbox on how to estimate future education and training needs. It is expected that this WP will develop scenarios related e.g. to skill mix between different professional groups. This can eventually lead to recommendations to the EU, to Member States, or to health professionals ([28]).

28. Interview with a national civil servant involved in the joint action, 16 March 2012.

Sector Council on Employment and Skills at EU level

Mandate and legal basis

Future skill requirements have been increasingly referred to in the framework of the EU Lisbon Strategy on growth and jobs ([29]). With its flagship initiative, "An agenda for new skills and jobs," the European Commission seeks to contribute to the employment target of the Europe 2020 Strategy, which aims to reach 75 % of the working-age population at work by 2020. To this end, the Commission pleads for modernising labour markets and empowering people by developing their skills throughout the lifecycle. In its Communication, the Commission announces to "continue to support the creation of sector skills councils at European level when an initiative comes from stakeholders such as social partners or the relevant Observatories" ([30]). In response, the Epsco Council (social affairs ministers) invited the Commission in March 2009 to develop forecasting methodologies and analytical capacities related to skills needs ([31]).

The setup of the sector councils is funded under the under EU employment and social solidarity programme, PROGRESS. This programme lends financial support for the attainment of the European Union's objectives on employment, social affairs, and equal opportunities; and to the objectives of the Europe 2020 Strategy, under the responsibility of Employment, Social Affairs and Inclusion DG ([32]). Projects, "to support the setup or running of European Sector Councils on Employment and Skills jointly promoted by employers' and workers' representatives" are one of the priority actions which will be funded under the 2011 call for proposals ([33]).

Objectives

Sector councils are platforms at sector level where stakeholders seek to gain insight into the likely developments in employment and skills needs with the aim of assisting policy making within or for the concerned sector. They do so by providing analyses of developments on the sectorial labour market. EU sector councils should analyse the skills needed and the development of proposals for updated qualifications in each sector ([34]).

29. The European Council invited the European Commission in March 2008 to "present a comprehensive assessment of the future skill requirements in Europe up to 2020", European Council (2008), Conclusions 1-2 March 2008, Brussels.
    Commission of the European communities (2008), Communication from the Commission to the European Parliament, the Council, the European Economic and social Committee and the Committee of the regions, New Skills for New Jobs, Anticipating and matching labour market and skills needs, COM (2008)868 final, Brussels, 12 December 2008.
30. European Commission, 2010b.
31. Council of the European Union (2009), Council Conclusion on New Skills for New Jobs. Anticipating and matching labour market and skills needs. 2930th employment, social policy, health and consumer affairs Council meeting, Brussels, 9 March 2009.
32. Decision No 1672/2006/EC of the European Parliament and of the Council of 24 October 2006 establishing a Community Programme for Employment and Social Solidarity — Progress, JO L 315 of 15 November 2006.
33. European Commission, Employment, Social Affairs and Inclusion DG(2011), Budget heading 04.04.01.03, Restructuring, well-being at work and financial participation. Call for proposals 2011, VP/2011/008.
34. European Commission (2010c), New Skills for New Jobs: Action Now. A report by the Expert Group on New Skills for New Jobs prepared for the European Commission, February 2010.

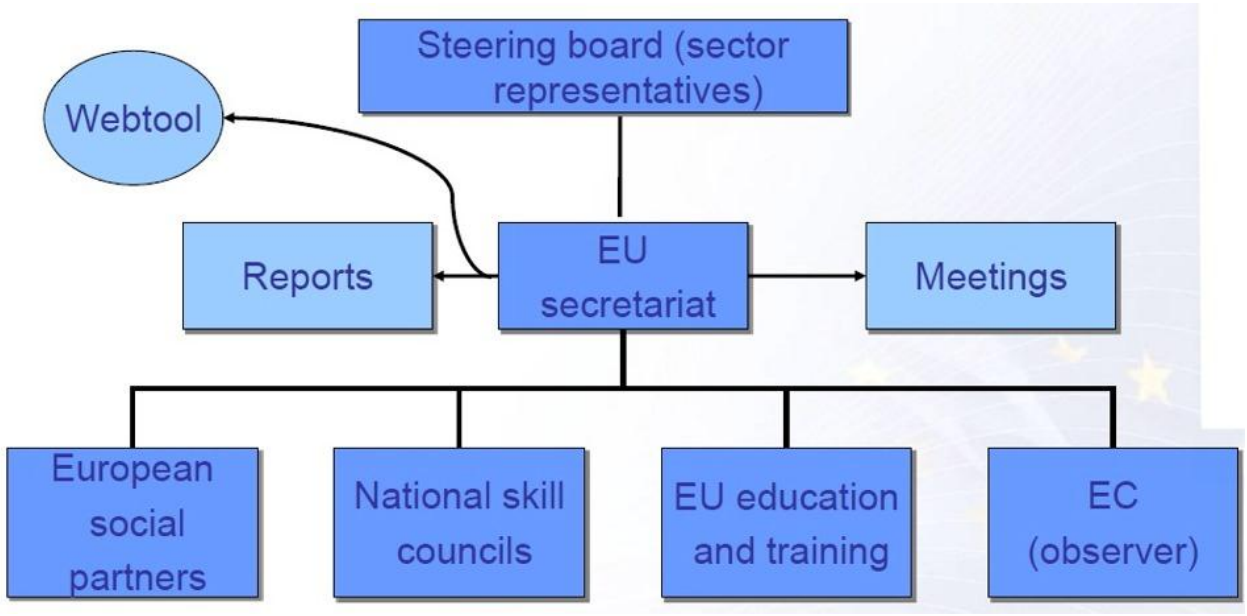
Governance structure and stakeholder involvement

EU Sector Councils are expected to draw on existing national skills and job councils and will in an initial phase, focus on the exchange and dialogue between national sector councils. They will be steered by European social partners, and will involve representatives of education and training providers. It is proposed that the main body of such council for nurses and care workforce will be a steering board composed of sector representatives. The EC would participate as an observer ([35]). According to the call for proposals, the setup or running of European Sector Councils on Employment and Skills should be jointly promoted by employers and worker representatives.

The first phase of the set-up of a European Sector Council on employment and skills for nurses and care workforce is a feasibility study, foreseen for 2012. The goal is to test the feasibility for the foundations and the need for a future EU Sector Council. This includes developing consensus on the scope, activities, and mandate of the Sector Council, and engaging with the relevant stakeholders, particularly the social partners. It includes a mapping of key stakeholders of the sector, a mapping of national/regional sector skills councils, and a mapping of education and training providers. Furthermore, the willingness of stakeholders to engage in a EU initiative and the potential work programme of the EU council will be defined. Additionally, possible governance structure, legal forms, and a financing plan will be sketched. Based on this feasibility study, a decision will be taken to create or no a EU sector skill council.

The feasibility study gathers EPSU, Hospeem, EFN, FINE and An Bord Altranais. It is lead by the European Health Management Association (EHMA) and the University of Southampton.

Figure 2: Standard structure of EU councils



Source: European Commission, 2012c

35. European Commission (2012c) Presentation by Manuel Hubert, 19 January 2012, http://www.epsu.org/IMG/pdf/DG-EMPL-ESCES-Nurses_Care-Workforce-Kick-Off-Meeting.pdf (accessed 25 September 2012).

Content

Tasks that, according to an Ecorys study, could be fulfilled by the EU Sector Council are ([36]):

- Forecasting employment and skill demand and supply at EU level;
- Analysis of cross-border flows of workers;
- Forward looking research on broader sector trends and changes;
- Tracking outflowing students (keeping track of whether they become employed within the sector);
- Recognition of qualifications between Member States.

The projects to support the setup or running of European Sector Councils should produce synthetic reports on the specific activities of the European sector council, in particular on ([37]):

- Information exchanged covering the evolution of the supply, employment, and skills needed including foresight and forecast analyses for the sector;
- Good practices bringing the worlds of education and work closer and reducing the persistent skills mismatched at sectorial level, as well as on the mechanisms existing at national or regional level between anticipation bodies and education and training providers;
- Innovative tools, national and/or regional strategies, local initiatives, methods;
- Recommendations.

Furthermore, they could undertake studies and analyses on issues related to the anticipation of skills, the reduction of the skills mismatch, and on the mechanisms of transmission from anticipation bodies to education and training institutions and programmes.

According to a Commission official, the EU Sector Council on nursing and health work force could possibly promote the use of certain EU level instruments such as the EU Directive on professional qualifications and they could make proposals, for instance on qualification standards, which would facilitate mobility ([38]).

Relevance for workers and their representatives

The social partners are supposed to steer the setup and running of the EU Sector Councils, so therefore, they are at the heart of the initiative. The EU Sector Councils are supposed to provide consistent forward-looking studies supplying social partners with operational information and networking of national councils and observatories.

A potential challenge for this initiative is its relationship with the European Social Dialogue (ESD). In the hospital sector, social partners are engaged in ESD together since 2006 where a working group on skills focuses on identifying skills needs across the Member States, on workforce planning, and on leadership in healthcare ([39]). It can be questioned to what extent a sector council would mean overlap with the activities of this working group within the ESD. According to a Commission official, the structures are complementary and there are two important differences. First, the European Sector Skills Councils focus on the job content and evolution of competences. Secondly, it involves other actors besides the social partners, in

36. ECORYS (2010), Sector Councils on Employment and Skills at EU level. A study into their feasibility and potential impact", March 2010.
37. European Commission, Employment, Social Affairs and Inclusion DG, 2011.
38. Interview with a civil servant of the European Commission, 8 March 2012.
39. ECORYS, 2010

particular, from the training and education sector and from the national sector councils. He argues that the output of the European Sector Skills Councils can feed into the negotiation of the Social Dialogue and can provide more facts and figures to feed into the discussions which are taking place in the Social Dialogue Committees ([40]). The ESD is more powerful as it can lead to regulation whereas the European Sector Skills Councils are a soft instrument, involving networking and collaboration. It should also be noted that the Commission involvement in the sector Councils is potentially more important than in the ESD. Indeed, the independence of the social partners in the ESD is enshrined in the Treaty. For the Sector Councils the Commission has more potential for agenda setting, as expressed by a Commission official: "As we are financing these projects for call for proposals, we always have the final word in terms of output they produce ([41]).

A European Sector Skills Council on health workforce could furthermore feed into the joint action on health workforce planning by providing useful qualitative information and inside knowledge on the evolution of the sector ([42]). This could however overlap with the stakeholder forum as designed under the joint action on health workforce planning which would have this same role.

40. Interview with civil a servant of the European Commission, 8 March 2012.
41. Interview with a civil servant of the European Commission, 8 March 2012.
42. Interview with a civil servant of the European Commission, 8 March 2012.

Concluding

In this document we analysed three emerging EU level soft governance instruments and their relevance for workers in the health sector. The European Innovation Partnership on active and healthy ageing appears to have less relevance for the workers in the healthcare sector than the two other initiatives.

Although all three instruments emerge from the Europe 2020 strategy, we perceive important differences in their approach and structure. The EIPAHA is led by the European Commission and it is viewed very critically by health authorities who question to what extent this initiative serves the basic objectives of healthcare systems, or particular commercial interests of the health industry. By contrast, the joint action on health workforce planning has been initiated by health authorities and here the European Commission has mainly a facilitating role. Finally, the social partners are at the heart of the European Sector Council, whereas the European Commission has a supporting role. Through the use of the EU funding instruments, the Commission has a strong say each in of the processes. Where a clear legal basis to give direction to the initiatives is missing, the European Commission appears to use these funding instruments to steer the initiatives.