Regional Stakeholder Group Meeting

Partner/Region:	Date:	Round:	Participants:	Main outputs:
NHS Liverpool CCG/Liverpool City Region	7th February 2018	Two	**Government and Public Sector organisations** Andrew Cairns: NW Coast Innovation Agency David Calder: UK Knowledge Transfer Network Joanne Kilcoyne: Shropshire Council Craig Hamilton: Halton Council David Bogg: Science and Technologies Facilities Council **NHS organisations** Mark Jackson, Liverpool Heart & Chest Hospital Simon Minford and Jason Taylor, Alder Hey Hospital Ian Stenton: Royal Liverpool Hospital Carl Mackie: Warrington and Halton Hospitals Louise Taylor: Southport & Formby CCG Richard Harding: NHS Dave Horsfield , Paul Clitheroe, Gina Perigo: LCCG Maurice Smith: NHS GP **Service Providers** Karen Caffrey: Home Carers Steve.Bradbury and Jill Pendleton: MerseyCare Dawn Carroll: Liverpool Musuems Julia Purvis: PSS	Results from **58 survey responses** gathered from Liverpool City Region (LCR) stakeholders and analysed by the University of Ljubljana were discussed during the second LCR stakeholders' meeting held on Wednesday, February 7 - in line with the ITHACA programme plan. This **Liverpool City Region Smart Health and Care Ecosystem Workshop** involved **35 participants** (see opposite) coming from diverse stakeholder organisations, that included policy makers, enterprises, health and care service commissioners and providers, academics and researchers. The **key results of the survey were presented** to all participants and structured workshop sessions – informed by the survey results - focused on four main ITHACA themes (the innovation cycle, regional eco-systems, regional policy for smart health and care and learning/knowledge exchange processes). In this context, two sub-group working sessions explored (a) identifying stand-out examples of LCR collaboration and activity; (b) identifying improvements that should be made and how these can be achieved. Questions and issues addressed in the first session sought to

			Technology SMEs John Callaghan: Damibu Max Zadow: Digital Credis **End user organisations** Dil Daly: Age Concern Liverpool Janet Jennings: Liverpool Charity and Voluntary Services **Cluster organisation** Rosemary Kay: ehealth Cluster **Academic, research and consultancy organisations** J M Clark , G Smylie and C Edwards: Liverpool John Moores University Stephanie Doyle: Liverpool College Joe Spencer, Sonja Vujovic and Benjamin Slater: Liverpool University Joanne Phoenix: Sensor City Jon Dawson: JDA Ltd	provide more qualitative understanding of the survey results by highlighting and discussing: the best examples of LCR collaboration and activity; concrete activity to support innovation and stimulate demand; examples of transfer/export of good practices; the LCR eco-system infrastructure and support for partnership and cluster activity; strengths of policies for smart health and care within Liverpool City Region. Questions and issues addressed in the second session led to exploration and debate about: what could be done to boost the innovation process and stimulate demand, deployment at scale and transfer to new markets; how to address eco-system weaknesses and gaps; how to enhance regional policies for smart health and care; overcoming barriers to learning and knowledge transfer and how to exploit opportunities for learning from other cities, regions and countries. The workshop concluded with a plenary session that highlighted sub-group conclusions about what LCR stakeholders should be doing to improve LCR (a) ecosystem for smart health and care (b) innovation cycle (c) policy for smart health and care (d) learning. A summary of the key findings fron the workshop are set out below this table, More comprehensive detail will be provided in an LCR report that will feed into the ITHACA self-assessment baseline report.

Stand out examples of LCR strengths, collaboration and activity included: innovation space capacity and activity such as those within LCR hospitals (including the Alder Hey Innovation Hub), remote patient and remote care monitoring, homecare electronic records, co-creation experience, thematic and geographic clusters (such as STC Hartree, the Baltic Triangle , Sensor City and the eHealth Cluster), dynamic SMEs engaging with the health and care sector, and support for SMEs across the innovation cycle including from the ERDF resourced Health Innovation Exchange that provides tailored support for SMEs.

Areas for improvement and proposed solutions included:

- The importance of connecting existing resources and promoting effective collaborations between stakeholders and the need to raise awareness of key strengths within the region whilst promoting partnerships – both amongst public and private sectors and amongst policy makers, service providers and developers.
- Continuing to build awareness of mutual interest in healthcare and economic development sectors – both in policy terms and rooted in concrete collaborations.
- Boosting potential to scale up by driving demand for solutions from various sectors and to meet specific challenges e.g. falls prevention and healthy eating.
- Marketing campaigns and utilising World Café style events to raise awareness of the eco-systems within LCR and so make them more visible and accessible – including avoiding language and terminology that is a barrier to engagement.
- Promoting cultural shifts so healthcare professionals, such as GPs, so they are are willing and motivated to prescribe safe apps, technology and digital data generated by patients,
- Identify and support leadership and "super-connectors" – people who will be champions for smart health and care and its economic, social and well-being potential and who can bring stakeholders together around strategic agendas and concrete activity.
- Developing a shared smart health, care and well-being strategy and programme that is comprehensive and inclusive and has shared, cross-sector outcomes.
- Placing more emphasis on transferring good practices and exporting to external markets.
- Focusing on importance of redesigning service/pathways (to support digital and technology deployment) recognising that new innovation is easier than trying to innovate within a system that is difficult to change along with redesigning the innovation journey e.g. placing emphasis on the business case before and throughout the innovation cycle so innovation does not end after initial prototyping and piloting.

Photos:

To be attached