

An Event to Maximise Industry Involvement to Improve Regional Policies for Smart Health and Care Innovation

A report for ITHACA Steering Group

Prepared by:

Joanne Kilcoyne and Paul Clitheroe,
NHS Liverpool Clinical Commissioning Group



1. Introduction

Between 24th and 25th May 2018, an additional ITHACA Interreg Europe project (<https://www.interregeurope.eu/ithaca/>) event was held in Eindhoven, the Netherlands, hosted by NHS Liverpool Clinical Commissioning Group (LCCG). The event brought together small businesses (SMEs) from the Liverpool and Noord-Brabant region to explore how industry can be better engaged in smart health and care policy-making. The output from this session was fed back and sense checked with stakeholders from all ITHACA regions who participated in the Co-Design Seminar held in Krakow in June 2018.

2. Background and Rationale

Early discussions flowing from the first ITHACA events have indicated that in policy-making, whilst public sector and academic partners tend to be well engaged, there is in practice, relatively limited involvement by the private sector, particularly SMEs. As a result, the private sector is less likely to influence substantively, or to feel a sense of ownership of, policies and strategies for smart health and care innovation at regional level or indeed local level.

For ITHACA and for Interreg Europe, addressing this gap is important. As things stand, it is not only failing to fully optimise private sector innovation, but also is reducing the potential for maximizing the quality of key ITHACA project goals and outputs including: (a) ITHACA Framework Strategy, (b) design of effective action plans and (c) improving regional and structural fund policies.

As a first step to address this shortfall, NHS LCCG proposed a refocus of an element of its ITHACA budget to organise and facilitate a structured two-day event that brought together private sector stakeholders (mainly SMEs) along with health, care and public policy stakeholders. The proposal for this session is attached at *Appendix 1*.

3. Objectives and Progress

Interreg Europe has at its heart, a desire to improve regional policies and their implementation. Much of our findings from the event in Eindhoven and the subsequent feedback we received from all ITHACA partners at the project's Ecosystem meeting in Krakow, is ultimately around improving regional policies and implementing them more effectively by securing better SME involvement in policy making, the innovation cycle (from invention to scaling up) and in eco-systems, clusters and partnerships.

The aim of the event in Eindhoven, as outlined in the original proposal, was to:

- explore why industry stakeholders do not feel engaged in and are insufficiently influencing policymaking related to health and care innovation
- utilise design thinking and co-creation methodologies and tools to generate ideas, test and rapidly prototype policy engagement and policy influencing “products” – a proven and cost-effective methodology.
- peer review and evaluate policy engagement and policy influencing prototypes

Section 5 of this report (*‘What we learned’*) outlines the barriers to engagement and to influencing policymaking that we heard from the industry delegates who took part in the event in Eindhoven.

Those involved developed three ideas, using design thinking tools and techniques. These ideas all tackled different aspects of the challenges that industry (particularly SMEs) feel they face whilst being involved in the policy making process (please see Section 4 – *‘What we did’* - for more information on how the challenges were defined and refined). Section 6 (*‘Output’*) outlines more detail about the three ideas that were developed, why they were developed and what challenges they were addressing. Each idea was presented to the group of delegates and to Paul Clitheroe (Programme Manager, Digital Care and Innovation at LCCG) and Astrid Kaag (Policy Advisor Internationalisation Culture & Society of the province of Noord-Brabant) in their role as policy makers, for peer review and critique.

It is worth noting that we consider this session as being a first, small step, of many required to improve industry involvement in policy making and policy implementation for smart health and care innovation. The end result may ultimately be a blue print for how policy makers can engage effectively and productively with industry in this space and we believe that the learning in this report and the proposed next steps outlined in Section 9 (*‘Recommendations and Next Steps’*) will take the ITHACA Partnership some way towards developing this.

4. What we did

Five representatives of SMEs from the Noord-Brabant region in the Netherlands, and six representatives from the UK (predominantly Liverpool) attended the two-day event, facilitated by LCCG’s service design partners. Policy maker colleagues from across the ITHACA regions were also invited to attend as observers and to offer critique and feedback, however, due to a tight time frame and limitations on partner’s funding resources, participation was ultimately limited to the UK and the Netherlands. To address this gap and the importance of securing involvement from other ITHACA partners, all ITHACA regions were actively involved in the second phase event 11 days later in Krakow.

The initial Eindhoven event followed a service design approach based upon the ‘double diamond’ methodology developed by the Design Council in the UK (Figure 1); designed to take delegates’ thinking wide before refining and prioritising ideas.

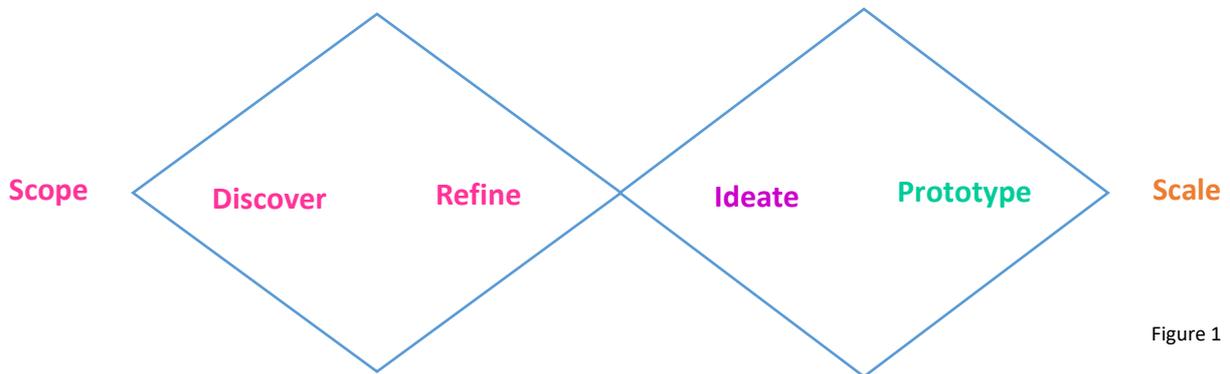


Figure 1

Day 1 focussed upon the the first diamond, when the delegates were asked to identify what challenges they face in engaging in policy making around health and care. The delegates had completed pre work to consider the issues faced in this area which they then grouped together and prioritised the ‘top issues’ to take forward. These key issues / barriers to engagement are outlined in *Section 5 (‘What we learned’)*.

Day 2 saw delegates develop ‘How Might We?’ statements from these key issues to potentially act as a springboard for idea generation by turning engagement challenges into opportunities. Each ‘How Might We?’ statement focussed on a different challenge that was considered relevant in the ability of industry to engage with policy makers in the design of policy, and indeed the practical innovation, around health and care.



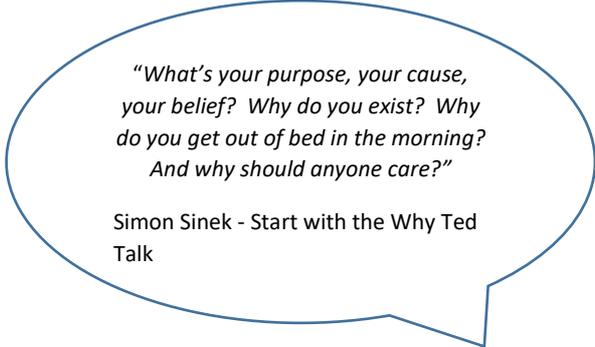
Engaging Industry in Health and Care:



European Union
European Regional
Development Fund

Design thinking processes and tools were used to generate and then develop ideas in response to three of these challenges which were then worked up into something the group was able to pitch at the end of the second day.

Inspired by the writings and lectures of Simon Sinek (<https://startwithwhy.com/>) and based on the principle that people don't just buy in to what you do, but why you do it, we asked the groups to focus on **'Why?'** when presenting their ideas back to the group for critique.



*"What's your purpose, your cause,
your belief? Why do you exist? Why
do you get out of bed in the morning?
And why should anyone care?"*

Simon Sinek - Start with the Why Ted
Talk

5. What we learned

5.1 Barriers to Industry engaging with health and care

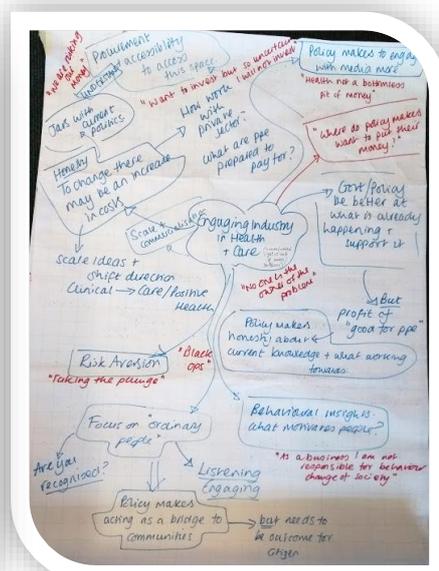
We asked the delegates what they considered to be the key issues in engaging industry in health and care. They told us:

Key barriers to SME engagement in the policy making process

- There is a **disconnect** between services, across sectors and between health and care - exacerbated by silo thinking.
- **Scaling** from invention/prototype is geared to large industry (growth strategies). Innovation is happening anyway and policy needs to support deployment and scaling
- A lack of understanding between sectors means **trust** is not easily built.
- There is a need for honesty and clarity on **priorities** on the part of policy makers
- **Cost of engagement** is disproportionately high for SMEs. For example the financial costs of, for instance, attending a full day meeting are keenly felt in the sector. The smaller the business, the higher these costs are proportionately.
- Engagement about high level, over-arching policy may not be as attractive to SMEs as more focussed engagement around **specific challenges** or about products/services that can only address part of the challenge (and SMEs with products that can only address one part of the challenge may not be attractive to policy makers working at high level)

Other barriers to industry engaging with health and care innovation

- Health/care is a complicated sector which makes engagement difficult and business complicated and expensive. **Processes** are complex and difficult to access (e.g. around procurement)
- Health and care is **risk averse** when it comes to changing service / practice models
- There is a lot of innovation happening in consumer (non-state/insurance funded, healthy living ('positive health'), wellness space. Innovation is much slower in state/insurance sponsored 'ill health' services'.
- Change might mean an increase in costs and this needs to be recognised and honestly communicated. There are issues around **scale** and **commercialisation** - to embed innovation requires a change in operation (service, model or practice), costs to redesign and costs to run existing service whilst new model beds in



5.2 Bringing SME's together

The activity in Eindhoven in itself provided useful learning around engaging SME partners. Through the process of bringing people together, we learned:

- It is important to keep engagement focussed and useful to SMEs. We need to be clear at the outset what the purpose of the engagement is, and where an SME can add, and gain, value.
- Everyone's motivations, agenda and risk is different. These may vary across sectors (we asked people what brought them to this session and in the box displayed on the right is what people told us)
- Focussed time is important but it needs to be flexible and accommodate people's commitments to work
- Delegates knew very little about ITHACA and less about how it related to them and their businesses. They had attended largely because they had been personally invited, not because they felt informed about what ITHACA was and how they could contribute

What brought you here?

- *I was asked to come*
- *I was curious*
- *It was an opportunity to reach out*
- *I wanted to learn more about ITHACA*
- *It was an opportunity to 'press reset' / 'take time out and reflect'*
- *It was an opportunity to meet other people*
- *To learn more about the international differences / comparison*
- *It was a chance to improve my English*

What worked for you about the session?

That the session was not just about technology

The opportunity to network informally

The time spent in collaboration

That there was lots of learning, around the process and from each other

It was a great location

The process / structure that was followed and that it got the group to the objectives that they needed to reach

The facilitation to keep the group focussed

What didn't work for you?

The length of the day was very long. More breaks were needed

Changing the venue / location / pace of the sessions during the two days might have helped break up the sessions

There was not enough information before the session

ITHACA was a new concept for many of the delegates. They felt that they needed more context, understanding of where they can add value

5.3 Summary – learning around engaging industry in the policy making process

It is worth explaining here that during the event in Eindhoven the term ‘policy makers’ and ‘policy’ were used broadly and not defined beyond that of the ITHACA quadruple helix principle.

With regard to engaging SMEs in particular around policy making in health and care (and potentially beyond), our work would indicate that SME colleagues need to be clear at the outset what the intention and scope of the work is, what their involvement can be and where they are being asked to add value. Activity needs to be focussed, timely and potentially based around addressing specific challenges / areas of policy rather than broad, high level strategic discussions.



Whilst the issue of working with policy makers to set priorities around health and care was highlighted as one of the themes / challenges, and worked into a ‘How Might We?’ statement by the group, none of the groups chose to work ideas up around this challenge when able to select to do so. Instead, they chose to respond to the ‘How Might We?’ statements that perhaps provided the most opportunity for creating something very practical and were about bringing people together to address challenges and issues around scale once innovation had occurred; these are the latter stages of the innovation cycle. This seems to concur with the insight in Section 5.1 (*‘Barriers to engaging industry in Health and Care’*) which says: “*Engagement about high level, over-arching policy may not be as attractive to SMEs, as more focussed engagement around specific challenges or about products/services that can only address part of the challenge (and SMEs with products that can only address one part of the challenge may not be attractive to policy makers working at high level)*”.

Our work with SMEs has involved a comparatively small number of participants. We would recommend that further work should be done to understand more about industry motivation for being involved in the policy making process.

6. Output

The delegates broke into three groups to each address one of the ‘How Might We?’ questions and work up an idea they believe goes some way to addressing the challenge of engagement. They self-selected which challenge / opportunity they felt was most pertinent to them and against which they would like to generate ideas to solve some of the issues involved. As such, not all of the ‘How Might We?’ questions were selected.

The ideas of the three groups are outlined below:

6.1 Group 1: Socialising the Challenges – a Virtual SME Forum

Bryan Griffiths from BG Healthcare Consultancy
Carey Bloomer from Marches Care
Marianne Swinkels from SomerenTea

<http://bryangriffiths.com/>
<https://www.marchescare.co.uk/>
<https://somerentea.eu/nl/>

This group looked at how to ‘socialise the challenges’; that is, how challenges can be identified, broken down and communicated to enable SMEs of all sizes to respond. They identified a need for SMEs to have an equal voice when it comes to opportunities. The group felt that with large Trade Associations, SMEs can feel overlooked and not listened to.

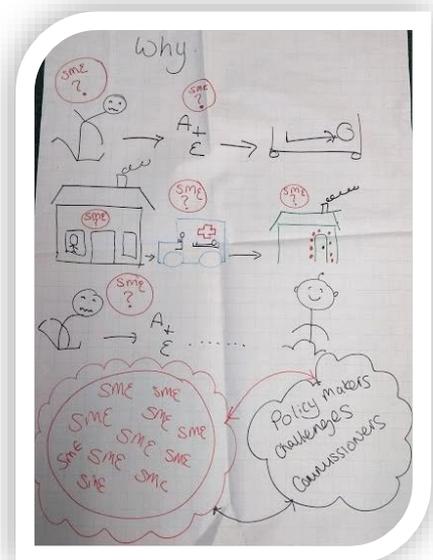
They suggested the creation of a virtual forum involving SMEs, which might be supported by face-to-face meetings. This would provide an equal voice to SMEs as well as promoting opportunities for innovative partnerships between small and larger organisations. To focus the engagement, a monthly challenge would be posed, against which SMEs can demonstrate how they can add value at various stages. These would be based on real life examples such as one illustrated here around preventing recurrent falls.

How Might We:

Work with Policy Makers to build trust & understanding in how SMEs approach innovation?

Why?

To give everyone a voice and an opportunity to be involved, no matter how big or small they are.



Socialising the Challenges: Idea Blueprint

Who this idea helps (Audience Segments)

- Citizens
- Businesses
- Education
- Research
- Environmental
- Policy Makers / Writers
- Commissioner

How this idea helps (Value Proposition)

- Empowering citizens through innovation, education, prevention, across generational dividers
- Adding value to SME businesses to help themselves
- "Head, Heart, Hands"

Distribution and Relationships

- Trade associations / Trade shows
- IFB
- Health and Care Programmes
- Buyer forums

Key Implementation Activities

- Virtual Forum
- Monthly topic matters

Key Resources

- Dedicated website
- Webinars
- Host / moderator
- Face to face biannual meeting

Key Players and Partners

- SMEs
- Policy makers
- Citizens

What are the costs? How is it funded?

- Websites
- Hosts
- Moderators

5.2 Group 2: Scaling early invention ('Scaling Model Eindhoven')

Michael Walker from Aimes
Alan Thomson from DigiCreDis
Pieter Schendstok from Lokaal

<https://www.ames.uk/>
<http://digitalcredis.co.uk/>
<https://lokaal-plus.nl/>

The second group focussed on scale-up. Industry and health and care sectors in both regions had expressed concern about the disproportionate level of investment in early stage research and development. EU investment in smart-health and care (and that of national government and regional governments) is primarily focused upon invention and early stage product and/or service creation.

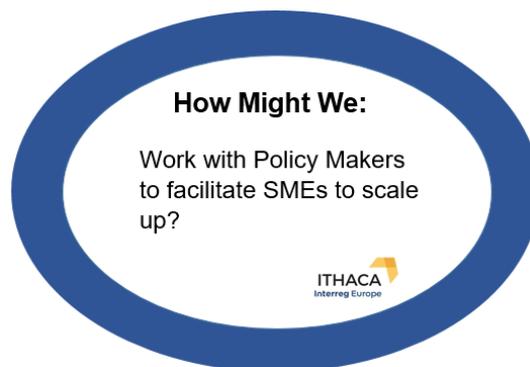
The challenge for the health and care sector, and industry, is deployment into existing services and practice models that require redesign to interoperate with the invention. The innovation only occurs when invention combines with a redesigned service or practice and begins to scale.

To grow, SMEs must not only develop new products but also deploy those products to market at scale. Focussing solely upon early stage research and development is expensive and in the longer term not necessarily financially sustainable.

This situation presents a challenge not only to industry but also to the health and care sector, which has little capacity to redesign service and practice to interoperate with the smart solutions that are available.

To balance the risk of invention for industry and accelerate early stage deployment of smart health and care, the idea of the second group was to create a formal collaboration between industry and health and care stakeholders. Industry is prepared to support service redesign and deployment of invention into service and recognises that there will be a point where formal procurement will be required to fully operationalise the innovation. To balance industry risk of failure to win the tender, and the consequent loss of the resource expended to this point, the group proposed:

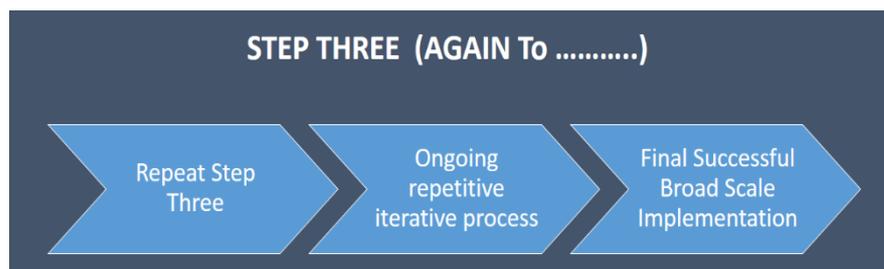
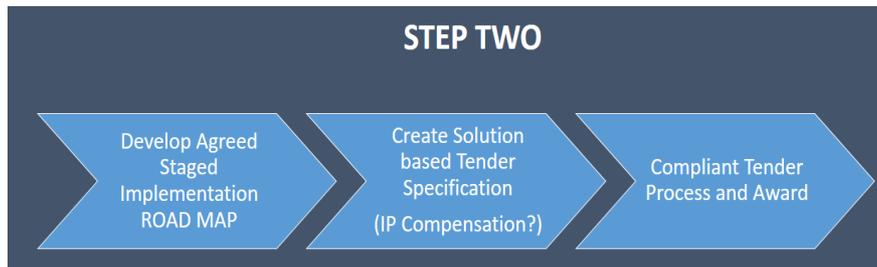
- creating an "innovation scaling partnership" between SME and the health/care stakeholders
- accepting joint ownership of successful initial scaled deployment of the innovation including agreement of apportionment of intellectual property which includes any financial cost and/or benefit for both parties



Why?

To enable SMEs to move from invention to initial deployment with a view to scale. Changing attitudes and ensuring that finance is appropriately applied throughout the innovation and adoption process

The steps of this model are:



Scaling Model Eindhoven: Idea Blueprint

Who this idea helps (Audience Segments)

- Commissioners / budget holders / decision makers / policy makers
- Healthcare - patients / clients
- Health and Care providers
- Successful recipients of R&D funds such as SMEs / Universities
- Potential to be applied across public sector in general

How this idea helps (Value Proposition)

- Aid scaling of products / services for SMEs, enhancing procurement process
- Create delivery partnerships between SMEs and institutions
- Provide a pathway to a mutually beneficial ecosystem of innovation at expedited uptake of excellence in products benefitting public sector and SMEs

Distribution and Relationships

- Trade bodies representing health and social care industry
- Local, regional and national healthcare institutions
- Healthcare / social care companies
- Personal / business contacts / database

Key Implementation Activities

- Create delivery partnership - IP scale up group
- Evaluate IP of solution and establish investment based apportionment of value
- Create managerial commercial road map
- Paying IP compensation to ensure cash flow for upscale
- Create tiered contract tender based on successful solutions with solution based KPIs
- Compliant tender process

Key Resources

- Buy in for this policy
- Policy makers / Budget holders / decision makers willing to engage with Scale Model Eindhoven

Key Players and Partners

- Commissioners
- Budget holders / decision makers in health care and public sector
- Politicians (both local and national)
- Thought leaders and industry lobbies in healthcare and other relevant public sector bodies
- Media
- The SME community
- Civil servants and national and supranational governmental and quasi / arms length governmental institutions

What are the costs ? How is it funded?

- This idea is about risk sharing and commitment through the process therefore costs could be borne proportionately by both organisations.

5.3 Group 3: Smarter Networking

Rachael Stott from PSS

<http://psspeople.com/>

Dave Burrows from Damibu

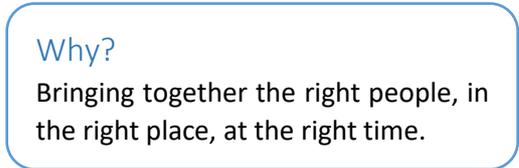
<http://www.damibu.com/>

Jacqueline van der Lubbe from Green and So

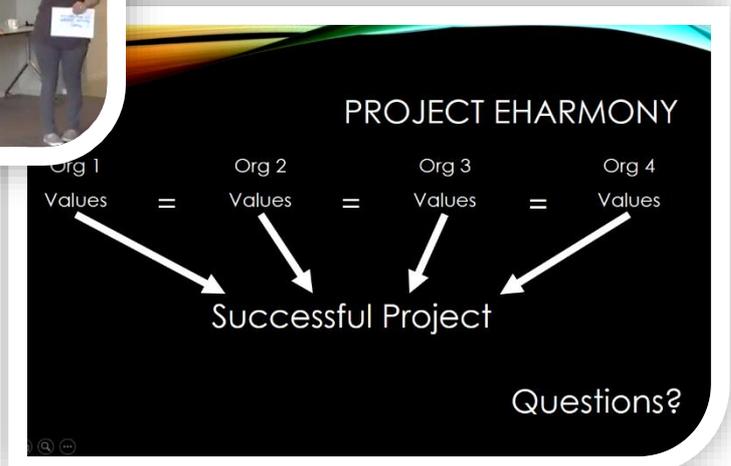
<https://www.greenandso.nl/>

The third group focused on putting good ideas into practice; converting ideas into successful projects by bringing together the best partners by:

- creating a platform to match partners on pre-defined fields and project goals; providing a list of potential matches to those searching for partners.
- using a questionnaire about organisation's characteristics, beliefs, values, emotional health and skills
- matching potential partners core traits and values to replicate the traits of happy couples (using a dating website analogy)
- enabling potential partners to view each other's profiles confidentially once a 'match' is suggested and leaving the onus on them to make contact and progress the match further.



The group was keen to bring equality of opportunity into networking, meaning that whether a potential partner is small or larger, the connection is made based on shared values and best fitting knowledge and experience.



Smarter Networking: Idea Blueprint

Who this idea helps (Audience Segments)

- Industry
- Citizens
- Education
- Public sector

How this idea helps (Value Proposition)

- Helping individuals / organisations turn their ideas into reality

Distribution and Relationships

- Online platform

Key Implementation Activities

- Build a dating website / testing
- Tell the success stories of projects that have come from it

Key Resources

- Developers

Key Players and Partners

- Public sectors / developers / people who use services

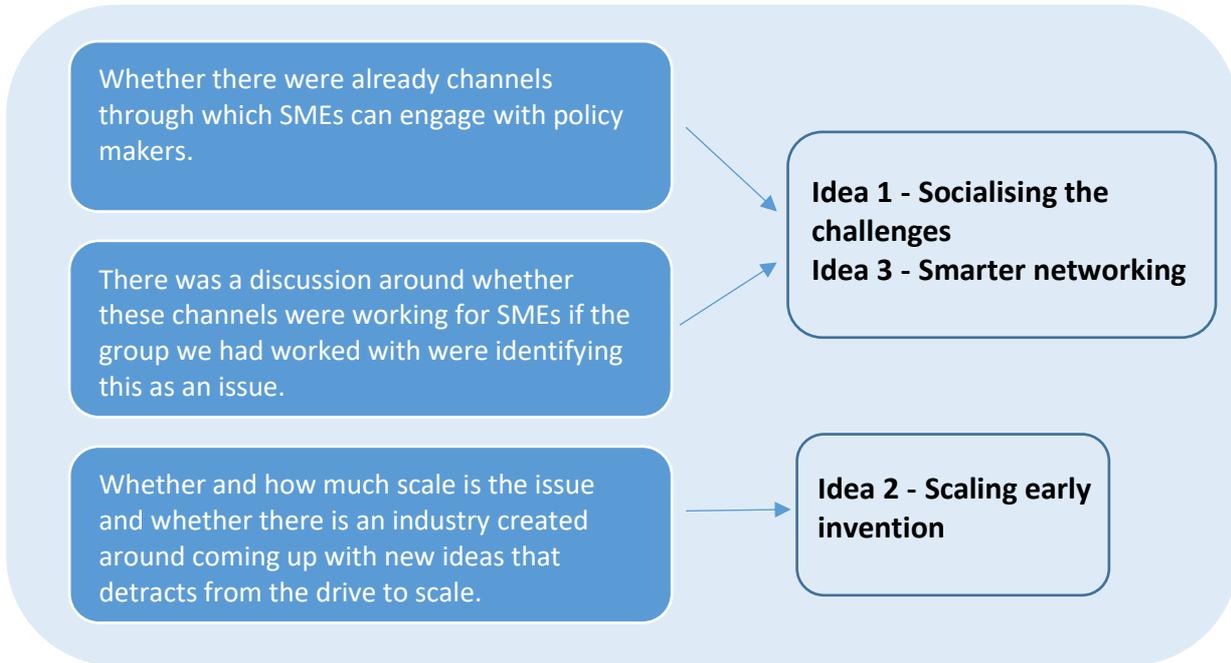
What are the costs ? How is it funded?

- £50k development and awareness raising
- Funded by membership fee / percentage cut of ideas? / social finance?

7. Feedback from ITHACA Partners in Krakow on the three ideas

We fed back, at a high level, information about the ideas generated at the workshop in Eindhoven to ITHACA partners at the Co Design Seminar held in Krakow on 5th June 2018. Two sessions were held which were attended by a mixture of delegates from across the ITHACA regions, representing the public sector, academia, the social / third sector and health and care workforce. Three of the delegates were from the industry sector.

Their feedback centred on:



It is interesting to note the existing channels through which SMEs can engage with policy makers were not mentioned by the delegates at the Eindhoven session. This omission might be because they did not know these channels exist, or because they do not consider them effective (i.e. the need is still there).

Similarly, there was discussion in Krakow around whether the issue around scale was a significant one. This was however a keenly felt concern for the group who worked up an idea around this issue in Eindhoven.

These two examples might illustrate a misalignment in values, priorities and experience between the two groups represented both in Eindhoven and in Krakow, which might be pertinent to revisit.



8. Exploring the issues further with ITHACA partners in Krakow

8.1 How well do you engage with each other?

As our work in this area was about how well industry feel that they are able to engage with policy makers we asked all of the delegates how well they feel their sector engages with other sectors represented through ITHACA. Each sector representative was given a different colour dot, which corresponds to the visuals below.

They were then asked to stick their dot on a scale for how well they engage with their own and other sectors, where 1 was “we don’t engage well” and 5 meant “we engage brilliantly!” It is worth noting here that we did not define what we meant by ‘policy makers’, including all sectors (and adding the sector of Health and Care Workforce) that are incorporated into the ITHACA quadruple helix.



From this exercise, we can make the following observations:

- Some representatives of the academic sector and the public sector expressed they do not engage well with citizens / civil / social sector. However, they felt engage well internally. People who represented the health and care workforce indicated they engage well with citizens.
- One representative of citizens / the civil / social sector did not feel they engage well with the public sector; indeed no one said they engaged brilliantly with this sector.
- One representative from health and care said they did not engage very well with the academic sector. One representative of industry felt they engaged very well with the academic sector.
- There was a cluster of representatives from citizens / civil / social sector who indicated they do not engage well with health and care. Only one public sector representative felt they engage really well with health and care.
- Some representatives of the public sector felt they did not engage well with industry however, others showed they excelled in this area, as did one representative of citizens / the civil / social sector. Those in the academic sector felt they engaged at a level two or three with industry, interestingly so too did representatives from the industrial sector themselves.

Lessons learned:

There was a broad range of responses to this question, instead of a cluster of responses that might have showed that sectors felt they were engaging confidently with each other. The session in Eindhoven was developed in response to feedback that industry partners did not feel the other sectors engaged well with them. It could be that the extent to which stakeholders from specific sectors engage with other sectors varies widely in different regions – perhaps reflecting diverse traditions of partnership working. All of this considered would suggest that further work be considered to consistently improve engagement across the ITHACA partnership.

8.2 Why do we need to engage with industry around health and care?

We asked the delegates why they felt engaging with industry is important when addressing challenges to health and care. We received the following responses:

- We need industry to scale
- They are a big part of the reality
- They will act
- Engaging makes robust effective policy
- SMEs are citizens – we are able to engage with both in one.

Lessons learned:

ITHACA partners appeared to find this question difficult to respond to, suggesting that work needs to be done to understand the importance and significance of working with industry, as well as how this will be done and what will be done around engagement in this area.

8.3 Responses to 'How Might We?' questions

We asked the delegates to give some thought to the 'How Might We?' questions written by the SME delegation in Eindhoven and share some initial ideas as to how these challenges can be approached:

How Might We:
Support Policy Makers to determine the priorities around Health and Care?

- "Get them out of the building and start having conversations with health and care users" "Go in dialogue" "Talk to patients" "Being in dialogue between citizens, science and care / health actors"
- "Evidence and knowledge – often we know too little about effects / impact – Living labs?" "Show evidence"
- "Mutual learning and trust building"
- "Show possible solutions / scenarios and discuss their impact"
- "Bring different types of policy makers (e.g. is economic development) with health and care policy makers"
- "Role play"

How Might We:
Make industry a more valued partner in the health & Care sector?

- "Health is priceless - earn your place in it"
- "Integrate them early in the process" (2 more agreed)
- "Try to understand their interests and needs - and be open to change own ways of working"
- "Organise / realise small scale pilot projects together (SME / large companies / inhab. / education)"

How Might We:
Put good ideas into practice, together (all parties)?

- "Patient is king - we are serving the king!"
- "Financing time spent by the SMEs"
- "Just do it"
- "Shared ownership"
- "Organise small scale topic related events where SMEs and policy makers and other stakeholders are invited personally on their qualities and responsibilities" (one other agreed with this)
- "Make people careholders and not shareholders"
- "Work together in developing the idea into a practical solution"

How Might We:
Work with Policy Makers to facilitate SMEs to scale up?

- "Use public procurement wisely"
- "Give room / priority to discuss improving funding strategies"
- "Train them like we train start ups"
- "We promise to stay out of the SMEs' way to success"
- "Encourage policy makers to focus less on invention and more on scaling"
- "Take a step back - why scale up? (because of the hype?)"
- "Offer regular internships for policy makers in SMEs" (one other agreed with this)
- "Make sure that SMEs have a communication channel to relevant policy makers and decision makers for their requirements"

How Might We:
Work with Policy Makers to improve the product/service uptake process?

- "Take away (financial) risks for investors (like impact bonds)"
- "Discuss at an early stage possible solutions / scenarios in the perspective of rules and regulations of procurement"
- "Reward disruption"
- "Building platforms of coworking and experience exchange"
- "Provide resources for public procurement not just early stage invention"

How Might We:
Work with Policy Makers to build trust & understanding in how SMEs approach innovation?

- "Internship with each other"
- "Right to challenge projects (to show innovative approach in practice)"
- "Policy makers need to take (personal) risks in order to be able to innovate (that's how nature works)"
- "Create open door days for policy makers within companies"
- "Create room for experimentation"
- "Design thinking workshops with policy makers"
- "To make them share the same timeline"
- "Role play on real topics with SMEs, public sector inhabitants, education, housing taking each others position"

Lessons learned:

There was lots of discussion here around engagement, co-creation, sharing time and experience to tackle these issues. Making the space for innovation, disruption, experimentation and having an open mind to learning also was a theme across these 'How Might We?' questions.

9. Recommendations and next steps

The workshop with SME representatives in Eindhoven and the sense checking that took place with colleagues in Krakow feels like a valuable first step towards more effective engagement of industry in health and care policy making. It is important, following completion of this first step, that weight be given to the learning achieved, and action taken to ensure that SMEs are more effectively engaged in innovative, smart health / care policy making and consequent smart specialisation.

The original proposal document suggested the following actions take place after the event was held in Eindhoven. Progress against those actions is reported below:

That the ideas generated (prototypes)...

- *be presented to the following ITHACA Steering Group.* Following circulation of a draft, this report is being formally presented to Steering Group meeting in Slovenia in October 2018.
- *inform and contribute to a session on "industry engagement in policy making" at the ITHACA ecosystem workshop in Malopolska region (Krakow).* Two workshops were held in at this event and the output is contained in this report
- *inform the content of the ITHACA framework strategy.* This will form part of the discussion at the Steering Group meeting in October 2018
- *inform the content of the Regional Action Plans that will be deployed in years 4 and 5.* This will form part of the discussion at the Steering Group meeting in October 2018. In the interim, Liverpool stakeholders are exploring practical applicability of learning.
- *influence effective engagement of industry within regional policy making.* This will form part of the discussion at the Steering Group meeting in October 2018. In the interim, Liverpool stakeholders are exploring practical applicability of learning
- *be disseminated widely as part of ITHACA's communication and dissemination activities.* Prior to formal presentation of the report to SG in October, this report is being circulated to a) SG members for information and b) communications lead for further consideration and appropriate action.

Our learning from this event suggests that:

- Industry can offer innovative solutions, in a short space of time.
- There is scope for further work to be done within the ITHACA partnership to understand and agree the value of engaging industry, specifically SMEs, in this space.
- There is a disconnect between the thinking of ITHACA partners around this issue and that which we heard from the SME delegation in Eindhoven. This is illustrated by the feedback we received on the

three ideas prototyped by delegates in Eindhoven; there was no consensus between the two groups around whether the need is there.

On this basis, we would recommend and seek the approval of the ITHACA Steering Group to run a half-day (as a minimum) co-design session involving ITHACA partners and SMEs, bringing them together in one session to:

- Focus on 'why' it is important to work together on issues facing health and social care
- To reach consensus and consider solutions around some of the barriers to engagement / working together that we have identified
- To sense check the ideas mooted in Eindhoven and to work together to develop these into ideas that can be owned by all parties
- To agree next steps to take these ideas forward and progress the wider issue of engagement of SMEs further

For expediency, this session could be attached to a forthcoming EEPE where ITHACA partners will already be present or could be incorporated into the planned ITHACA Action Planning Preparation Workshop in July 2019 in the Basque Country. We would welcome the thoughts and direction of the Steering Group in this regard.

We recognise that it would be important to incorporate this work into existing budget headings wherever possible.