Response to NHS Chief Executive’s Open Call for Evidence and Ideas

Respondent ID: 88

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FROM THE WESSEX HEALTH INNOVATION AND EDUCATION CLUSTER (HIEC) PARTNERSHIP

RESPONSE TO NHS CHIEF EXECUTIVE INNOVATION REVIEW

24th August 2011

Dear Sir Ian,

I am writing on behalf of our partnership of more than 401 local organisations in response to your consultation. I particularly welcome this consultation as our interest in supporting effective innovation is evidenced by the enthusiasm of the partnership for establishing the Wessex HIEC, enthusiasm which continues to support a range of local activities which we believe are now tackling the many challenges you identify in your consultation brief.

We have participated in the development of the national response from the HIECs established in England and clearly we support the points made in that response2 with regard to how HIECs have been working to actively address innovation challenges locally, particularly in the difficult areas of ‘adoption and spread’. We are now approximately half way through our initial programme but we believe we have already made significant inroads in enabling our partners to work more closely on shared challenges through a number of shared projects. A summary of some of the main achievements we have already ‘chalked up’ is included below3.

In the second half of this initial phase we are planning a series of events and activities to demonstrate and take forward a high level of local engagement. In particular (and amongst others) this will include:

- The launch of our ‘Podcast Innovation Platform and Education Resource’ (PIPER) and associated web based discussion and development forums, accessible to any member of the Wessex health and social care community. This will act to promote the identification, sharing and spreading of good practice.

- A range of shared activities to develop local telehealth/care initiatives. These will be enhanced if we or our local partners are successful in being included in the Technology Strategy Board’s ‘DALLAS’ funding programme.

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1 Listed at appendix 2
2 Attached as Appendix 3
3 Appendix 1
We have reviewed a pilot ‘Enhanced Supported Discharge’ scheme promoted by Southampton University Hospitals Trust and are now working with Dr Damian Jenkinson and the Royal Bournemouth and Christchurch Hospitals Trust on developing all the materials to support effective community based support for Stroke Patients, enabling them to leave hospital earlier, free up beds and get better more supportive treatment at home. This will be networked across the Wessex area.

The impact of alcohol misuse is growing and has seemed an intractable problem for the NHS. We are developing effective hospital based responses which have been shown to dramatically reduce unnecessary admissions. Supporting all the hospitals in Wessex to take up such schemes will mean a serious reduction in the misuse of beds because of alcohol – and a healthier population.

These initiatives are concrete demonstrations of how we have sought to:

- Build enthusiasm and support the people who are trying to do things differently, ensuring they have the tools they need
- Align with existing networks and change programmes where appropriate
- Promote opportunities for those ‘good ideas’ from all parts of the health and care economy to become ‘common practice’ across Wessex
- Highlight and promote the good work being done across Wessex, make sure the innovators are rewarded for their willingness to manage the risks in making change – and share that skill with others
- Provide a framework within which managed risks can be taken and lessons quickly learnt so that others do not have to take the same risks in their developments
- Build the basis for our partnership to take a long view, seeing that some risks are worth taking if we can all benefit in the longer term
- Working with undergraduate and postgraduate training programmes to ensure staff are exposed to the new solutions quickly as part of their core learning programmes

We believe we are shaping the tools to support the rapid transfer of good innovative practice including:

- Project management and innovation transfer facilities and expertise (organisational change project in Southern Health NHS Foundation Trust, the ‘PIPER’ website with podcasts of change agents making ideas accessible to all)
- Local, responsive and personal support for change agents (Telehealth/care network)
- Light touch, cost effective expertise without pre-conditions, contracts and unnecessary bureaucracy (e.g. providing support to the Stroke Care Enhanced Supported Discharge programme at Bournemouth)
- Connections and bridges across our local geography, as well as a point of access to other national developments (e.g. Reducing impact of alcohol misuse on hospital services,
Building links with local commercial suppliers, for example, in telehealth/care. We are working on how innovation development partnerships can be procured effectively as this has been a stumbling block in what is still a developing market place. We believe such approaches will be needed to properly link the NHS world to development opportunities offered by the commercial world.

In response to the specific questions you have asked in the Review, we offer the following observations based on our experience of actually changing the dynamics of innovation management in Wessex:

**Learning from elsewhere about adoption and spread**

In developing our programme we were very mindful of innovation and creative management theory and practice. What this fundamentally suggests is that there is no single method for managing and promoting innovation. Some ideas come from planned initiatives, some are ‘happy accidents’ and some come from staff on the ground re-thinking their work in different ways. What has been most important to us in practice is to be prepared to use a number of different methods for managing innovation adoption to fit with people, circumstances and goals. Of course it’s useful to have a lot of tools in the tool box and these can be drawn from management theory and practice from around the world, but it’s the skill in local application which is as relevant.

Naturally many ideas should also come from research programmes. We are aware from our experience that there is sometimes a mismatch between establishing ‘new knowledge’ through research and actually organising programmes to apply the new knowledge into practice. Although we often think we do this poorly in Britain, this is to ignore a lot of routine work which goes into teaching and training programmes to promote the use of this knowledge without anyone realising that we are in the business of knowledge transfer. The difficult part is for established service systems to adjust and develop on the same time scale. The HIEC programme links research, practice and education. In the short lifespan of HIECs it is not possible to demonstrate the impact of long term research programmes in changing practice but we firmly believe this link must be maintained and it will be developed through this triangular linkage. This will be both by encouraging researchers to build closer links with practice as they form their research bids and manage their programmes, as well as by ensuring that the material which goes into teaching programmes also influences practice development and vice versa.

**Actions at a national level in the NHS**

While many effective ideas do come from national studies and policy programmes and need to be promoted through ‘top down’ requirements, these would always benefit from support to ensure
that the local translation of these programmes achieves the desired goal and not a whole set of ‘unintended consequences’. Local support work can ensure the full impact of the programme is delivered locally. Collaboration between such activities can help people to borrow and re-use proven tools and techniques. On the other hand it is also important to encourage ‘bottom up’ ideas and good practices but you then need agencies which can support adoption and spread by others both locally and nationally. HIECs operate in this middle ground supporting communication both upwards, downwards and also horizontally. National action can therefore be to ensure good middle ‘go-between’ agencies act to connect national policy ambitions to good local practice and vice-versa.

**Actions at local level in the NHS**

There is substantial personal commitment required of and given by health and care workers in the health and care business. There is every wish to continually improve the services provided to patients, and substantial frustration when an effective service cannot be delivered. The innovator and developer in every member of staff needs to be given the support to make change happen. Our approach has been to make access to the good ideas and the methods for getting good ideas adopted available to every member of staff – and indeed patient. This is all a part of supporting a culture of innovation, change and improvement at a local level. Working closely with Trusts, patient and community groups, professional and clinical networks, local innovation agencies can help people to make change happen locally more quickly and more effectively than would otherwise be the case. A continual theme in our work is avoiding the re-invention of the wheel but being sensitive to the range of organisational and personal dynamics which can deliver change across many different locations. We call this a ‘Local Innovation Partnership’. It is working in our area, we need national support to continue and extend it. The requirement of clinical commissioning groups to promote innovation will also be achieved through their contribution to this mechanism.

**Actions by NHS Partners**

University research and teaching functions are a core part of our local partnership, the Wessex HIEC has the full involvement of the major research and teaching departments. Local authorities are involved, e.g. as major local telecare providers and in their role in developing Health and Well-being Boards. Social Services have been directly involved in several of our projects. Third sector and commercial agencies are engaged in our conferences and workshops bring their knowledge, skills and ideas. There is a great deal of goodwill (and obviously collective self interest) towards the delivery of effective health and care services. There is no one single action required of any of these partners but through a range of different approaches, the Wessex HIEC has been able to galvanise energy, commitment and real involvement in local change programmes. An area which could be promoted is to build better linkages between research and development funding so that research sponsored by the NHS is more directly linked to funded development and adoption programmes for partner agencies. This would ensure the energies in research and evaluation were more deliberately linked to innovative change.
In conclusion, our experience in delivering a local HIEC has been entirely positive. Naturally there are a range of approaches taken by different HIECs across England but we would urge you without hesitation to ensure that ‘Local Innovation Partnerships’ are a clearly supported part of the innovation infrastructure for the NHS and care services.

Yours sincerely,

[Signature]

Professor Jessica Corner
Chair, Wessex HIEC Partnership
Appendix 1
Wessex HIEC 2010 - 2011 – Leading and delivering innovation initiatives

Embedding and delivering innovation

A Wessex HIEC project means that asthma patients across Wessex can expect to have 25% fewer hospital admissions following the spread of good practice in improving inhaler use. Based on proven experience in the Isle of Wight, 150 nurse and pharmacist practitioners in the Wessex area have been trained to help their patients achieve better control and management of exacerbations, reducing the likelihood of needing hospital admission.

Patients on the Isle of Wight will benefit from more efficient services as a major service integration project, supported by a HIEC consultancy, improves home based care and reduces the need for hospital admissions.

More neurological patients will be able to have planned care outside hospital as Southern Health NHS Foundation Trust build a new neurological care pathway based on a design model delivered by Wessex HIEC.

Identifying and promoting innovation:

Patients will get home more quickly after hip and knee surgery as hospitals focus on introducing proven best practice in before and after care. The Wessex and Thames Valley HIECs sponsored and jointly managed a ‘masterclass’ workshop on promoting ‘Enhanced Recovery’ techniques, attended by 150 clinicians.

More patients could leave hospital earlier if other hospitals adopted ‘healthcare at home’ supported discharge schemes. The HIEC evaluation of a pilot hospital discharge and outreach project proved the benefits of a scheme to reduce length of stay while assuring quality of clinical care.

The Wessex HIEC Telehealth/care ‘Expo’ in June 2011 promoted telehealth/care opportunities and build the local support networks to enable effective implementation of proven schemes.

Joint working to tackle innovation challenges

More efficient use of expensive simulation resources across the Wessex area will mean greater opportunities for using simulation in clinical training, following a review and consortium building exercise by the Wessex HIEC.

Reducing the cost of developing telehealth/care through bidding for a £5m Technology Strategy Board fund as a Wessex Consortium.

Appendix 2

Wessex HIEC Partnership Members:
Appendix 3

NHS CHIEF EXECUTIVE INNOVATION REVIEW

THE NATIONAL HIEC NETWORK RESPONSE

August 2011

1. INTRODUCTION AND SUMMARY

1.1 This response focuses on the role which local innovation partnerships play in delivering successful innovation in the health and care sectors, as pioneered through the Department of Health’s investment in Health Innovation and Education Clusters (HIECs). It has been prepared by the current HIEC Directors as a collective input to the consultation but also to support their own independent submissions which will focus on evidencing local achievements from the HIEC investment. It addresses what can be learnt from the HIEC programme in relation to the key questions raised in the Review.

1.2 Many of the challenges set out in the consultation are recognised as real and enduring blocks to innovation across the health and care sector in the UK. This response captures what has been learnt through the Department of Health’s investment in the ‘HIEC experiment’, itself an innovative commitment to enabling innovation to flourish at a local level. HIECs have tackled the particular challenge of ‘adoption and spread’ and HIEC enterprise and investment has shown how this can be delivered at a local level. Joint working between HIECs has also started to flourish and improved co-ordination at a national level could also now enhance alignment with national priorities.

1.3 Individual responses from HIEC partnerships will deliver practical evidence of the return now being delivered on this investment, even at this early stage of development. There is potential for these returns to multiply as local developments take root and evidenced successes are transferred more easily to other areas.

1.4 The benefits of this investment must be captured and included in the way forward. Diversity in local approaches has been a real strength, however success has also depended on investment at both national and local levels. HIECs have proven the benefit of this investment in their brief existence to date, and are building the basis for locally supported longer term partnership based programmes.

1.5 Local Innovation Partnerships should now build on these achievements. The knowledge, skill and experience of the existing HIECs should be the foundation of a continuing local investment in promoting innovation.

2. THE IMPACT AND RELEVANCE OF THE HEALTH INNOVATION AND EDUCATION CLUSTERS

2.1 Seventeen Health Innovation and Education Clusters (HIECs) have been actively delivering regional and local innovation since their formation in the spring of 2010. Originally planned to establish their activities over three years, but with most now seeking new financial support from the spring of 2012, they have demonstrated considerable local success in tackling many of the innovation challenges identified in the Chief Executive’s review.

3. THE HIEC MODEL

3.1 HIECs have developed structures and priorities in response to their local context; regular contact between HIECs has enabled exchange of good practices to support and inform locally owned partnerships in delivering local change.
3.2 The core foundations of the local HIEC programmes lie in:

- Local COLLABORATIVE partnership working to connect whole systems and cross organisational and bureaucratic boundaries
- Genuine local SPREADING of innovation knowledge and delivering ADOPTION of innovative change at speed
- Demonstrating good EVIDENCE BASES for ‘home grown’ or ‘imported’ innovations
- Engaging with RESEARCH programmes to capture and actively implement findings
- Providing COMMISSIONERS with the rationale for change
- Informing and using EDUCATION and TRAINING programmes to change cultures and engage staff in new skills and approaches
- ALIGNMENT with other improvement initiatives while remaining sensitive to local contexts

4. LOCAL SOLUTIONS FOR NATIONAL PROBLEMS

4.1 HIEC programmes demonstrate a range of initiatives which have improved QUALITY and PRODUCTIVITY through well executed innovation programmes, helping to challenge the ‘risk averse’ nature of public sector management. There is much more to be achieved through this local level engagement because local HIECs:

- work on the ground, flexibly and at speed but with ‘political’ support from local boards
- manage risks to find out what actually works in practice settings
- integrate resources and exploit expertise from different sectors
- can work on very local demonstrators or cross Trust and LA boundaries, and can also collaborate together on regional programmes to drive change at the most effective level
- promote and sustain local change networks, supporting key clinicians and managers who own their own change programmes
- are inclusive, for example, of the small organisations, commercial interests, rural communities and the very ‘individual’ ideas

4.2 In a very short time, HIECs have shown how to:

- Overcome blocks to innovation
- Keep working in a fast changing landscape, independently of organisational limitations
- Speed up adoption from ‘bench to bedside’
- Respond to financial pressures by promoting high quality solutions with reduced costs

5. MEETING FUTURE INNOVATION CHALLENGES

5.1 Of course the HIEC model is capable of adaption and change, innovation organisations have themselves to demonstrate their capacity to continually evolve. Across the national HIEC spectrum there are lessons for future innovation strategy in the NHS and care services which address key questions in the consultation document:
| Aligning system incentives to support and encourage innovation | HIECs have captured improved benefits for patients and reduced costs for providers, and demonstrated how these can be captured through delivery. They have engaged the critical actors and drawn on a range of change management techniques to make this happen. Promoting early results is breeding future confidence. |
| Create expectations for improvement from change | Using local stories has been an effective motivator: people, for example, adopting telehealth/care have been the best advocates for change |
| Reward good practice | Organisations championing change are given a positive local profile, clinicians and managers in those organisations are used as ‘innovation fellows’ to promote system wide change. Champions are not left isolated to ‘do their best’ but given real system wide support and leverage. |
| Experiment | Many successful local experiments have also quickly become regional success stories with local HIEC support. However HIECs have to be open about the possibility of individual failures, even though they have only limited funding. National support has meant local risks can be taken, and whether successful or not, lessons are learnt which always improves the chances of success in the longer term. |
| Take a long term view | While many HIECs have had to focus on ‘quick wins’ to build local confidence as they establish themselves, they also know that real benefit also comes from sustained development. Many HIECs now have short and long term programmes, recognising that continued investment in focused major successes is as important as driving a wide range of short term gains. |
| Ensure staff and patients are behind new ideas and technologies | The capacity to work across service development AND education and training has been absolutely critical. Some HIECs have also championed patient engagement and ‘co-production’ models. Different HIECs have started at different points across this spectrum and have been able to develop different strengths, however all HIECs have recognised the need to reinforce innovation through culture change initiatives and staff development programmes at all levels as an essential element in securing robust change. |

### 6. ADOPTION AND SPREAD

6.1 HIECs demonstrate that the challenges of adoption and spread CAN be addressed successfully in the NHS and care service environments, however they also show there is no ‘one size fits all’ approach. The local model for success depends on:

- Identifying the key champions, giving them the support to ignite the change process
- Aligning with existing networks and change programmes
- Demonstrating financial gains and how they can be spread across the local system
- Engaging staff and patients on the one hand, getting a local whole system approach on the other
- Getting someone to make the first investment, supported by local partners who can see the collective benefit
- Ruthless promotion, making widespread local adoption easy to do
7. THE NATIONAL INVESTMENT

7.1 Local success with promoting innovation has depended on being able to draw on resources ring fenced for innovation but with a strong sense of local accountability and engagement. Establishing local ‘HIEC Partnerships’, whether primarily linked to local NHS and LA organisations, commercial sector development agencies, research functions or education agencies (and in most cases all of these) has been successful because of the ability to operate independently of local funding distractions and short term imperatives in this period.

7.2 However, HIECs have also been able to lever in additional funding to support individual programmes, substantial free or low cost expertise from the commitment of partners wanting success from co-ordinated change and, of course, the investment of partners in driving change in their own organisation. There are also a few cases where local commercial organisations have made a local ‘loss leader’ investment of expertise or money.

7.3 The original three year time frame for HIEC funding has been cut to two years, although some SHA’s have been instrumental in supporting some HIEC’s to operate over the original three year period. In one SHA region⁴, local NHS Trusts have matched national funding to ‘double’ the local benefit of the national investment and set up a model for longer term local sustainability.

7.4 Nevertheless, there are very great fears that the loss of a national investment at this stage will cut short the ‘HIEC experiment’ in its prime and some HIECs could now be lost, with all the potential for contributing to future local innovation developments, however they may be structured.

7.5 The NHS National Commissioning Board can therefore evidence its commitment to driving local innovation through either:

- continuing nationally funded support for local innovation partnerships, providing the continuity and confidence for longer term change, the backing to manage risks and funding the (very limited) infrastructure costs to support flexible and responsive local organisations

- or requiring local commissioning and delivery partners to support local cross sector partnerships, investing a given percentage of their income in a support structure for collective innovation with others, through local innovation partnership working as well as funding innovation capacity in their own organisations

or a combination of the two approaches. A long term ‘match funding’ model has many attractions in combining longer term sustainability with local accountability.

7.6 Any national proposals should promote absolute flexibility in the way that innovation partnerships grow from current HIEC organisations. The national HIEC ‘experiment’ has shown that successful approaches to innovation are many and varied, the key is local commitment, agility and flexibility in engaging local success and building confidence that change can work.

8. THE LOCAL COMMITMENT

8.1 HIECs have shown that there is local enthusiasm to work collaboratively for the benefit of local populations. Collective investment in change is cheaper and more successful than replicating the same investment of skill,

⁴ East of England SHA
knowledge and expertise in an uncoordinated fashion across a multiplicity of organisations and contexts, with all the ‘friction’ losses incurred in so doing. However, individual organisations must also make their own cultural and financial investment in adopting innovation.

8.2 There is no absolute prescription for a single change model across the NHS and care sector but HIECs have shown that intelligently supported approaches, responding to the local context, can ignite and deliver ‘difficult’ change, as well as accelerate the adoption of accepted good practice.

8.3 Partnership working (between mature and sophisticated organisations) is the key to optimising the benefit of innovation investment. HIEC partnerships have demonstrated the success of this approach in seventeen different locations. However it has been critical to have commitment from commissioners and providers as HIEC partnerships have:

- informed and enabled local commissioning leadership
- enabled providers to engage commissioners in supporting patient or professionally driven development opportunities for the benefit of the whole sector

8.4 Innovation itself needs to be commissioned. Clinical Commissioning Groups (with their duty for innovation) should be required to support (but not control) local innovation partnerships as a part of their commissioning development programme.

9. THE WIDER COMMITMENT

9.1 The involvement of commercial, academic, local authority and patient representative groups has been central to many HIEC developments. Most HIECs have adopted a wide and inclusive definition of membership, although some have a focused core membership with links to wider networks.

9.2 Given the size and scale of NHS functions there has been recognition that simple procurement mechanisms do not always allow for the engagement of some commercial partners in effective innovation, however clearly local partnerships have to be sensitive to competing interests. HIEC activities have shown this balance can be struck with the acknowledgement of all concerned. (Mature commercial partners also know they often have to collaborate with their competitors to initiate change across large NHS organisations, the HIEC provides the framework for this to occur.) These developments are also in effect shaping future procurement models which could enhance the active promotion of innovation. Some HIECs have developed good links with the NHS Institute for Innovation and Improvement, CLARHCs and NHS Innovation ‘hubs’. However the HIEC contribution has been to bring local networks together to assist these organisations in their delivery. There could be an opportunity in linking these activities more formally at a local level.

9.3 There are many good examples of academic and educational collaboration with some HIECs finding very supportive homes in universities (and AHSCs) which, though often competing themselves, see the benefit in working together and with service delivery agencies on key development initiatives. Benefits from working with research are there to be taken up but they will need much longer term relationship building, both to design research which actively supports innovation development and to implement the findings of often lengthy research linked initiatives.
9.4 Some HIEC partnerships are emerging as the natural groupings from which Local Education and Training Boards are being built, it is clearly important to ensure that local innovation developments are fully and quickly incorporated in future workforce development programmes and close links are maintained with these programmes.

9.5 HIECs have a role to play with local Health and Well being Boards as the Boards identify local problems which have not been resolved through current services models and which need new, often inter agency based, responses. Innovative public health initiatives are as important as clinical development and HIECs can play an important role in inter sector collaboration to find new resolutions to enduring socially or environmentally driven health problems.

10. CONCLUSIONS

10.1 Many of the challenges to successful innovation implementation have been tackled through local HIEC partnerships. Sharing risks and multiplying benefits through local collaborations across sectors have been major advantages HIEC’s have been able to exploit. National start-up funding has been critical to this success. The investment in the seventeen HIEC’s should now be the basis for a future local and partnership driven element to future innovation strategy in the NHS and care services.