



Work programme

2015–2024

Large-scale Programmes
Health, care and welfare services research – HELSEVEL



Large-scale Programmes

The RCN initiative
to meet national
research priorities

Work programme 2017 –

Programme on Health, Care and Welfare Services Research (HELSEVEL)

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Summary

Background: The Research Council's priority area "Healthy and active for many years" (FASE) identifies three main challenges in the health and welfare sector: i) the shift in the range of illnesses and need for care; ii) the need for increased productivity and competency in the health and welfare sector; and iii) the need for a larger labour force in society at large. The *Programme on Health, Care and Welfare Services Research (HELSEVEL)* is the largest and most important individual activity in the FASE area, and is part of the Research Council's targeted efforts to promote renewal and innovation in the public services. The programme encompasses the publicly-funded health and care services, labour and welfare services, and child and family welfare services. Services research and service innovation are the key components of the programme.

Primary objective: The HELSEVEL programme will promote research and innovation that enhances quality, competency and efficiency in the health, care and welfare services. Furthermore, the programme will: i) expand the knowledge base in the thematic priority areas; ii) strengthen practice-based research in environments that are responsible for educating professionals for the services; iii) strengthen the international orientation of services research and help to increase the returns share from the EU in relevant areas; iv) foster research and innovation groups and networks across disciplines and institutions; v) promote increased cooperation between researchers, service providers and users at all levels; and vi) boost innovation by disseminating and implementing research results.

Thematic priorities: The programme will give priority to research and innovation activities that promote more coherent public services and integrated patient and user pathways. The programme will also give priority to research and innovation activities within six cross-sectoral areas: i) management, leadership and organisation; ii) vertical and horizontal interaction; iii) service innovation and implementation; iv) technology and digitalisation; v) economics and resource utilisation; and vi) ethical, legal and social aspects of technology (ELSA).

1 Background and challenges

1.1 Background

The HELSEVEL programme has its basis in the Research Council's priority area "Healthy and active for many years" (FASE), which describes three main challenges in the health and welfare sector:¹

- the shift in the range of illnesses and need for care;
- the need for increased productivity and competency in the health and welfare sector;
- the need for a larger labour force in society at large.

The *Programme on Health, Care and Welfare Services Research (HELSEVEL)* is the largest and most important individual activity in the FASE area, and is part of the Research Council's targeted efforts to promote renewal and innovation in the public services (cf. the Government's *Long-term plan for research and higher education*). The programme encompasses the publicly-funded health and care services, labour and welfare services, and child and family welfare services. Services research and service innovation are the key components of the programme.

¹ *Flere aktive sunne år* [Healthy and active for many years], a descriptive booklet from the Research Council of Norway, May 2012.

The *Large-scale Programmes* initiative is an instrument used to realise national research policy priorities and promote greater international cooperation. A broad-based initiative on services research will help to create coherency, interrelationships and synergy between the service areas both in research and innovation activities and for the field of practice overall. The programme will employ new perspectives that will generate new, useful knowledge for users,² service providers and the public administration.

Several major reforms have been implemented in the health and welfare sector in recent years, and a number of government white papers and strategies analyse critical problem areas and propose new measures for use in the services. A recurrent theme is the need for more knowledge and expertise on the effects of various measures, the factors that are a condition for and that contribute to these effects, and the ways in which new knowledge and innovations may be implemented in the services.

1.2 Key societal challenges

Development trends in society, such as demographic change, growing social and cultural inequalities, declining financial revenues, higher expectations, and new medical and technological advances, are posing challenges to the health and welfare services^{3,4}. Ensuring sustainable services in the future will require generating better knowledge about the effectiveness of measures, developing good welfare technology solutions, and stepping up efforts to promote inclusion in working life. This is a landscape of challenges shared by most of the Western world.

We know that we will see an increase in both the number of elderly and the proportion of elderly among the population. Due to better public health and new medical innovations, most of us will live past 80 years old, and many will live to be much older. The growth in the size of the labour force is expected to slow down, and the number of active workers per retiree/welfare beneficiary will be reduced by half over the next 50 years. In addition, many working-age people have fallen outside of working life on a prolonged or temporary basis and receive work-related or health-related social benefits.

There is widespread political agreement that more focus should be placed on an inclusive labour force and prevention of diseases and social problems, and that this effort should be launched at an early age. Similarly, we know that the childhood and teenage years are critical for social development and for the potential to live healthy, active lives. A low level or lack of education and exclusion from working life are primary causes of poor health and vice-versa.

Changes in the composition of the population and societal developments in general will place new and greater demands on the health and welfare services. These include:

- Growing challenges related to people with a long-term, complex service need, including:
 - elderly people with chronic, complex medical conditions;
 - children and adolescents with a major service need;
 - people who fall outside of school and working life;

² In this context, the term “users” is understood to mean patients, clients and family members.

³ In this document, “health and welfare services” is used as an umbrella term for the health and care services, labour and welfare services, and child and family welfare services.

⁴ A list of documents on which this work programme is based may be found in below in Chapter 9. References. Key documents include Meld. St. 7 (2014–2015) Long-term plan for research and higher education 2015–2024, white paper from the Ministry of Education and Research, the Health&Care21 Strategy, and Meld. St. 29 (2016-2017) Long-term Perspectives on the Norwegian Economy 2017 – A Summary of Main Points, white paper from the Ministry of Finance.

- people with alcohol and drug problems and mental health disorders among the population.
- The bifurcation of the health services into the specialist health care services and the primary health care services, and a pervasive silo mentality in the health and welfare services as a whole, both with regard to the total service need and to services patients and users will need in the course of their lives.
- A more heterogeneous population with growing cultural and socioeconomic inequalities and more minorities is placing new demands on the services.
- Higher expectations regarding the services available and the quality of these services.
- Higher expectations regarding user involvement, shared decision-making and personalised services.
- Rising costs and resource needs in the services. Continued provision of services at the current level to a growing number of people who have a service need will in and of itself require a substantial increase in funding and recruitment.
- Reduced revenues for the state from the petroleum sector and the related uncertainty surrounding financing of welfare schemes.
- A smaller percentage of the population of working age and a growing percentage of people of working age who are excluded from working life.

1.3 Scientific and strategic perspectives

It is a stated research policy objective to promote better quality research and to apply research actively in the effort to solve societal challenges. This is discussed in the white paper *Long-term Perspectives on the Norwegian Economy 2017* and other key public documents in the area of sectoral and research policy.⁵ The main features of the landscape of challenges are expected to persist for many years.

Public sector renewal and better, more effective welfare, health and care services comprise one of the priority areas in the Government's *Long-term plan for research and higher education*. One of the main objectives in this priority area is to promote more knowledge-based production and development of services with emphasis on under-researched, strategically important cross-sectoral areas. This is highlighted in the Health&Care21 strategy as well.

The Ministry of Health and Care Services, the Ministry of Labour and Social Affairs, and the Ministry of Children and Equality have the sectoral responsibility for policy relating to the development of the services encompassed by the programme. In a number of white papers and other documents, the Government has pointed to the need for research that can help to enhance quality and equal access to the services, reduce differences and alienation, improve coordination and organisation of the services, generate knowledge about the effects of measures and reforms, and cut costs. User perspectives are critical to the further development of the health and welfare services. These services must be restructured to include stronger involvement and participation of patients, users, family members and volunteers.

In addition to having the cross-sectoral responsibility for research policy, the Ministry of Education and Research also has the responsibility for research policy in the educational sector. An objective here is to increase cooperation, promote consolidation and improve task distribution in educational programmes, and efforts are underway to enhance competency and practice-oriented research in

⁵ A list of documents on which this work programme is based may be found below in Chapter 9. References.

educational programmes. This particularly applies to the vocational/professional educational programmes with short research traditions. The Health&Care21 strategy also points to the need to enhance competency in the health and care services, and identifies “efficient and effective services” as one of 10 priority areas.

The challenges that the programme is designed to help solve cannot be solved within the confines of an individual sector, administrative level, subject area or discipline. On the contrary, widespread cooperation will be required across sectors, stakeholders, services, subject areas and disciplines.

2 Objectives for the programme

2.1 Primary objective

The HELSEVEL programme will promote research and innovation that enhances quality, competency and efficiency in the health, care and welfare services.

2.2 Secondary objectives

The programme will:

- Expand the knowledge base in the thematic priority areas and enhance quality in under-researched areas;
- Strengthen practice-based research in environments that are responsible for educating professionals for the services, particularly in connection with educational programmes with short research traditions;
- Strengthen the international orientation of services research and help to increase the returns share from the EU in relevant areas;
- Foster research and innovation groups and networks across disciplines and institutions;
- Promote increased cooperation between researchers, service providers and users at all levels;
- Boost innovation by disseminating and implementing research results in the services and educational programmes.

3 Thematic and scientific priority areas

3.1 Services research and service innovation

Services research and service innovation are the key components of the programme. The thematic and scientific priority areas must be understood in this context.

There is no single established definition for “services research” that covers all of the service areas encompassed by the programme. The programme’s description of services research has its starting point in a commonly used definition of “health services research”,⁶ which has been expanded to cover all of the service areas encompassed by the programme:

⁶ Lohr, K. N., & Steinwachs, D. M. (2002). Health Services Research: An Evolving Definition of the Field. *Health Services Research*, 37(1), 15–17. <http://doi.org/10.1111/1475-6773.01020>.

Services research is the multidisciplinary field of scientific investigation that studies how social factors, financing systems, organisational structures and processes, technologies, and personal behaviours affect access to the services, the quality and cost of the services, and ultimately our health and well-being.

There is no single established definition for “service innovation” either, and the term is used both in connection with service provision in the private sector and in connection with innovation within and across the public services. The services referred to here are the public services encompassed by the programme, and the term “service innovation” is used in the context of innovation in the public sector. The *Innovation Strategy for the Research Council of Norway* uses the following definition of “innovation” in connection with the public sector:

Innovations are new or significantly improved goods, services, processes, organisational and governance forms or concepts that are introduced to enhance value creation and/or for the benefit of society.

The programme will promote research-based and research-supported innovation within and across the services and encompasses several types of innovation in the public sector, including process innovation, product or service innovation, governance innovation and conceptual innovation.⁷

The programme will give priority to research and innovation within and across the publicly-funded health and care services, labour and welfare services, and child and family welfare services.

3.2 Coherent public services and integrated patient and user pathways

Better coordination between the health and welfare services is needed if these services are to be coherent and integrated for patients and users.

⁷ De Vries, H., Bekkers, V. and Tummers, L. (2016), Innovation in the Public Sector: A Systematic Review and Future Research Agenda. *Public Administration*, 94: 146–166. <http://doi.org/10.1111/padm.12209>.

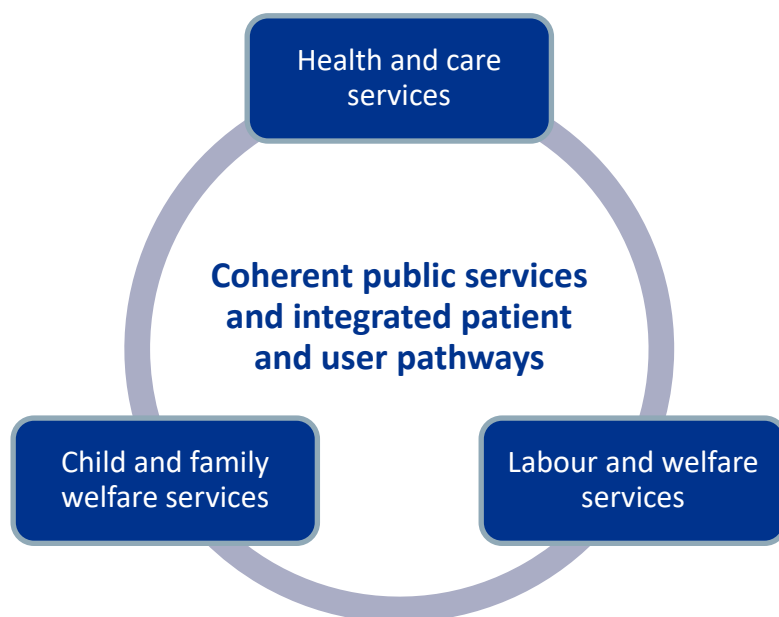


Figure 1. Coherent public services and integrated patient and user pathways

The reforms in the health and care sector, child welfare services, and labour and welfare sector have an impact on and are significant for the interaction between the sectors in a variety of ways. This applies to cooperation on the array of services provided to the individual user, the way services are organised at the local level, and the overall set of services that society offers.

The programme will give priority to research and innovation activities that address challenges extending across subject areas, service levels, sectors and reforms and that foster more integrated public services for inhabitants and better coordination in patient and user pathways.

Examples where such an approach between services is called for include:

- mental health and somatic health services;
- primary and specialist health care services;
- mental health and alcohol and drug abuse treatment services;
- labour market inclusion and health and social services;
- child welfare services and health services for children and adolescents;
- services for people with a multi-faceted, complex service need.

3.3 Cross-cutting themes and research areas

The programme will facilitate better integration of knowledge and enhanced coordination by providing funding for cross-sectoral research and innovation. Figure 2 summarises some of the most critical cross-sectoral knowledge areas that the programme will prioritise.

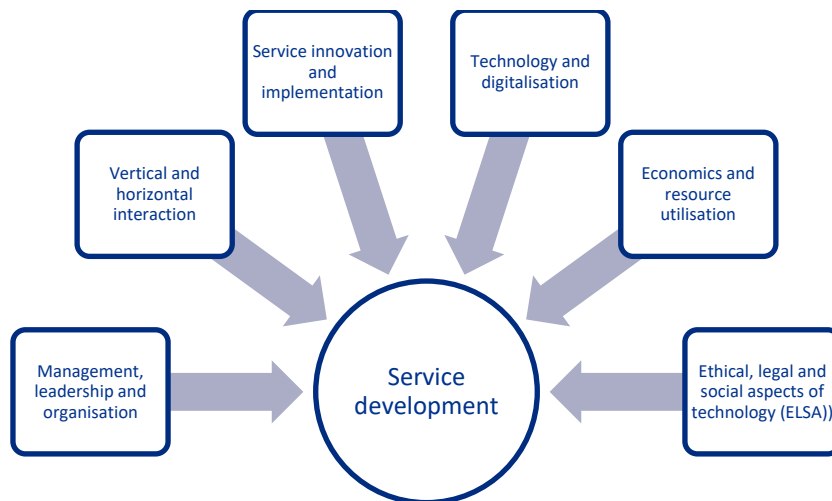


Figure 2. Cross-cutting themes and research areas

3.3.1 Management, leadership and organisation

There are great demands being placed on leadership and management in the public sector today. The health and welfare services carry out some of the welfare state's most important, but also most complex, tasks. The services are facing new management and leadership challenges, especially because research and technological development create new possibilities for and forms of treatment, and because the organisation of the sectors and between administrative levels is complex and under constant change. At the same time, there is a need to ensure the efficient use of resources and to prioritise the services to be provided within the common framework. There is a great need for cooperation and coordination. In addition, more knowledge is needed about the effects of organisational, management, cooperation and financing models and about what impedes and promotes implementation of new knowledge and innovation in the services.

Complex joint problems require action from a variety of actors – across sectoral boundaries and administrative levels, and across the dividing line between the public and private sectors. A form of co-management has been established between the state and the municipalities in the local offices of the Norwegian Labour and Welfare Administration (NAV). The complexity changes the relationships between the actors – public agencies, the volunteer sector, private companies – and gives rise to challenges related to management and leadership. Although the topic of co-management has received great attention internationally in recent years, the knowledge gaps remain large, and there is a need for research on how the various forms of management can help to enhance quality and user satisfaction in the services.

3.3.2 Vertical and horizontal interaction

Sector management by the central government combined with weak cooperation and coordination may make it difficult to achieve good interaction between the levels. A distinction may be drawn between vertical and horizontal interaction. Vertical interaction refers to interaction between the various administrative levels, such as between the state and municipalities or between central and local government administration or corresponding administration in the municipalities. Horizontal interaction entails various sectors or policy areas at the same level, such as within the specialist health care services or between the health care sector, schools, environmental concerns and transport in the municipality or state.

The municipalities play a critical role in all of the Nordic welfare states. Municipalities ensure political participation and adaptation of public service production to variations in demand. At the same time, it is largely the state that regulates the municipalities' areas of responsibility and latitude for action as a means of ensuring equality and standardisation of services. In recent years the municipalities have been given tasks in the area of health that are highly specialised and resource intensive, and which display great variations in demand. There is a need for knowledge and expertise that can strengthen vertical and horizontal interaction.

3.3.3 Service innovation and implementation

New professional knowledge, political reforms and changes in the statutory framework create a need for development and changes in the services. There is a general trend to strengthen the user's role and influence in the development of the services and in the actual provision of services and to define the user's needs and those of the services as equally important. In recent years more attention has been directed towards the use of service design and methods for analysing and developing patient and user pathways. There is a need for knowledge and expertise about the use and ramifications of service design and other methods for the development of patient and user pathways. In most cases, the introduction of new technology will induce changes in work routines, organisation and distribution of tasks. To take full advantage of the opportunities inherent in technological development, developments in this area must be followed up with research and service innovation.

The aim of implementation research is to reduce the gap between research and practice by developing and evaluating measures that are implemented. There is a great need for studies of how new knowledge is implemented in service provision, how service development and innovation take place, and which business and value creation models underlie this development. Follow-up research will generate knowledge about how measures and innovations are implemented in the services. This may also provide insight for the users who are supposed to benefit from the measures and the services.

3.3.4 Technology and digitalisation

Greater use of innovative procurements and development of standardised interfaces for solutions and products are essential to the development of the services. There is a need for research that helps to enhance the innovation effect of procurements and to bolster efforts related to standardisation and interoperability in the health and welfare services.

New technology creates opportunities to develop new and existing services, improve coordination and enhance efficiency. By the same token, digitalisation and the introduction of new technology may have unintended consequences for the individual and for the system, for example in the form of increased pathologisation and overdiagnosis. The programme will encourage trials of technological solutions in the health and welfare services to gain knowledge about how the solutions may be integrated into the services and simultaneously give recipients better opportunities to manage their own lives and health.

The development of technological solutions requires research on the importance of the technology for the services, for example in the form of technical aids, diagnostic instruments, user interfaces, access to information, communication between service providers and recipients, and importance for/of organisation and work processes. Concrete technology and digitalisation projects should be followed up by process and impact studies that show where learning has occurred and the degree to which project objectives (benefit realisation) and health policy objectives (quality, patient safety, user friendliness, accessibility, cost effectiveness) have been achieved.

3.3.5 Economics and resource utilisation

The Norwegian welfare state is grounded in widespread agreement that basic welfare benefits are a public responsibility. At the same time, Norway has a history of using private solutions, deductibles and various incentives in the health and welfare sector as a means of keeping costs down. Norway's public investment in social welfare is one of the highest in the world. The accepted principle that equal services are to be provided to the entire population regardless of where they live or how much they earn means the demand for these services can easily exceed what is possible to meet. Efficient services must be based on reasonable financing systems and methods of priority setting and regulation.

Knowledge about economic conditions in the services is needed at both macro and micro levels. For example, socioeconomic analyses, cost-benefit analyses, studies of economic incentive schemes, and priority and distribution analyses will be important under the programme.

3.3.6 Ethical, legal and social aspects of technology (ELSA)

The development of new technology, such as in ICT and welfare technology, makes it possible to offer new and existing services in a better, more efficient manner. But this may also challenge fundamental values and general ethical principles related to personal privacy and the right of self-determination. There is a need for general knowledge about development and innovation in the services together with knowledge about the effects and consequences of specific changes and innovations related to ELSA aspects.

The principle of accessibility and universal design is intended to ensure equal access to the services for all, regardless of level of functionality. There is a need to learn more about how to provide everyone with equal access to the services.

4 Priorities for structuring the research effort

4.1 Types of support

A wide array of Research Council funding instruments and types of support will be used to achieve the programme's objectives and support the programme's strategic priorities. The types of support and funding instruments will be adapted to the programme's needs. The programme will also help to further develop the Research Council's funding instruments.

Several of the research areas encompassed by the programme are under-researched, and the programme will therefore attach special importance to developing quality and competency in areas that traditionally have not been characterised by high-quality research, international cooperation and publication. This will call for long-term efforts with sound analyses of the reasons why some areas are under-researched, combined with targeted quality-promoting and competence-building measures. A strategic focus on cooperation, task distribution, consolidation and mergers, across subject areas, professions and institutions, will be employed to develop dynamic research groups that can deliver high-quality research of relevance to diverse users.

The programme will also facilitate the development of strong research groups and researcher networks across the traditional subject areas in the context of the interaction between the services. Services research is by nature multidisciplinary, so the programme will therefore seek to facilitate greater cooperation between researchers from different fields as well as projects that employ

multidisciplinary approaches to the research questions. Relevant subject areas include health and social care subjects, social science subjects, humanities subjects, economics subjects and technology subjects.

Practice-oriented research is based on professional practice and experiential knowledge. The field encompasses knowledge development using a variety of theoretical perspectives and methodological approaches. The programme will develop research quality, methodology and work methods that result in better organised, more efficient services based on user needs. The Programme for Practice-based R&D for the Health and Welfare Services (PRAKSISVEL) will play an important role in this context. The projects must be practice-based and document ties to users, the field of practice, the services, relevant educational programmes and high-quality research groups.

A key objective of the HELSEVEL programme is to enhance value creation in the health and welfare services through innovation, implementation of research results and increased interdisciplinary expertise. Examples of value creation in this context include higher service quality, better horizontal and vertical interaction within the service system, and greater efficiency. The programme will employ targeted measures that encourage the services to utilise the research results by implementing trials and innovation projects and following up innovation processes with follow-up research and evaluation. The programme will initiate projects that implement new technological solutions for service organisation, conduct follow-up research that sheds light on the measures and innovations implemented, and study the effects of the service innovations.

The programme will promote new forms of project establishment that involve more dialogue (e.g. meeting places, focus groups, user forums, etc.) with interested parties in advance of funding announcements. Various forms of user involvement in project development and project participation will be explored, and projects will be required to incorporate cooperation to ensure user involvement and relevance.

The programme will also employ a new project approach, user-identified research, which involves defining and prioritising research needs based on documented knowledge gaps (systematic knowledge summaries, the Health Research Classification System (HRCS), health technology assessments, etc.) and use of one or more broad-based panels comprising representatives of users of the research, i.e. patients/users/family members, public administration/service providers, researchers and clinicians.

4.2 Type of research

The programme will primarily provide funding for applied research, practice-oriented research, and development and innovation projects. In keeping with its objectives, the programme will provide funding for basic research only to a limited degree. Research on effects and measures, pathways, comparative studies, and research based on existing registry data, medical quality registries and other sources of health and welfare data will be encouraged.

Research projects may employ both qualitative and quantitative methods. The research questions and problems to be explored will determine the theoretical basis and choice of methodology. Contributions from multiple disciplines will often be necessary to shed broad light on and analyse a full problem complex.

To be eligible for funding under the programme, projects must clearly describe the anticipated benefits of the project for the services and the users. Anticipated benefits are an indication of the

impact and benefit the project results will have for the relevant users, the research field and society at large.

4.3 User perspectives and user involvement

To achieve high service quality and ensure that the services are perceived as beneficial by those concerned, it is necessary to incorporate experiences and views from users and service providers into project development and knowledge application. User involvement must be part of all phases of the research and innovation processes funded under the programme, and an explanation must be provided in cases where user involvement has not been considered. The users' needs, together with society's resources, the existing knowledge triangle and knowledge about the disease burden, inclusion in working life and social problems, must serve as guideposts in setting priorities for the programme as a whole and for the content of the individual projects.

4.4 International cooperation and comparative research

International research cooperation leads to greater capacity and higher quality in Norwegian research, and provides access to new research findings, expertise and broader perspectives on methodological approaches. Comparative studies of solutions or measures (e.g. between countries, regions or municipalities) expand opportunities and produce clearer findings. In addition, comparisons of various approaches to innovations may enable the use of experimental design. To be of value, comparative studies must take into account the need for various national solutions to be relevant for Norwegian framework conditions. In turn, Norway's obligations in a global context strengthen the value of the projects when they produce generalised findings that can be applied in other societies.

The programme will promote expanded international research cooperation through the guidelines in its funding announcements and by providing funding for international conferences and overseas research grants.

4.5 Gender balance and gender perspectives in research

In accordance with the Research Council's policy for gender balance and gender perspectives in research and innovation, the programme will facilitate the incorporation of gender perspectives as an integral part of the research it funds. It will also work to promote increased recruitment of women to subjects where the percentage of women is low and to develop initiatives to boost the proportion of women in permanent academic positions.

Gender perspectives are increasingly important in the health and welfare services on many levels. Biological differences and sociocultural and ethnic variations related to gender must be taken into account when dealing with a diverse patient and client group. The gender dimension is especially critical with regard to the services as a workplace.

4.6 Social dialogue and meeting places

Research under the programme must have a cumulative perspective, and form the basis for new knowledge development for the research community and the field of practice. The programme's results must have an impact and be important for politicians, for the public health and welfare administration at all levels, for all professions, users, family members and their organisations, and for trade and industry as well as society at large. A wide array of communication and dissemination activities are needed.

Results from the programme may be disseminated in various ways:

- scholarly publication and international scientific dissemination;
- popular scientific dissemination (articles and news briefs);
- knowledge transfer between research, education and the field of practice within projects;
- use of project results within education;
- use of project results within the field of practice/services;
- knowledge transfer from the projects to relevant fields of practice/services.

Dissemination activities will be tailored to the various programme objectives. The responsibility for communicating, disseminating and implementing research results lies primarily with the research environments, but the programme will encourage better utilisation of results from the projects it funds. Importance will also be attached to more long-term implementation of new knowledge in the services. The programme will help to compile data about how this follow-up takes place.

5 Interfaces with other instruments

5.1 International instruments

The HELSEVEL programme shares an interface with a number of relevant international instruments.

The EU Framework Programme for Research and Innovation, Horizon 2020, is a prioritised source of funding for Norwegian institutions. Project collaboration and co-publication with European colleagues have risen significantly over the years. However, compared with the other Nordic countries, Norway has considerable room for improvement with regard to applying for, and receiving, funding from the EU.

Health, Demographic Change and Wellbeing is one of seven Societal Challenges under Horizon 2020. Europe's ageing population, an increasing disease burden – both communicable and non-communicable diseases – and the consequences of the European crisis form the backdrop for identifying “personalising health and care” as a focus area.

EU research policy has increasingly promoted cooperation at the programme level. This development is being continued under Horizon 2020 with greater focus on addressing societal challenges through coordination of national and European research and research funding. The programme will take part in such initiatives within its thematic priority areas.

At the Nordic level, NordForsk, in cooperation with the Nordic Council of Ministers and the Nordic research councils, has established a programme that will study the historical development of the Nordic welfare model and the capacity of this model to adapt to a changing society.

5.2 Coordination with other instruments at the Research Council

The HELSEVEL programme cooperates closely with the Research Council's broad-based health research programmes: the Research Programme on Better Health and Quality of Life (BEDREHELSE), the Research Programme on High-quality and Reliable Diagnostics, Treatment and Rehabilitation (BEHANDLING), and the Programme for Global Health and Vaccination Research (GLOBVAC). Each of

the health programmes has its own focus areas. The BEDREHELSE programme is targeted towards health-promotion and prevention, as well as the causal aspects of health, ill health and quality of life. The BEHANDLING programme is targeted towards the outcomes and efficacy of diagnostics, treatment and rehabilitation. The GLOBVAC programme addresses long-term improvements in the health status of individuals and the reduction of health inequalities for poor people in low- and middle-income countries.

The health research programmes will prioritise their research areas within an integrated framework to encourage new scientific synergies and cross-sectoral efforts, and will cooperate on activities such as joint funding announcements and meeting places when this is appropriate.

The HELSEVEL programme also shares an interface with other Research Council activities and initiatives, including the new programme under planning that will replace the Research Programme on Welfare, Working Life and Migration (VAM II), the Programme on Research and Innovation in the Municipal Sector (FORKOMMUNE), the Programme for Research and Innovation in the Educational Sector (FINNUT), the Research Programme on Democratic and Effective Governance, Planning and Public Administration (DEMOS), and the funding scheme for independent projects (FRIPRO). Many of the programme's activities will be relevant for the regional initiatives. There is a need for collaboration on innovation research in various areas, especially within ICT. Technology research and business sector initiatives (especially the Programme on User-driven Research-based Innovation (BIA)) will be important areas for cooperation.

Focus will also be placed on cooperation with other Research Council activities in order to further develop and strengthen access to data (especially the National Financing Initiative for Research Infrastructure (INFRASTRUKTUR) and the Programme on Human Biobanks and Health Data (BIOBANK)). The programme will also facilitate cooperation on funding announcements and scientific programme activities.

6 Anticipated results, impacts and societal outcomes

The programme seeks to generate knowledge that addresses critical challenges to society. The objectives developed for the programme have their starting point in challenges facing the health and welfare sector, which are broadly described in key sectoral and research policy documents.

Continual follow-up and monitoring are necessary to ensure that the programme is developing in the right direction. The follow-up measures will be set out in the programme's action plans and in the planning of calls for proposals and further development of the programme. The programme will be monitored mainly through portfolio analyses and summary reports from the projects and in summaries from the programme's various focus areas during the programme period.

After some years, the need for a status review or external evaluation of the programme will be considered. An evaluation may look at the programme's scientific content, achievement of objectives, results, impacts and societal outcomes or assess whether the programme is organised in a manner that is conducive to achieving the programme's objectives.

The programme has high aspirations regarding user involvement in the research projects and the benefit of the research. This will be followed up, and the programme's annual report will address the extent to which these objectives have been achieved.

The Health Research Classification System (HRCS) will be used in analyses of the segments of the portfolio encompassing health-related projects. The HRCS classifies all research in the area of health within all fields and disciplines along two dimensions: the type of research activity and the type of health or disease being studied.

The programme will also actively incorporate the Health&Care21 monitor. This monitor compiles knowledge about resource use, results and impacts of research and innovation in the health and care field, and includes indicators for all of the focus areas in the Health&Care21 strategy. The monitor will be an important management tool for the various actors in their efforts to follow up the Health&Care21 strategy.

6.1 Results

The programme will fund activities and set priorities that lead to a wide range of results within the programme's thematic priority areas.

6.1.1 Scientific discoveries and scholarly publications

Projects awarded funding under the programme are expected to yield relevant, useful scientific discoveries and innovations.

Indicators for measuring knowledge production during the lifetime of the programme are:

- number of publications;
- quality of the publications, measured by citation frequency and the journals' impact factor;
- relevance of the publications, measured by the thematic alignment with the programme's thematic priority areas;
- number of publications with authors from multiple subject areas, service levels, regions and/or sectors;
- number of publications with users as co-authors.

6.1.2 Doctoral degrees

The programme seeks to enhance competency within all the services it encompasses. This includes educating personnel with research expertise in these services.

Indicators for measuring competency development during the lifetime of the programme are:

- number of doctoral degrees completed;
- number of doctoral degrees completed within the relevant services.

6.1.3 Service development and innovation

The programme seeks to promote service development through practice-based research and innovation projects.

Indicators for measuring innovation activity during the lifetime of the programme are:

- number of patents obtained by projects funded under the programme;
- number of methods, processes and services developed or improved based on research results generated by projects funded under the programme.

6.1.4 New researcher networks and collaborative constellations

The programme seeks to encourage interdisciplinary, cross-sectoral and multidisciplinary research across the services.

Indicators for measuring the extent of interaction between the various actors and segments of the services during the lifetime of the programme are:

- number of new researcher networks and collaborative constellations with participants from multiple subject areas, disciplines, research sectors and/or service levels.

6.1.5 Increased internationalisation

The programme seeks to promote increased internationalisation of Norwegian research and increased participation in international projects.

Indicators for measuring the extent of international research cooperation and international knowledge sharing during the lifetime of the programme are:

- number of international partners in research projects funded under the programme;
- number of project managers that apply for international research funding for their projects.

6.2 Impacts

The results of the programme's activities are expected to be implemented and to be of significance for development of the services, educational programmes and the research system. This is expected to be reflected in new and revamped services, expansion of practice-oriented research in educational programmes, and more cooperation, greater consolidation and better task distribution in the field of services research.

Furthermore, it is anticipated that the programme will increase user involvement in the research and cooperation between researchers and users.

The programme will promote increased participation in projects with funding from international sources, among other things in the form of a higher returns share from Horizon 2020 (the EU).

Indicators for measuring the impacts of the programme's funding of research projects and research groups during the lifetime of the programme include:

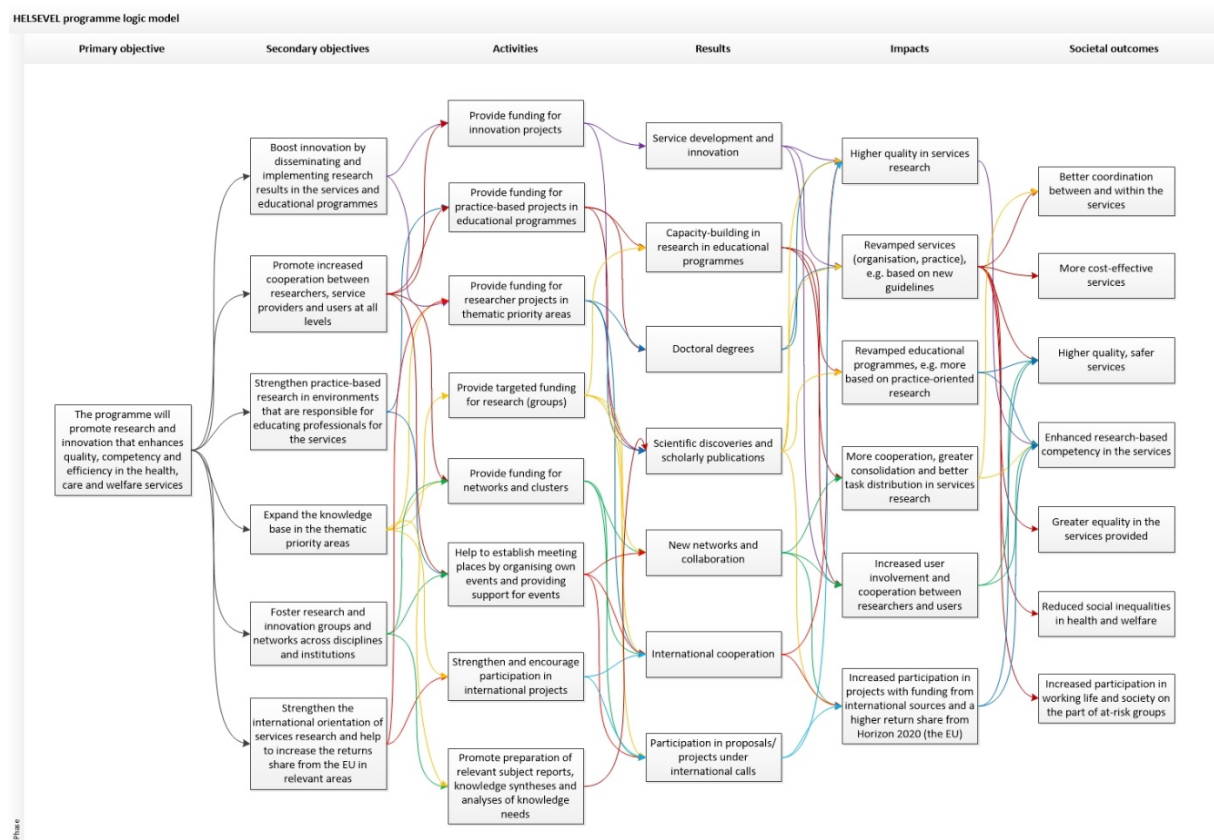
- number of new or revised guidelines and procedures that can be traced back to projects funded under the programme;
- number of projects that include cooperation between educational programmes with short research traditions and the services;
- number of projects involving multidisciplinary cooperation across institutions;
- number of project managers under the programme that subsequently receive research funding via calls for proposals under international funding schemes.

6.3 Societal outcomes

The overall societal outcome of the activities under the programme is expected to contribute to developing the sustainable health and welfare services of tomorrow. This includes among other things:

- better coordination between and within the services;
- more cost-effective services;
- higher quality, safer services;
- enhanced research-based competency in the services;
- greater equality in the services provided;
- reduced social inequalities in health and welfare;
- increased participation in working life and society on the part of at-risk groups.

Diagram of the programme logic model for the HELSEVEL programme



7 Resources and budget

The programme is funded by the Ministry of Health and Care Services, the Ministry of Labour and Social Affairs, the Ministry of Children and Equality, and the Ministry of Education and Research. The Ministry of Education and Research allocates funding to the programme both via cross-sectoral allocations and funding for practice-oriented R&D in vocational/professional educational programmes with short research traditions.

The programme will have a greater impact if all of the ministries make a financial contribution. Each ministry may focus on its own main areas of responsibility, but it will also be possible and important to address the interfaces between them. In this case, cross-sectoral allocations from the Ministry of Education and Research will be used. As a result, the ministries will obtain research results not only in keeping with their own political guidelines, but also beyond each individual ministerial area. The various thematic priority areas will be phased in according to the ministries' allocations. The programme will submit annual reports establishing that the activities are in keeping with the guidelines stipulated in the ministries' respective allocation letters and in alignment with their sectoral responsibilities. The budget for 2017 is shown in Table 1.

Table 1. Budget 2017

Financing ministry	Budget 2017
Ministry of Health and Care Services	127 816 000
Ministry of Labour and Social Affairs	30 409 000
Ministry of Children and Equality	7 363 000
Ministry of Education and Research	9 217 000
Ministry of Education and Research, cross-sectoral allocations	30 000 000
Total	204 805 000

8 Governance and organisation

The programme is administered under the portfolio board for Health and the portfolio board for Welfare, Culture and Society. The portfolio board is responsible for a number of programmes and helps to realise the investment targets and budget objectives of the overall portfolio. The board ensures that analyses are conducted within the portfolio's area of responsibility and uses these as the basis for drawing up portfolio plans and action plans. Activities within the portfolio are also to reflect guidelines set out by the Executive Board, the allocating ministries and other funding sources. The portfolio board acts on behalf of the Research Council and reports to the Executive Board via the Research Council administration.

See [here](#) for an overview of the portfolio boards and their respective members.

Portfolio administration


The portfolio administration works closely with all the programmes encompassed by the portfolio and carries out the day-to-day activities as well as administrative tasks relating to the portfolio board, portfolio and budget objectives. The portfolio administration is also responsible for ensuring that the decisions of the portfolio board are implemented.

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This work programme is based on the following documents (with links):

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