

The North East London, North Central London and Essex Health Innovation and Education Cluster – Review of Success and Enabling Factors

Introduction

Social Enterprise London (SEL) received Department of Health (DOH) funding to deliver four pieces of consultancy work that would investigate the changing landscape of the National Health Service (NHS), and the opportunities for innovation and development of new models of practice and management.

SEL has undertaken a review of The North East London, North Central London and Essex (NECLES) Health, Innovation and Education Cluster's (HIEC) work to date to establish the following:

- Success factors and impacts
- Factors that enabled this success
- Lessons

Table of Contents

Introduction	1
Background to Health Innovation Education Clusters (HIECs)	3
Scope of HIEC interventions	3
Innovation Context	4
Commissioning Context	4
Introduction to NECLES HIEC	5
Governance.....	5
Pathways and Approach	5
Method	7
Success Factors.....	9
Representative Impacts	11
Enabling Factors	12
Structure	12
Partnership Approach	13
Clinical Approach	14
Characteristics	15
Issues.....	17
Lessons.....	19
SE context and potential legacy	19
Appendix A – Successful HIEC bids	22
Appendix B – NECLES HIEC KPIs	25

Background to Health Innovation Education Clusters (HIECs)

The HIEC concept was originally developed by a High Level Group as a part of the *NHS Next Stage Review*. This group brought together leaders from NHS providers, commissioners, and the university sector, the outcome of which informed the proposals announced in *High Quality Care for All*. HIECs were posited as an essential element for achieving the goal of high quality care for all by supporting NHS professionals to develop a requisite skills and experience. HIECs were established to bring together organisations across sectors and across settings to ensure education and training for health professionals.

HIECs were established to be partnerships between NHS organisations (primary, secondary and tertiary care), the higher education sector (universities and colleges), industry (healthcare and non-healthcare industries) and other public and private sector organisations. A cluster model of partnership development was presented as the model for HIEC development, to bring the benefits of working across different NHS organisations and across a variety of care settings to ensure greater and sustainable innovation.

HIECs were primarily built to support the spread and adoption of innovation – in care, treatments, or processes (such as patient pathways); or as defined through practice - the diffusion of innovation in practice across the breadth of health provision, including training for doctors, dentists, nurses, midwives, healthcare scientists, allied health professionals, pharmacists, and managers in education and training. A major theme for all HIECs is to foster a positive shift in the health sector and its culture to be more receptive and supportive of innovation and research

Scope of HIEC interventions

The expectation of HIECs is that they deliver the following interventions across a breadth of organisations working in primary health care provision\;

- HIECs need to work with the National Institute for Health Research (NIHR) Clinical Research Network at a local level to increase the opportunities for private

industry to commission clinical trials in response to identified need and opportunities.

- HIECs should promote and engender a multi-professional approach as the base of all its work.
- HIECs need to demonstrate cross-sector innovation, with a particular emphasis on strengthening adoption of innovative approaches through diffusion strategies
- HIECs must develop coherent relationships with other parts of their local innovation landscape, and define quality management and control process and meet statutory requirements of professional organisations.

Innovation Context

There are existing national and local mechanisms that the HIECs integrate with to drive innovation:

- **Biomedical Research Centres (BRCs):** BRCs are based within NHS trust and university partnerships in England. They promote research into prevention, diagnosis and treatment.
- **Academic Health Science Centres (AHSCs):** AHSCs are formal partnerships of NHS trusts and universities. They conduct research to deliver service improvements for patients.
- **Collaborations for Leadership in Applied Health Research and Care (CLAHRCs):** CLAHRCs are partnerships between universities and NHS organisations to research the barriers to implementing evidence based practice.
- **NHS Innovation Hubs:** Innovation Hubs offer legal and commercial licensing and joint ventures between the private sector the health sector.

Commissioning Context

HIECs offer a mechanism to separate commissioning and provision of education and training. This commissioner and provider split is already in place for healthcare professions, and is emerging for postgraduate medical and dental education. The responsibility for commissioning clinical education and training will remain with strategic health authorities (SHAs), whereas HIECs will drive innovation in the development and provision of such training where appropriate.

Introduction to NECLES HIEC

17 HIECs were selected in the national bidding process, which established coverage for the initiative as a whole. A full list is found in Appendix A.

Three London HIECs were selected in late 2009 by an NHS London review panel. They cover the geographical span of London and Essex, and each covers different clinical focus areas. The NECLES HIEC is one of these, and covers a population of 5.8 million people.

It is lead by Queen Mary University of London, with three founding partners - Barts and The London School of Medicine and Dentistry Queen Mary University London, University College London (UCL) Partners, and the Post Graduate Medical Institute Anglia Ruskin University.

Governance

HIECs have a range of governance arrangements that demonstrate clear legal liability for their operations. HIECs can adopt a number of legal structures to meet the requirements for effective governance. These have included:

- Joint ventures, co-operating through a company or designated partnership structures;
- Community interest companies, limited by shares or by guarantee and having access to a range of financing options;
- Charities;
- Companies limited by guarantee (charitable corporations).

In terms of governance, NECLES is a formal partnership that runs a forum to inform and gather information from representatives in their stakeholder organisations. This is primarily a virtual group, with an annual physical meeting of members; the first such annual meeting was held on 1 March 2011. Its operating budget is £1.1million over two years.

Pathways and Approach

NECLES employs clinicians, who are designated as Facilitators and Fellows, on a secondment or 12 month contract basis to deliver its work across 6 clinical pathways, which are:

Prevention:

- Cardiovascular Disease
- Migrant Health

Acute:

- Maternity
- Eyes and Vision

Long term Conditions

- Chronic Obstructive Pulmonary Disease
- Asthma - Children and young people

NECLES HIEC Governance and Management Structure



Ethos and Approach

All HIEC's share a common aim to drive innovation and diffuse best practice through existing partnerships and networks. In response to this generic brief, the NECLES HIEC (HIEC) has defined its approach as follows:

- **Co-ordination & facilitation** to ensure the right people are round the table to solve problems and implement solutions
- **Evaluation** of innovations to ensure continued quality of patient care and efficient use of resources
- **Dissemination** of best practice across the region to challenge inequalities of service

Partnership is a key driver in the HIEC's approach. Moreover, it has defined an approach that allows it to engender a specific culture to its work, which it characterises as follows:

The HIEC has defined an approach to its work that represents a neutral and partnership driven approach.

- NECLES is a neutral organisation that presents an opportunity to work outside traditional organisational boundaries
- NECLES provides opportunities to access expertise outside usual organisational boundaries
- NECLES encourages professionals and others to be externally facing and not bound to their organisation, sector, or region
- NECLES focuses on clinical and health outcomes and looks to unite individuals from a range of professional backgrounds
- The tight timescales motivate stakeholders to work towards delivery
- Leadership comes from all disciplines and all levels of organisation to diffuse best practice

Method

The scope focused on identifying factors that enabled success. The consultancy scope and available time did not allow for quantitative research methods and

analysis of findings. This report is based on an analysis and interpretation of interview, workshop, and focus group findings. The findings below reflect common themes, and the report structure reflects these findings. The review's remit is not to comment on the HIEC's specific KPIs, which are found in Appendix A; the HIEC has a quarterly reporting mechanism for this (results posted on their web site).

The following research approach was applied:

Workshop Session with the HIEC Facilitators and Fellows, Chair and Managing Director to establish their view of the key success and enabling factors. 12 participants took part in this session.

Interviews - Face to face and telephone interviews with a range of interested stakeholders from partner, participating, and commissioning organisations. 8 people were interviewed.

Focus Group session with a broader range of stakeholders to a facilitated to assess further the key factors for success, and test the assumptions of the interviewed stakeholder group. 7 participants took part in this session.

A consistent set of questions were applied in all the research settings:

- Participant involvement with the HIEC
- Success factors
- Discernable impacts (that can be qualified)
- Factors that enable success
- Limiting factors
- Lessons to be learned

Specific examples are presented throughout the findings below. These are not meant to be exhaustive, but to illustrate the salient points that the findings raised. We concluded this was a better way than choosing a small number of case studies, which might limit our ability to describe the culture and consistency of work that the HIEC engendered.

Success Factors

These are presented as statements of general success that are drawn from the research methods employed:

Bringing a diverse range of disciplines and stakeholders together – The HIEC brought a range of clinical and research disciplines together in different settings to deliver changes and improvements in clinical pathways. Examples are presented throughout the findings below, and prove to be a consistent feature of the HIEC's success. Stakeholders have included:

- Commissioning Groups, including GP Commissioners and PCT leads
- Patient LiNk Groups, and patients in care
- Clinicians, including senior administrative and practice clinicians
- Community Clinicians, including general practitioners (GPs), practice nurses, community rehabilitation teams, and midwives
- Migrant Health Networks
- Department of Health officials
- Commercial organisations and arms length public sector bodies

Building sustainable partnerships – This work fell in two parts:

1. The creation of delivery partnerships that centred on the development of new and effective clinical pathways that might maintain after the HIEC has ceased its funded operations; and funding partnership that have been successful.
2. The development of funding consortia to bid for, and deliver innovative solutions in clinical care.

There are numerous examples of this in the HIEC's work. One is the 'Shine' bid to the Health Foundation, which the HIEC submitted in collaboration with UCL Partners, and NHS Redbridge, which will look to provide care management scorecards to patients and for their General Practitioners (GP). In preparation for the HIEC's cessation, NHS Redbridge will manage the grant and programme in the future. The bid was successful.

Establishing data and information as key levers to support clinical changes –

The HIEC identifies and promotes data capture, sharing, and management as an important lever to drive diffusion of best practice, and an important way to evaluate innovation practice. This allowed it to develop a culture in which different partners readily shared their performance. For example in the Lung Improvement Pilots data has been shared between numerous acute trusts. This has proved to be particularly effective when tracking the use of Non Invasive Ventilation in Chronic Obstructive Pulmonary Disease (COPD) in 7 acute sites.

Work areas lead by clinicians – This is a success and an enabling factor, and is addressed in more detail later. The HIEC chose experienced and respected clinicians as Facilitators and Fellows to drive its work in innovation and diffusion. Interviews with partner organisations considered this approach (subject to some reservations addressed in the ‘Issues’ section later) to be a success factor in its own right given the access it allowed to fellow clinicians, and enabled their willingness to build trust in proposed partnerships.

Clinical leads inspired and supported to take action - The HIEC clinical leads brought expertise and energy to their areas of work, which translated as commitment and passion to change practice within these areas of expertise. This supports the point above, and was described in these terms – namely as ‘passion’ and ‘commitment’.

Strong leadership and relationship development – A consistent feature of this review and as a key factor in the success of the HIEC has been its ability to combine leadership at governance and executive level to drive and manage relationships towards action, lever high level influence, and to facilitate contact between partnership members and key decision makers.

Translating ideas into actions effectively – This was identified as a function of the HIEC’s structure and the commitment and energy of its personnel. A consistent message from the interviews and workshops (commissioners and partners) was the HIEC’s ability to transfer project proposals into tangible products. Projects were consistently described as well structured and managed.

Supported cultural change in organisations - This can be expressed in two ways, and as interrelated functions.

1. The first is that the HIEC's stated aims is to work in partnership with organisations in such a way as to drive innovation and change across clinical and geographical boundaries. This process in its own right challenges orthodox organisational responses and ingrained cultural responses.
2. The second part of this is the consistency of approach that the HIEC brought to this mandate once it was introduced to organisations. Respondents stated that the energy, clarity, and responsiveness of the HIEC (management and support staff as well as Fellows and Facilitators) consolidated this approach and drove change at a fundamental level by bringing grades and disciplines together.

This is described as a lasting legacy of the HIEC's work, in that its partnership and networking work has resulted in organisations accepting a challenge to established practices – notably around structural responses to clinical innovation and change.

Representative Impacts

The HIEC web site has reports on its projects, and has information on the realisation of its KPIs. In general terms the HIEC has overachieved on its contractual KPIs with NHS London; these are listed in Appendix B. The examples below are to give a flavour of the kind of outcomes its work has delivered.

- **Patient involvement projects** – The PREMS project for Patients with COPD illustrates this point. Its aim is to develop and then test patient reported experience measures of patients and carers of those with COPD, which is then to be tested across the diverse group of people with COPD in the HIEC. This project brought together a diverse range of clinical and expertise from the Picker Institute Europe, City University, British Lung Foundation and the Royal College of Physicians.
- **Communities of Practice** – The development of communities of practice is discussed in more detail below. This was web based and supported with quarterly meetings. The community shared best practice found within partner organisations. For instance the maternity team at Basildon and Thurrock

University NHS Foundation Trust demonstrated a 10% reduction in c-sections through a case review of c-sections that occurred daily. This practice has since been picked up by other teams in the region.

Enabling Factors

Structure

- ***Flexibility of approach and structure*** – The HIEC does not have a fixed office, and works as a virtual team. This lack of fixed structure is reflected in its operations and approach. It has been fluid and adaptive in arranging meetings and events in mutually appropriate settings for its partners, and delivered work in situ rather than in designated offices. This method of working is supported with structured project management and professional business development practices. This approach has reinforced the HIEC's lean and adaptive approach to work.
- ***Limited bureaucracy and decisive decision making*** – The HIEC's structure and fluid working style eschewed a hierarchical and bureaucratic approach to decision making and engagement with stakeholders. This enabled it to respond quickly to emerging opportunities within the defined areas of its strategic remit. This operational approach allowed it to mobilise resources quickly and effectively in response to identified need.
- ***Openness of approach and access*** – the HIEC approach, as realised through its Facilitators and Fellows promoted an inclusive approach across what can traditionally be the hierarchical strata of clinical management; this resulted in the HIEC projects bringing together clinicians across pay grades of pathways to discuss and redefine services around common principles of common practice.
- ***Perceived as neutral*** – Although the HIEC is financed with Department of Health funding, contracted through NHS London, it promoted itself as a neutral operator within existing structures. The Facilitators and Fellows maintained this approach in setting up partnerships and clinical communities as neutral facilitators and enablers. Interviewees commented that the combination of this neutrality contributed to the HIEC's success in drawing partnerships together. It was described as an honest broker.

- **High energy and ‘can do’ attitude to deliver quickly** - A consistent theme in interviews and in the focus group was the energy and commitment to drive change that the Facilitators, Fellows, and HIEC staff and management brought to their work. This was evident in the high level networking and influencing that brought decision makers together, and the drive to change attitudes and practice, which was based on clinical experience and professional commitment. Energy was used a great deal to describe the approach and work of the HIEC.
- **Personal and professional development of HIEC staff and partners** - HIEC Facilitators and Fellows stated that their position within the HIEC, which gave them a chance to drive change through partnership, networking, and the diffusion of practice, allowed them to test and stretch themselves beyond the normal clinical boundaries of their day jobs. It required the application of transferable skills – notably in facilitation, group management, and communication. Representatives of partner organisations also expressed the view that the process of multi-disciplinary work, as well as being able to deliver defined project work, had allowed them to test and develop their skills.

Partnership Approach

Consolidation and enhancement of existing partnerships – The NHS has a history of developing partnerships to deliver innovation in clinical pathways. Where possible, the HIEC has looked to build on existing partnership infrastructures, and to support these to bolster goodwill among partners. It has brought impetus and expertise to those partnerships in the form of the factors discussed in this report. This brought fresh impetus and ideas, targeted resources, and additional clinical expertise into these structures.

Inclusive stakeholder engagement - A key feature of the HIEC’s approach has been the willingness to build relationships as a base from which to drive and support clinical change. This has involved an inclusive approach to developing networks and working partnerships that have not been bound by clinical precedent or geography. Across the 5 Olympic Boroughs, 80 general practice sites attended the first migrant health workshop which brought together secondary and primary care to share and learn from each others clinical experience.

Development of multi agency projects – this has been a key factor in the HIEC’s success. Its received mandate to cut across fixed boundaries has enabled it to bring together a range of clinical disciplines and representatives from the public and private sectors to work on specific projects. One example was the event called *Finding the Missing Millions with COPD*, which was held in conjunction with Novartis at the Whitechapel Gallery. The day brought together participants from clinical disciplines and business backgrounds to identify creative solutions to this long standing challenge to the NHS. An outcome of the event will be the screening of heart failure patients for COPD within a major foundation trust in London.

Diffusion of best practice through existing and developed networks – one of the HIEC’s stated aims is to diffuse innovation. While it created distinct partnerships to drive innovation within clinical networks, it also used existing and established networks to diffuse learning and practice. The Community of Practice in Maternity used the NHS Institute of Innovation and Improvement package focused on reduction of c-section as an anchor on which to build the community. In addition this delivered scale to the NHS Institute of Innovation and Improvement funded work. Their reach for this program of work went from 6 maternity sites to 12 for the same cost.

Use existing relationships to enable change - Senior members of the HIEC governance structure facilitated contact with high level decision makers to move action along on projects; as well as the HIEC management utilising contacts and networks to initiate clinical relationships for the HIEC Facilitators and Fellows.

Clinical Approach

Clinical priority –The HIEC Fellows and Facilitators, and therefore its front line of engagement and partnership development, are experienced and respected clinicians. Interviewees and focus group participants expressed the opinion that historically the process of driving innovation and change within clinical pathways was sometimes managed by change management consultants rather than experienced clinicians. The clinical focus among the HIEC team was appreciated, and identified as a notable factor in winning confidence and trust among partners and colleagues.

This was also expressed as an organisational function, in that the HIEC team is seen to have clinical experience and focus.

Practice based improvements – This point follows on from the one above, in that the HIEC’s work was focused on clinical outcomes rather than simply the process of innovation. For example, the HIEC hosted a number of face-to-face maternity “community of practice” events to give clinicians the opportunity to share best practice and alternative ways of working. Eight per cent of Trusts in the HIEC area were involved in these clinically focused events. The events have resulted in improved processes. This has also been the case in COPD and Migrant Health work streams.

A ‘multilingual’ clinical approach – The HIEC engaged with practitioners, researchers, and technology enablers to deliver solutions for development. This is evident in the Patient Relationship System that the HIEC maternity team is developing with UCL partners and Microsoft. This project seeks to develop a patient relationship web solution that will enable pregnant women in a low risk category to take control of their pregnancy, book appointments, supply educational material, and connect IT infrastructure between GPs and Maternity units. The HIEC is also developing a self management APP for children and young people with asthma, in partnership with Asthma UK, Solar System, clinical expertise, and NHS London. It will be launched on QAPPS in November 2011.

Characteristics

Glue that binds – this is a phrase that came up during interview. It refers to the role and function that the HIEC has had in its projects and partnerships, and reflects the comments above – namely that the Facilitators and Fellows, supported by the governance, influencing, and management functions of the organisation, brought clinicians and groups together in a common purpose and maintained impetus and continuity of contact. The HIEC managed the development of the *Year in the Life of COPD* project, which brought together partners from UCL, Outer North East London Sector, with support from Anglia Ruskin University, University of East London and UCLPartners. This partnership secured funding from the Department of Health which was matched funded by the sector.

Cooperation (rather than competition) across boundaries – The boundaries in question here are those of clinical grade, geography, and agreed areas of clinical practice. The HIEC's approach enabled it to draw practitioners and clinicians that might not have worked together as a consequence of its approach and culture, and facilitate the work in such a way as to negate competition. The issue of parochialism in research sectors was raised as a historical precedent, and that the HIEC's stated independence and relentless approach to driving partnership development often countered this issue. This is notable in the willingness of partners to share their experiences, research, and data.

Credibility as a key partner – the HIEC's blend of high level clinical representation and management on its Board, the obvious practice based competence of its delivery team, and the (often commented upon) professionalism of its management, brought it considerable credibility in developing its initial work and setting up partnerships. Moreover, as the HIEC's work developed, this perceived organisational credibility was enhanced through the quality and consistency of its work, and so consolidated its initial good will and credibility.

Competencies and skills to drive innovation – While the obvious basis of this has been the clinical expertise and experience of the HIEC's Fellows and Facilitators, the HIEC has also had to bring a range of other professional skills to bear to realise its success, which required the application of organisational and development skills. These have included facilitation, group management, and project management competencies.

Willingness to share and demonstrate outcomes – the HIEC's aim is to diffuse learning and practice. However, the consistency and clarity of the organisation's methods of sharing its learning – via its web site and briefing days notably - was commented on. This is also probably a function of the HIEC's overall approach to its work, in that the neutral partnership process it uses to drive innovation encourages the sharing of outcomes as a matter of practice. This approach is evident in the development of website to support Community of Practice in Maternity, document sharing, and the audio and video formats of events to all partners within the HIEC.

Challenging and supportive – the Facilitators and Fellows were described on two

occasions as being 'critical friends'. They did this in two ways. In the first instance their clinical background enabled them to challenge practice, and the second was to help to develop procedures that would address the issues raised. Although this is self evident, the combination of clinical experience, perceived neutrality, and consistency of partnership approach enabled the HIEC to challenge and support in this way. The Migrant Health Country of Birth project, which records country of birth to re-stratify primary care populations and ensure rapid diagnosis, is a case in point.

Entrepreneurial and creative approach – the HIEC brought an entrepreneurial approach to its work, which reflected a private sector approach, notably around building funding partnerships and utilising networks of influence to create relationships. Interviewees commented on this approach. This is linked to the description of the HIEC's approach as creative and dynamic, which partners saw in the enthusiasm and commitment of its Facilitators and Fellows to their clinical areas of expertise.

Issues

The HIEC delivers something that should have happened anyway - There was a concern that the HIEC was delivering something that should fall out of clinical practice, and delivered through existing innovation structures and initiatives. A comment on this was that the HIEC facilitated change more quickly and with greater impact than might have happened if it was not there to deliver its partnership work.

Impact and value for money – the HIEC has a set of agreed KPIs by which its performance is judged, one of which is a basic value for money indicator. A broader question was raised about the value for money that the HIEC returns in terms of measurable impact on clinical practice and patient experience. What makes this point pertinent is its link to the one above – namely that change could well have happened without the HIEC's intervention. Logic dictates that the HIEC has delivered value for money based on its recorded impacts, however there is no consistent measurable process to deliver a financial value for this at this time.

The question of deadweight was raised by the author during interview and in the focus group session. The response was that while 'something' around innovation

would have happened, The HIEC made it happen more quickly, and importantly, left partnership infrastructures in place to maintain the sustainability of innovation. It is also accepted that the HIEC can and should be judged on the merits of its KPIs.

Fragmented commissioning landscape - this raised the following question; whether the valuable work that the HIEC has delivered, which has been built around strong networks and partnerships, will survive changes in commissioning and restructuring that might ensue over the coming years? This remains to be answered.

Timescales for development and delivery – The HIEC’s two year timescale for development from a standing start and delivery of projects was seen as a potential limiting factor. On the other hand, this tight timescale informed the HIEC’s culture and energy to drive innovation.

Patient involvement in governance – Although a focus of some of the HIEC’s project work has been patient involvement in structuring their care packages, patient involvement in the governance of the organisation was more problematic. This is the case for many health care organisations.

Induction and Preparation – A concern was raised that the tight timescales did not allow for adequate inception and preparation in two areas of work:

1. Preparing partner organisations and networks for the culture and application of the HIEC approach. This might have eased the way for quicker development and sustainable impacts.
2. HIEC Fellows and Facilitators are clinicians by training and profession; their work in delivering the HIEC approach required a different set of skills – notably partnership development and facilitation. There was a call for them to be supported with induction training in these areas of work.

While the success of the HIEC and its staff is clear, partners commented that the project impact might have been greater with more preparation time in both areas identified above.

Transparency and purpose – Interviewees commented that because the HIEC appeared quickly and fitted into a complex research and commissioning landscape,

sometimes partners are unsure of the HIEC's purpose or structure. While this was commented on as a problem, it was also identified as a strength in that it allowed HIEC Fellows and Facilitators to work outside established and sometimes bureaucratic NHS structures.

Lessons

Time – The short set up time and two year window of operation has been identified as a limiting factor. More time to set up partnerships and induct seconded staff might have lead to greater impacts. Likewise, an extended period of delivery might have resulted in more sustainable projects and pathway developments.

Number of pathways – 6 pathways were chosen. These were staggered across the two years of the HIEC's operations – 3 in 2010 and 3 in 2011. While there were tangible gains in all, some have been more successful than others. The development and management of 6 such pathways placed considerable management and cultural strain on the organisation, and a limiting to 3 might have proven more productive. A number of respondents commented on this.

Approach – The HIEC's unique blend of neutrality, energy, partnership, and clinical expertise has proven its worth in generating innovation and diffusing good practice.

Clinical and management expertise – A feature of the HIEC's success has been the blend of clinical experience and expertise within the delivery team, which in turn has been supported with recognised professional and dynamic organisational management.

SE context and potential legacy

HIECs are time limited. They are funded for 2 years. There was no specific requirement in the bidding process to establish succession strategies; it is generally assumed that their impact in promoting partnerships and cross-sector working would leave a lasting legacy – notably in promoting cultural change within established NHS structured and practice.

Individual HIECs are however looking to secure a further legacy by capitalising on such partnerships and the cultural capital they have generated across a range of sectors – notably private health care. The NECLES HIEC endeavoured to do this by securing funding for individual projects, rather than the organisation itself, as seen in:

- A successful Shine bid to the Health Foundation submitted in collaboration with UCL Partners and NHS Redbridge. The project will look at providing scorecards to patients and also for GP.
- The HIEC explored avenues of alternative funding sources to support projects that required funding for implementation.

HIECs offer a model that can be applied to the promotion of social enterprise development in the health sector. This has not been made explicit in their remit; however their approach and impacts are applicable to the development of the sector, notably in the following areas:

- Partnership development - to discuss and manage change among a cross-section of sectors and disciplines.
- Drive innovation – this is the engine house of the HIEC approach, and is transferrable to the SE model, notably in terms of delivering efficiencies and broader social impact.
- Clinical relevance - all innovation must be relevant to commissioners and purchasers of services in an emerging market place.

A synopsis of the HIEC approach provides the potential basis for collaboration and the development of social enterprise options. Each of these factors sets a foundation for the culture and skills required to develop social enterprises:

- A mechanism to ensure that the health professionals receive the training and support to deliver local healthcare;
- The efficient translation of new ideas and innovation into day-to-day practice across the NHS;
- The creation and management of partnerships between health professionals and other partners that break traditional barriers;
- A structural mechanism to diffuse innovation across sectors with a clear local focus;

- A positive shift in culture in which professionals are more aware, receptive, and supportive of innovation.

The NECLES HIEC offers examples of projects and interventions that could be developed into potentially viable social enterprises, which the NECLES HIEC has delivered in three key areas:

- Product development, which might result in the creation of single purpose vehicles between health professionals and their organisations, and the private sector.
- Service development, which might deliver innovative and efficient services through the establishment of separate social enterprise vehicles driven by empowered and supported staff.
- Partnership development, which can build on the breadth of partnership development that HIECs engender to deliver incubators and test bed for potential social enterprises.