

# Smart Specialisation: what it means for the health sector in Cornwall

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# Guide to Research and Innovation Strategies for Smart Specialisations (RIS 3)



# EU cohesion fund spend by theme 2007-2013

Regional and cohesion policy  
€347bn - 35.7% of total EU budget

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graph TD; A[Regional and cohesion policy  
€347bn - 35.7% of total EU budget] --> B[ERDF - €201bn]; B --> C[ERDF R&D, innovation and  
entrepreneurship - €49.7bn];
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ERDF - €201bn

ERDF R&D, innovation and  
entrepreneurship - €49.7bn

## WHAT IS **SMART** AND WHAT IS **SPECIALISATION**?



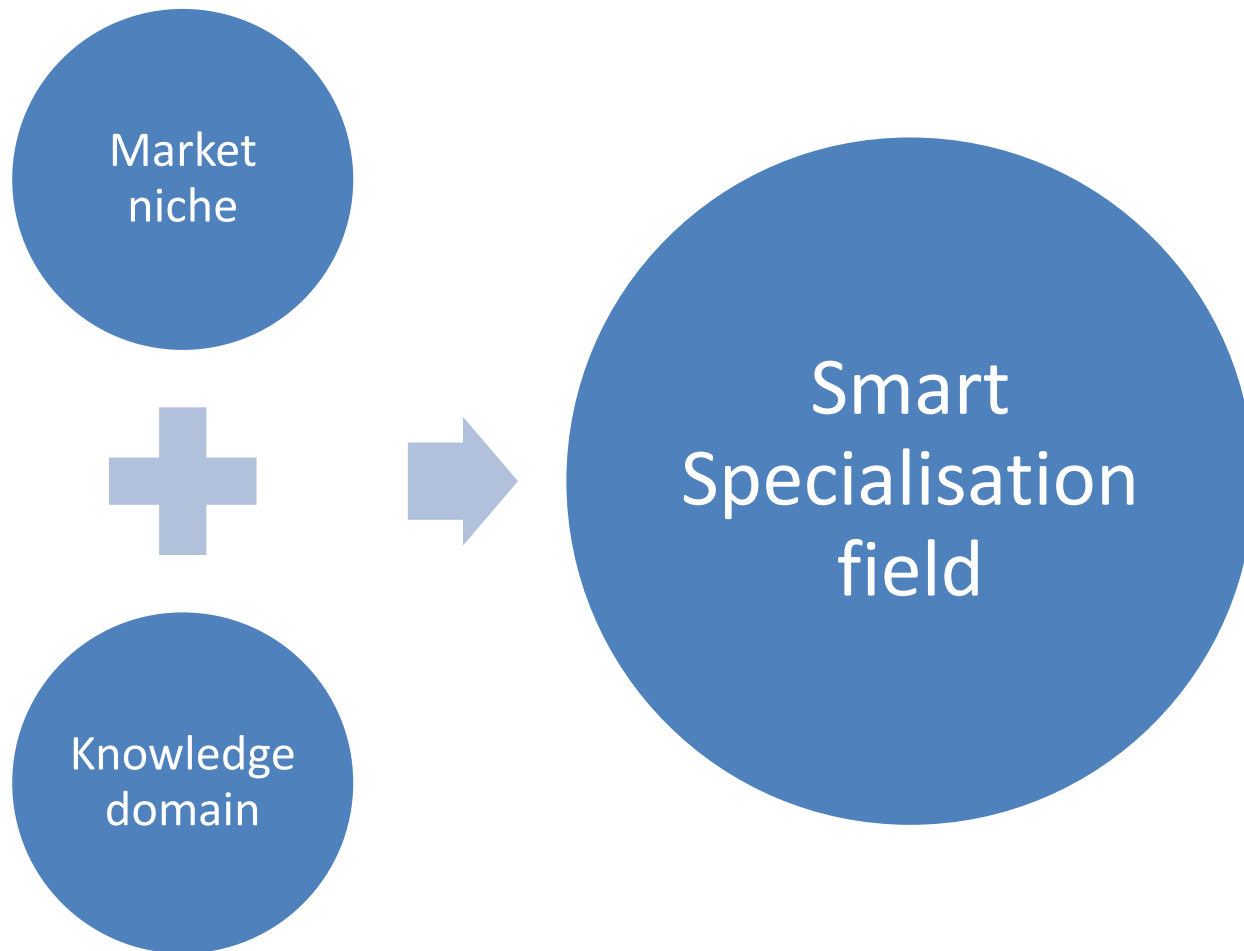
1. Place **evidence based**
2. Not top down decision, but **bottom up** partnership approach
3. **Global perspective** on potential advantage & potential for cooperation
4. Source in **Knowledge, services, technologies**, talent and investors



1. **Priority setting** in times of scare resources
2. **Excellence** in something specific
3. Accumulation of **critical mass**
4. Not necessarily focus on a single sector but **cross sectorial approach**

- a) **Best way to exploit territorial potential through innovation**
- b) **Foster interregional comparative advantage**

# Not just about research excellence...

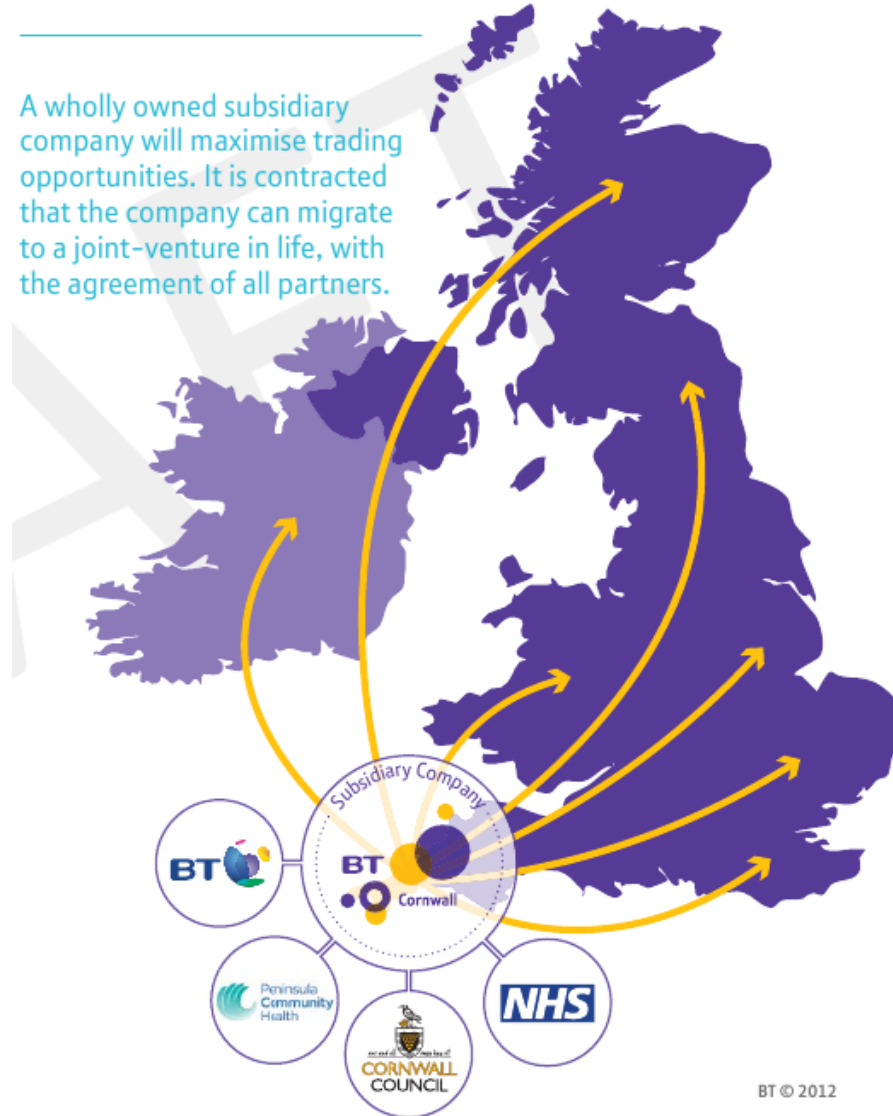


# 6 steps to identifying a Smart Specialisation strategy

1. Analysing the innovation potential
2. Setting out the RIS3 process and governance
3. Developing a shared vision
4. Identifying the priorities
5. Defining an action plan with a coherent policy mix
6. Monitoring and evaluating

# E-health as a smart specialisation field for Cornwall?

A wholly owned subsidiary company will maximise trading opportunities. It is contracted that the company can migrate to a joint-venture in life, with the agreement of all partners.

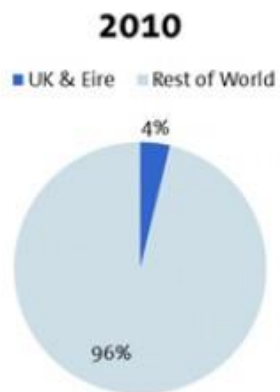


**UK telehealth market growth potential?**

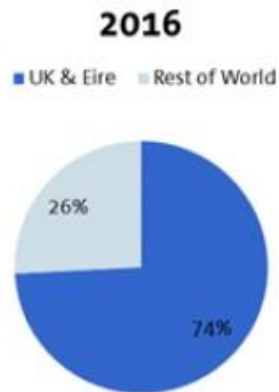


**Cornwall's commercial niche in this market?**

**Telehealth Patients– UK vs. Rest of World**



Total Patient Worldwide = 200K



Total Patient Worldwide = 4M

Source: InMedica

RESEARCH

**Cost effectiveness of telehealth for patients with long term conditions (Whole Systems Demonstrator telehealth questionnaire study): nested economic evaluation in a pragmatic, cluster randomised controlled trial**

BMJ 2016;353:g6636

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1)UCL, 2)UCL, 3)UCL, 4)UCL, 5)UCL, 6)UCL, 7)UCL, 8)UCL, 9)UCL, 10)UCL, 11)UCL, 12)UCL

**Abstract**  
 Objective: To evaluate the cost effectiveness of telehealth for patients with long term conditions (LTCs) in a pragmatic, cluster randomised controlled trial. Design: Nested economic evaluation in a pragmatic, cluster randomised controlled trial. Setting: Primary care practices in the Whole Systems Demonstrator (WSD). Participants: Patients with LTCs. Interventions: Telehealth (video, audio, and text) and usual care. Main Results: Telehealth was significantly more cost effective than usual care for patients with LTCs. The incremental cost per quality adjusted life year (QALY) gained was £10,000. Conclusions: Telehealth is a cost effective intervention for patients with LTCs. Funding: National Institute for Health Research (NIHR).





*Social innovations are new ideas (products, services and models) that simultaneously meet social needs (more effectively than alternatives) and create new social relationships or collaborations.*

*(Open Book of Social Innovation, Murray, Calulier-Grice and Mulgan, March 2010)*

# Smart specialisation – questions for the health sector in Cornwall & IoS

- Critical, quantitative analysis of:
  - Potential growth markets (commercial and social)
  - Niche commercial strengths
  - Knowledge domains
  - Competitive position - benchmarking
- What actions and investments are needed to develop this potential?
- Quantitative outcomes in terms of jobs and growth
- Qualitative outcomes in terms of social innovation

*Through a process of entrepreneurial discovery*