

HELIUM Action Plan – Liverpool Partnership UK

The Implementation of “Health and Care Network Kempen” and “Patient Innovation” Good Practices in the UK

This action plan was formulated and agreed with the Liverpool Partners RSG. This process was completed in September 2018

Liverpool John Moores University (LJMU)

Liverpool John Moores University has developed an ENoLL accredited open innovation environment or ‘living lab’ through working with people with dementia and is working with different groups at local, national and transnational level. LJMU has significant presence in LCR due to its internationally recognised R&I capacities with an impact beyond academia, benefiting individuals, communities, industry and policymakers throughout UK and worldwide. Relying on its practical experience in living lab approach and open innovation environment (which facilitates the development and testing of economically viable innovations for people living with dementia), LJMU is well positioned to lead the Task Force “Creating Innovation”. LJMU aims to learn from European good practices in relation to strengthening and scaling up living labs, this learning will be based on innovation projects in health & wellbeing, which align to the ambitions of the ESIF Strategy.

Liverpool City Region Local Enterprise Partnership (LCR LEP)

Liverpool City Region Local Enterprise Partnership is one of 39 LEPs in England to support economic development, help business growth, and create jobs across LCR. It is formed through an extensive partnership with 500+ members, incl. businesses, local authorities, central government bodies, Chambers of Commerce, universities and other business organisations. LCR LEP developed LCR’s ESIF Strategy and Innovation plan (IP) with a role of coordinating and supporting the implementation of EU investments to ensure their contribution to LCR’s development needs. Building on a strong record of accomplishment of effective delivery and partnership, the LEP is responsible for the implementation of ESIF Strategy in LCR and will ensure that all sources of public funding are effectively aligned and act as a lever for additional private investment.

Objectives of the HELIUM

The overall aim of the project is to improve policy instruments by increasing efficiency of public funding for health innovation. The key objective of the project is to explore and identify good practices, investigate how practices can be implemented to scale-up living labs/uptake of innovation. In terms of a policy instrument LJMU and LCR LEP have focused their activities on the policy document (EU Structural and Investment Funds (ESIF) Strategy 2014-2020 of Liverpool City Region), which was the key policy framework when the application for the Helium project was submitted and has been used to identify regional needs in health innovation.

The ESIF strategy aims to maximise investment opportunities and tackle barriers of growth in LCR with the help of EU funding. It sets five priority areas, one of them being the “Innovation

Economy”: this portfolio supports translating LCR’s strengths in specific sectors, incl. Life Sciences, Healthcare & Bio-Medical into innovation, growth and employment opportunities. Measures will seek to create a strong and effective innovation ecosystem, e.g. by increasing access to open innovation for universities and private companies, and to accelerate commercialisation of R&D by suitable facilities and finance environment.

Planned interventions include the development of open access user test facilities, R&D centres/business interfaces, facilities to support collaborative research, commercialisation, focusing also on health innovation. Financial incentives, e.g. innovation vouchers and innovative public procurement are also envisaged. Since the amount of EU funds from which LCR benefits from has reduced recently in comparison to previous years’ allocation, it is crucial, that it is used effectively and efficiently, maximizing impact and ensuring complementarity with other funds. Considering that, the wellbeing of an ageing society forms a key social challenge, while LCR has significant strengths in innovation & technology related to health, exploiting them with targeted measures based on best European practices can increase the achievable positive outcomes of the Strategy.

Despite its strengths, LCR faces considerable challenges as well: average GVA/capita around the time of submission of the Helium application was only 75% of the national average, partly due to demographic characteristics. Its population aged over 65 is growing, resulting in higher dependency rate. LCR needs to explore innovative ways to address the challenges of an ageing population, from health provision and prevention to assisted living and the use of technology. LCR also has low business density and business start-up rates compared to national averages. Establishing a culture of enterprise, improving knowledge and skills, access to finance and business innovation are key factors to be improved. LCR needs to support businesses to effectively apply new technologies and foster its ability to turn academic research into commercial innovation by stimulating the level of R&D and improving collaboration between industry & research. A more coordinated financing environment is required, as the poor connectivity between sector networks and the investment community is a key weakness in LCR’s innovation ecosystem.

Based on the above strengths and challenges, LCR’s ESIF Strategy identified the need to invest in exploitation of science, innovation and technology assets, including those in bio & life sciences, world leading capacity in the pharma sector, and opportunities arising from health and social innovation. Possibilities for accelerating and scaling up innovation excellence, commercialisation of R&D and innovation driven business need to be explored.

During the course of the Helium project, the LCR Strategic Investment Fund (SIF) Strategy document was developed, with health and life sciences sections reflecting the (1) HELIUM SWOT Analysis conducted as the start of the project, and (2) wider learning from Belgian/Netherland’s “Health and Care Network Kempen”, Portuguese “Patient Innovation” and wider GPs. In due course, a LCR Local Industrial Strategy will be developed with learning from HELIUM considered.

LCR SIF strategy covers multiple sectors and has multiple influences, including the ESIF strategy and subsequent Growth Strategy for the region. Elements of the SWOT (undertaken

to assess ESIF strategy) reflected in the health/life science aspects of the SIF strategy develop concepts including:

- Alignment of activities to societal need/evidence base to maximise impact
- Expanding/improving business links via world-class research and healthcare facilities
- Improved links between sectors
- Alignment of business support activity (i.e. one of the primary purposes of SIF)
- Development knowledge-economy opportunities for LCR graduates

Given that the UK is scheduled to leave the EU, with areas to be negotiated, it is difficult to predict the influence on future ESIF strategy. However, LCR HELIUM project partners are working to secure further, local ERDF funding, applying learning from the first phase of HELIUM to the new project application. In addition, partners met with the LCR ESIF committee in March 2019 to improve their understanding and application of key learnings from the project. Learning includes developing concepts around citizen involvement – championed locally and developed through learning about the Patient Innovation GP. Clearly, GPs from the UK that are being implemented by other HELIUM project partners will influence ESIF developments in their areas.

The Local Industrial Strategy is yet to be developed, but the LEP will push for health to be central to the strategy during the consultation period, in terms of innovation, R&D, investment, workforce productivity, citizen involvement etc. The Local Industrial Strategy (as with the SIF strategy) will be influenced by the ESIF strategy and the other regional strategies. In addition, the UK Shared Prosperity Fund will be developed to replace ESIF, but again full consultations have yet to start, and project partners will press for health to be central to the fund.

Overview of the RSG process

A series of Regional Stakeholders Group (RSG) meetings with 21 key stakeholders from 14 different organisations were held from April 2016 to September 2018 to discuss good practices in health innovation in Liverpool City Region.

S/N	Name	Name of organisation
1	Grahame Smith	Liverpool John Moores University
2	Andrew Rose	Liverpool City Region Local Enterprise Partnership
3	Jenny Preston	Alder Hey Hospital/National Institute for Health Research
4	Leigh Thompson	Halton Clinical Commissioning Group
5	Keith Wilson	Liverpool Heart and Chest Hospital
6	Adrian Quinn	Wirral Council/Liverpool City Region Integrated Commissioning
7	Chris Morland	Citrus Suite
8	Steve Donovan	Citrus Suite
9	Savvas Neophytou	Deepbridge Capital
10	Rosemary Kay	eHealth Cluster
11	Howard Rose	Mast Group
12	Nicola Christie	Liverpool City Region Local Enterprise Partnership
13	Jason Taylor	Alder Hey Innovation, Alder Hey Hospital
14	Thanh Trung Nguyen	Liverpool John Moores University
15	Neil French	University of Liverpool
16	Nicola Wilson	The Northern Health Science Alliance
17	Paul Clitheroe	NHS Liverpool CCG
18	Daz Greenop	Liverpool John Moores University
19	Bibha Simkhada	Liverpool John Moores University
20	Shirley Hannan	The Northern Health Science Alliance Ltd
21	James Noakes	Energy & Smart City, City of Liverpool
22	Lynn Donovan	Citrus Suite
23	Laura Kelly	Liverpool John Moores University

SWOT of Regional Innovation Landscape (regional needs)

The LJMU and LCR LEP identified the strengths and weaknesses of the regional innovation landscape through a two-phase SWOT analysis of the ESIF document (strength, weakness opportunity and threat analysis) (SWOT 1 and SWOT 2). This analysis process provides a clear overview of the current situation to develop action plans for improvement. Both partners worked collaboratively with a regional stakeholder group (RSG). The RSG worked closely with LJMU and LEP to understand and articulate regional needs and ambitions framed by the aim to learn from good European practices, which strengthen and scale-up living labs, are aligned to the ESIF Strategy and will in turn influence and improve the ESIF policy instrument. The LJMU and LEP also have an ambition to develop underpinning data models, extend models to new areas, market success cases and extend them to other locations.

SWOT-1

Strengths (max.5)	Weaknesses (max.5)
<p>S1. Collaborative ecosystem (particularly around elements of health), including SMEs/Large companies, Universities and Health sector (RIS – SME collab)</p> <p>S2. Strong international brand – cultural and sporting (Yes but needs to brand beyond these)</p> <p>S3. Significant knowledge assets including Sci-Tech Daresbury and The Knowledge Quarter. Excellence in HE and FE sector, with particular research specialism</p> <p>S4. Inherent sector strengths in advanced manufacturing, life sciences, low carbon, digital & creative, maritime & logistics and visitor economy/cultural sector & health and social care provision</p> <p>S5. History of social innovation</p>	<p>W1. Deficit in City Region business base compared to nationally and lower business start-up rates than nationally</p> <p>W2. Skills shortages/unskilled</p> <p>W3. Low economic activity/productivity compared to nationally</p> <p>W4. NHS innovation uptake slow (nationally)</p> <p>W5. Public R&D expenditure low (RIS)</p>
Opportunities (max.5)	
<p>O1. The potential to build a larger, nationally significant and differentiated innovation economy</p> <p>O2. Development of partnership working between industry and academia</p> <p>O3. Realignment of local and regional health resources and Increased integration between health and social care</p> <p>O4. Development of science parks, bio-campus and innovation centres</p> <p>O5. Improve lives of population</p>	

SO strategies (max.3)	WO strategies (max.3)
<ol style="list-style-type: none"> 1. Develop the collaborative innovation ecosystem – grow businesses and the sector, increase employment, increase skill level as global healthcare spending is increasing (S1, O1, O4). 2. Use the Liverpool brand to promote the LCR science and technology through initiatives e.g. skill development (S2, O1). 3. Improve the lives/health of the local population through healthcare innovation and realignment of health and care services (S3, S4, S5, O2, O3, O5). 	<ol style="list-style-type: none"> 1. Economic challenges posed by low GVA / GDP and low business density, allied with opportunities to increase trade, enter new markets, and maximize benefits from the International Festival of Business in 2014/2016 (W1,W3, O1). 2. The need to address significant skills gaps, tackle high levels of youth employment, and get 46,200 residents into employment in order to achieve employment rates equivalent to national averages. (W2, W3,O3,O5) 3. To improve housing quality/health, there is opportunity for the City Region to invest to support sustainable economic development (W3,O1)
Threats (max.5)	
<p>T1. Ageing population with significant implications for the labour force (shortage of 30-44 year olds/Loss of skills)</p> <p>T2. Continued global economic fragility impacting on growth opportunities (health economy sustainability)</p> <p>T3. Limited high-skilled opportunities impacting on graduate retention</p> <p>T4. Brexit uncertainty</p> <p>T5. Pressure on care and health workforce (as result of ageing population)</p>	
ST strategies (max.3)	WT strategies (max.3)

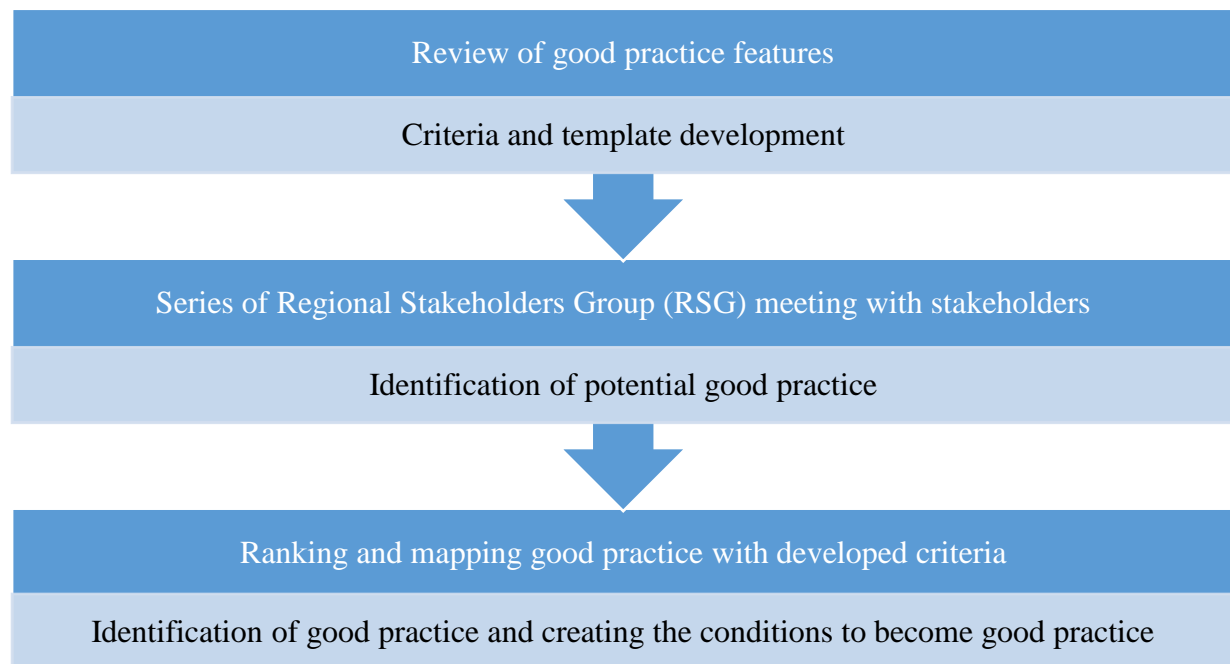
<p>1. Harness and exploit knowledge assets and Liverpool brand, to stimulate high growth, innovation-based businesses and new business models. Facilitate direct engagement and collaborative research between research institutions and SMEs to boost the application of knowledge and innovation through Open Innovation and commercialisation of new products and processes (S1,S3,S4,T2,T3)</p> <p>2. Increase higher level skills to support innovation to enhance the City Region's attractiveness and to develop the capacity of existing businesses, in line with LCR Employment and Skills Board priorities (S1,S4,T1,T3)</p> <p>3. Use sector strength and leadership to insulate LCR against Brexit and economic challenge (S3, S4, T2, T4).</p>	<p>1. Remove barriers to employment, including transport and skills, and align investments with partners (W2,W3,T2,T4)</p> <p>2. Support employees and residents to achieve skills and qualifications linked to growth sectors and sectors with significant vacancy volumes, as identified by the Employment and Skills Board's annual skills priorities (W1, W2, W3, T1,T3, T5).</p> <p>3. Introduce process to accelerate the uptake of health system innovation to relieve pressure on NHS/Care workforce (W4, T5).</p>
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SWOT-2

Strengths (max.5)	Weaknesses (max.5)
<ol style="list-style-type: none"> 1. Articulates priorities for Innovation Economy, science and innovation smart specialisation areas of focus 2. World-leading expertise in Advanced Materials, Infectious Disease and Personalised Health research 3. Indicative initiatives to address e.g. dev R&D centres, open innovation 4. Global research and business links 5. Recognition as health/care innovation as area of potential growth 	<ol style="list-style-type: none"> 1. Funding/commissioning elements not sufficiently strong 2. Links between sectors (e.g. health and digital, health and energy) not strong enough 3. Insufficient data underpinning smart specialisation (business, university, community need, RIS etc) 4. Inconsistent engagement of public sector care and health and industry across LCR 5. Unaligned business support activity
Opportunities (max.5)	Threats (max.5)
<ol style="list-style-type: none"> 1. Opportunity to scope out areas of focus more 2. Align to societal need/evidence base to maximise impact 3. Expanding/improving business links via world-class research and healthcare facilities 4. Raising Liverpool knowledge quarter profile nationally and internationally 5. Liverpool City region recognised as smart health thought leader 	<ol style="list-style-type: none"> 1. Brexit uncertainty 2. Uniformity of approach with other regions 3. Lack of Potential political focus away from Northern Powerhouse concept and the need to ensure strong political lobbying 4. Not enough knowledge-economy opportunities for LCR graduates 5. Continued austerity and public sector cuts

The process of identifying good practices

The partnership identified 19 potential good practices (GPs) through a stakeholder engagement process and explored 13 GPs guided by the features of good practice within the health innovation template. This template was underpinned by a scoring criteria developed from best practice work in the public health field (Ng and de Colomban, 2015).



After a first round selection process, the partnership completed the HELIUM good practice template to capture details on each good practice. The use of good practice features in the selection process helped the partnership to identify potential good practices in the region, which would ultimately give focus to the learning from others stage of the project. Furthermore, the overall process helped the partnership avoid duplicating the practices, which already exist in LCR.

S/N	Title of Good Practices	Innovation phase	Key Activities
1	eHealth Cluster	Uptake	Develop sustainable technology supporting universal health needs and support growth in eHealth and make the most of the resources and expertise in the Liverpool City Region
2	Liverpool Care Home Partnership CIC	Creating	Monthly meeting to share information and best practice
3	Liverpool Home Care Partnership CIC	Creating	Provision of technology pilots over the first 12 months
4	Health Technology at Scale	Scouting	Tender and evaluation of technology products. NHS Liverpool CCG has developed a digital innovation programme focusing on real world solutions for professionals and patients.
5	Health Service Innovation & Design	Uptake	Liverpool CCG and Shropshire Council Business Design Team (BDT) are working together to bring knowledge and expertise from digital innovation to social innovation to improve people's health and wellbeing.
6	Mi Person Held Record	Creating	Platform development, Identification of tools and applications, interoperability
7	Mi Smart House & Consumer Markets	Valorising	Signposting, Information, Knowledge Transfer, Market disruption
8	Digital Hubs and Champions	Uptake	Help people find a reason to be online
9	Active Citizens aka Community Champions	Uptake	Mi community champions is community driven activity and covers a range of areas e.g. education, learning, employment and training, housing and health. Messages about well-being, self-care and technology are taken out by active citizens
10	Physical Activity Strategy	Uptake	FitforMe is a programme aimed at physically activating 30,000 Liverpool citizens via various community engagement, social networking and new technologies
11	Happy Older People (HOP) Network	Uptake	Various inc network meetings, newsletters, design workshops
12	Regional economic policy and activities reflecting health and life science sectors	Scouting	Smart specialisation approaches identified health and life sciences as important growth sectors for the region.
13	Patient Public Involvement and Engagement in Research and Innovation Development at Alder Hey	Scouting	Diverse activities around children to explore issues in research and developments to improve numerous research projects and products

14	Centre for Collaborative Innovation in Dementia	Uptake	Enabling people to use best practices in Dementia and other long-term conditions. Enhanced different activities through living lab approach.
15	Innovation Scouts	Scouting	The Innovation Scout is a vibrant community of practice that gives an opportunity to begin to build a culture of innovation across our system.
16	LCR Combined Authority Single Investment Fund (SIF)	Scouting	Unlock the economic potential and accelerate growth within the LCR. The fund will be invested, in particular, in projects that generate a 'return'.
17	ORCHA Ltd	Uptake	It provides independent review and ranking of care and health smartphone software applications. To undertake its reviews, the platform uses a clinically and academically validated framework to thoroughly assess apps and present the results in an easy to search app database.
18	STOPandGO	uptake	The STOPandGO consortium comprises European buyers and experts to trial new ways of commissioning innovative technology products and services that improve the quality of the lives of frail and dependent elderly people and to help and support their carer.
19	Acorn Cofoundery	Scouting innovation & Creating innovation	A partnership brings together the knowledge and expertise of the award-winning Alder Hey Innovation Hub with Nova, Liverpool's leading digital innovator, and commercial experts Deepbridge Capital to provide clinical, startup, and technical expertise to Clinical Entrepreneurs through a process to take and bring their idea to market.

As part of the HELIUM project, the partnership was cognisant that each project partner would need to implement at least one good practice from another region. As part of this process, the project partners held a series of interregional seminar in project partners region, which provided an opportunity learn and share health innovation activities from other regions. Moreover, all project partners organised a staff exchange programme, which provided an opportunity to learn in more depth the good practices chosen for implementation – action-planning process.

Action Planning: Creation of an Initiative to Support Patient/Public-Led Innovation and a Regional Health and Care Network. (The Implementation of “Health and Care Network Kempen” and “Patient Innovation” Good Practices in the UK)

Liverpool John Moores University (LJMU) and Liverpool City Region Local Enterprise Partnership (LCR LEP) assessed the regional innovation landscape through the SWOT process (SWOT 1 and SWOT 2) shaped by the priorities and ambitions of the Liverpool City Region EU Structural and Investment Funds (ESIF) Strategy 2014-2020. This process providing provided a clear analysis of the current situation in which to develop action plans that would influence and improve the policy instrument and meet the aims and ambitions of the HELIUM project. In addition, the action plan encompasses the regional needs and ambitions of the Liverpool partnership, with a focus on learning from other European good practices (in health and wellbeing), using this learning to improve policy instruments, and strengthening operational capacity and the scale-up of living labs across the region.

More recently, regional economic policy has been influenced through the preparation of the LCR Growth Strategy, LCR SIF Strategy and over the coming months, a Local Industrial Strategy will be developed (please see page 2 and 3 above for further information).

The Liverpool partnership during phase one developed an action plan for two good practices:

1. Patient Innovation
2. Health and Care Network Kempen

These two good practices identified through a robust and democratic process arose out the SWOT analysis process and the learning from others exercise (staff exchange). Identifying and then prioritising other regions good practices was wholly dependent on the support of Regional Stakeholders Group (RSG) who actively engaged in a democratic voting exercise. It was agreed by the RSG that these initiatives would strengthen the current living lab approach within the region by connecting fragmented co-creation activities across health through a proactive networking of user-centric organisations and other quadruple helix partners.

The action plan will guide the development of stakeholder networks, with open innovation events held to shape how the network will work to develop a sustainable business model. Aligned to phase two of the HELIUM project the implementation of the pilot actions will be monitored and analysed in in depth during the final semester.

CREATION OF INITIATIVE TO SUPPORT PATIENT/PUBLIC-LED INNOVATION	
REGION	<p>UK (Liverpool John Moores University (LJMU) and Liverpool City Region Local Enterprise Partnership (LCR LEP))</p> <p>Contact details: LJMU: Dr Grahame Smith (G.M.Smith@ljmu.ac.uk) LCR LEP: Dr Andrew Rose (andrew.rose@liverpoollep.org)</p>
POLICY INSTRUMENT	<p>Policy Instrument specified in the Helium application: EU Structural and Investment Funds (ESIF) Strategy 2014-2020</p> <p>Given that the UK is scheduled to leave the EU, with areas to be negotiated, it is difficult to predict the influence on future ESIF strategy, with no revisions going to be made to the current document and the development of future documents unclear. Clearly, UK project partners cannot influence the current situation, which arose after funding was secured. However, LCR HELIUM project partners are working to secure further, local ERDF funding, applying learning from the first phase of HELIUM to the new project application. In addition, partners met the LCR ESIF committee in March 2019 to improve their understanding and application of key learnings from the project. Learning from the Patient Innovation GP includes increasing patient/public involvement in health and care innovation and commercialisation in general, specifically increasing the skills level of patient/public innovators and their access to funding. Clearly, GPs from the UK that are being implemented by other HELIUM project partners will influence ESIF developments in their areas.</p>
AMBITION(S) OF THE REGION	<ul style="list-style-type: none"> • Learn good European practices on strengthening and scaling up living labs • Ensuring future sustainability and commitment to the good practices implemented in the region • Improve policy instruments • Develop underpinning data models • Extend models to new areas • Market successful case studies and extend them to other locations
SELECTED GOOD PRACTICE FROM OTHER REGION	<p>Patient Innovation from Portugal</p>

LINK GP / REGIONAL AMBITION(S)	KEY PARTNERS	BARRIERS	KEY ACTIVITIES
<p><u>How does the selected good practice contribute to the ambition of your region?</u></p> <ul style="list-style-type: none"> -Patient public involvement and engagement. -Strengthen Living Lab (LL) activities. -Improve policy instruments <p><u>What are the benefits or outcomes the region would expect to see as a result of the introduction of the GP?</u></p> <ul style="list-style-type: none"> -Empower patients and carers through development of solutions to address their own health needs -Strengthen entrepreneurship in health and care, providing skills and training to non-traditional health innovators -Potentially increase company formation and job creation. -Collaboration between patients the public and carers and wider 	<p>Identify key partners to introduce the good practice in your own region</p> <p><u>1. Who are the key influential?</u></p> <ul style="list-style-type: none"> -Portuguese team that developed the approach -Members of the public -patients -carers -Professional services (finance/regulatory affairs professionals) -Academic units (REF consideration) -Industry (including Social Enterprises) -NHS and Social Care -Local Enterprise Partnership (LEP)/LCR Combined Authority and local government -Innovation Agency <p><u>2. Which target group is most affected by the implementation of the GP?</u></p>	<p><u>Which barriers do you have to overcome in your region to implement the GP?</u></p> <ul style="list-style-type: none"> -Resources/Funding -Engaging members of the public and upskilling them -Engaging professional services colleagues -Engaging Academics, NHS, industry, local government (including those that lead on employment and skills). -Engaging colleagues that developed the approach <p><u>What are the potential risks for implementing the GP?</u></p> <ul style="list-style-type: none"> -Sustainability -Challenges associated with product development and commercialisation -Disengagement of traditional innovators (academics, NHS and industry) 	<p><u>Which key activities and/or actions will you undertake to implement the good practice?</u></p> <ul style="list-style-type: none"> -Meetings with LCR Combined Authority colleagues and ESIF committee to ensure that they understand Helium programme, GPs and action plans. Key to securing future financial/political support for initiative and implementation. -Develop Business Model/Apply for funding (hold meetings with partners to develop ideas). Effective business planning is essential to maintaining the initiative. Funding for IT system to be considered in future, but considered not essential initially -Engagement of patient/carer innovators/ database development: central to GP to ensure that potential innovators are identified and innovations are brought forward. -Develop management/coordinating group for initiative. Central to ensuring that events organised and activities supported -Coordinate/hold regional co-development events. Key activity to showcase innovations, support network development and ensure support provided -Coordinate regional experts/companies to help

<p>academic, NHS and industry innovators to develop user centric innovation. -Develop policy.</p> <p><u>Which alternative good practices in your own region contribute already (partially) to the ambition of your region?</u></p> <p>-Centre for collaborative Innovation in Dementia (CCID) -Existing companies that have been started by patients or carers.</p> <p><u>How can existing good practices link to the new GP?</u></p> <p>-Strengthen LL - Broaden the CCID LL activities in LCR health ecosystem.</p>	<p>- Members of the public</p> <p><u>3. Other</u> - Those others listed above</p>		<p>support development of innovations through innovation cycle. Linked to activity above -Assess the impact of the initiative: key to evaluating activities</p> <p><u>Who will be dedicated to these activities?</u></p> <p>LJMU, LEP, other partners</p> <p><u>What will you do the find the financial resources?</u></p> <p>-There is no ring-fenced funding to support Good Practice implementation as part of the LCR ESIF strategy, so we have applied to a range of funding bodies, with applications made to UK funders Nesta and Wellcome Trust. Further applications for local, regional or national sources and support from commercial sources/socially focussed investments will be considered.</p>
	<p>KEY RESOURCES</p>	<p>CRITICAL SUCCESS FACTORS</p>	<p>POLICY RECOMMENDATIONS</p>

	<p><u>to introduce the good practice in your own region</u></p> <p><u>1. Financial resources</u> (dependent on scale, initial project application £240,000/3 year programme without portal development) -Staff salary -event costs -Marketing material - networking meeting costs -Portal costs (if required) Funds not secured as of Mar 2019 (not available via LEP), so grant applications to external organisations have been/will be prepared</p> <p><u>2. Human resources</u> -Co-ordinator (dependent on scale)</p> <p><u>3. Other</u></p>	<p><u>Which are the critical success factors for implementation?</u> -Collaborative work (Bring people from different sectors to work together) -Product development and commercialisation -Skill development. - Job creation</p>	<p><u>Based on the description of barriers and critical success factors: which preliminary policy recommendations would you make?</u></p> <p>1. Direct influence from Patient Innovation on policy: Colleagues who lead on skill and job creation should be open to opportunities for patients/public to enhance their skill level through innovation programmes.</p> <p>2. Direct influence from Patient Innovation on policy: Boost patient and public engagement in health and care sector and support available throughout the innovation cycle to commercialisation</p> <p>3. Direct influence from Patient Innovation on policy: Through strategies and actions, policy makers should encourage patient-public involvement and engagement in health and care service design/ innovation and coproduction of resources. Strategies/actions should also encourage professional groups to support patient/citizen-focussed approaches.</p> <p>4. Direct influence from Patient Innovation on policy: Develop more opportunities for funding for patient/citizen-focussed innovation from LCR organisations</p>
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CREATION OF A REGIONAL HEALTH AND CARE NETWORK	
REGION	<p>UK (Liverpool John Moores University (LJMU) and Liverpool City Region Local Enterprise Partnership (LCR LEP))</p> <p>Contact details: LJMU: Dr Grahame Smith (G.M.Smith@ljmu.ac.uk) LCR LEP: Dr Andrew Rose (andrew.rose@liverpoollep.org)</p>
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AMBITION(S) OF THE REGION	<ul style="list-style-type: none"> • Learn good European practices on strengthening and scaling up living labs (LL) • Ensuring future sustainability and commitment to the good practices implemented in the region • Improve policy instruments • Develop underpinning data models • Extend models to new areas • Market success cases and extend them to other locations
SELECTED GOOD PRACTICE FROM OTHER REGION	<p><u>Health and Care Network Kempen</u> from Belgium</p>

LINK GP / REGIONAL AMBITION(S)	KEY PARTNERS	BARRIERS	KEY ACTIVITIES
<p><u>How does the selected good practice contribute to the ambition of your region?</u></p> <ul style="list-style-type: none"> -Strengthen Living Lab (LL) activities. -Patient public involvement and engagement. -Building Networking. -Improve policy instruments <p><u>What are the benefits or outcomes the region would expect to see as a result of the introduction of the GP?</u></p> <ul style="list-style-type: none"> -Develop a unique and wider network working in health and care sector -Strengthen entrepreneurship in health and care -Link education and job market in health and care. -Wider collaboration between academic institution, health and care org to develop user centric innovation. -Develop support mechanism to identify and share 	<p>Identify key partners to introduce the good practice in your own region</p> <p><u>1. Who are the key influences?</u></p> <ul style="list-style-type: none"> -Liverpool John Moores University -University of Liverpool (Academic institution) -Local Enterprise Partnership (LEP) -Innovation Agency -Innovation Scout -SMEs -Wider NHS, Social Care, business and Academic partners <p><u>2. Which target group is most affected by the implementation of the GP?</u></p> <ul style="list-style-type: none"> - Health and social care workers, patients and members of the public including 	<p><u>Which barriers do you have to overcome in your region to implement the GP?</u></p> <ul style="list-style-type: none"> - Resources/Funding -Engaging SMEs, health and care and other colleagues to enhance health ecosystem. -Engagement of patient/public - Collecting matrix to understand or demonstrate value <p><u>What are the potential risks for implementing the GP?</u></p> <ul style="list-style-type: none"> -Sustainability -commitment of members 	<p><u>Which key activities and/or actions will you undertake to implement the good practice?</u></p> <ul style="list-style-type: none"> -Meetings with LCR Combined Authority colleagues and ESIF committee to ensure that they understand Helium programme, GPs and action plans. Key to securing future financial/political support for initiative and implementation. -Develop Business Model/Apply for funding (hold meetings with partners to develop ideas). Effective business planning is essential to maintaining the initiative -Set up database of organisations and patient representatives working or volunteering in health and care sector. Central to the implementation of the GP to ensure that contacts can be engaged and brought together for events/to collaborate. -Develop management/coordinating group for initiative. Central to ensuring that events organised and activities supported -Hold meeting/public forums to support the initiative or for feedback. Central to ensuring that colleagues are brought together to share ideas and collaborate. -Map relevant health/innovation activity. Key to ensuring that new initiatives do not duplicate existing ones, and to ensure appropriate colleagues engaged. -Assess the impact of the initiative: key to evaluating activities

<p>good practice in health and care sector</p> <p><u>Which alternative good practices in your own region contribute already (partially) to the ambition of your region?</u></p> <p>-Centre for collaborative Innovation in Dementia (CCID)</p> <p><u>How can existing good practices link to the new GP?</u></p> <p>-Strengthen LL</p> <p>- Broaden the CCID LL activities in LCR health ecosystem.</p>	<p>carers and students, Academics, Company employees</p> <p>3. Other</p> <p>- Patient Public representatives</p>		<p><u>Who will be dedicated to these activities?</u></p> <p>LJMU and LEP</p> <p><u>What will you do the find the financial resources?</u></p> <p>- There is no ring-fenced funding to support Good Practice implementation as part of the LCR ESIF strategy, so applications for local, regional or national sources (Nesta and Wellcome Trust) will be developed and support from commercial sources/socially focussed investments will be considered. After pilot phase, the Network will potentially follow a membership model and be supported by consultancy fee through living lab.</p>
	<p>KEY RESOURCES</p> <p><u>to introduce the good practice in your own region</u></p> <p>1. Financial resources (activities protentilly of similar scale to Patient Innovation application: £240,000 for 3 years operation)</p> <p>-Staff salary</p>	<p>CRITICAL SUCCESS FACTORS</p> <p><u>Which are the critical success factors for implementation?</u></p> <p>-Collaborative work (Bring partners from different sectors to work together) to develop products and improve links across the infrastructure</p> <p>-Student/academics engagement to wider health ecosystem.</p>	<p>POLICY RECOMMENDATIONS</p> <p><u>Based on the description of barriers and critical success factors: which preliminary policy recommendations would you make?</u></p> <p>1. Direct influence from H&C Network Kempen on policy: Through strategies and actions, policy makers should encourage network formation to stimulate company scale-up and health system innovation and coordination</p> <p>2. Direct influence from H&C Network Kempen on policy:</p>

	<p>-event cost -Marketing material -networking meeting cost -Room hire, -travel reimbursement, refreshments for patient groups Funds not secured as of Mar 2019 (not available via LEP), so grant applications to external organisations have been/will be prepared</p> <p><u>2. Human resources</u> -Co-ordinator</p> <p><u>3. Other</u></p>	<p>-Students will benefit from engagement activities which ultimately skills to provide good quality of care</p>	<p>Colleagues who lead on skill and job creation should link to developing initiatives</p> <p>2. Direct influence from H&C Network Kempen on policy: Policies should further boost SMEs engagement in health and care sector and commercialisation/scale-up. Strategies/actions should also encourage health professionals to engage with innovative companies.</p> <p>3. Direct influence from H&C Network Kempen on policy: Policies should support patient-public involvement/citizen engagement in health and care service design/ innovation</p> <p>4. Direct influence from H&C Network Kempen on policy: Policies should enhance opportunities for funding networks</p>
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Provisional timeline – Action Plan implementation

What	Who	When
Implementation of the action plan	Project partners	From Sept 2018
Networking event	Organisation working in health and social care	Oct - Dec 2018
Database development/mapping (primarily influenced by H&C Network Kempen)	Health and social care org and SMEs working in health and social care.	Jan - Mar 2019
Open Innovation on how network should work in future	Citizen, Health Workers, SMES, student and academics	Mar 2019
Meetings with LCR Combined Authority colleagues and ESIF committee to ensure that they understand Helium programme, GPs and action plan	LCR LEP/LJMU with LCR Combined Authority colleagues and ESIF committee	held in March 2019
Business model development/apply for funding (influenced by both Patient Innovation and H&C Network Kempen)	Using Quadruple Helix Model (Citizen, Health Workers, SMES, student and academics). Meetings with Nesta, Wellbeing Enterprises and other partners to develop funding applications	Ongoing with latest funding application submitted in March 2019
Develop a document to highlight policy recommendations identified by Helium project Good Practices	LCR LEP/LJMU	May/June 2019
Dependent on funding, Develop management/ coordinating group(s), engage of patient/carer innovators, hold co-development events, assess the impact of initiatives (influenced by both Patient Innovation and H&C Network Kempen)	LCR LEP/LJMU and others	From June 2019
Assess progress of the implementation of the action plan	LCR LEP/LJMU	May - Sept 2019
Monitoring and analysis of action plan results	LCR LEP/LJMU	Oct 2019 - Mar 2020
Sharing information on the implementation of action plans through websites	LCR LEP/LJMU	April 2020
Final dissemination in Budapest	LCR LEP/LJMU	Aug/Sep 2020