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

Respondent ID: 87

Organisation name: NATIONAL HIEC NETWORK

Type of response: Document
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
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 | The capacity to work across service development AND |
Patients are behind new ideas and technologies. 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 region, 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

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1 East of England SHA
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, 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.