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MYTHS AND MECHANISMS
a brief note on findings from research on scaling and diffusion

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What's the problem? All too often impactful innovations in health and social care spread or scale very slowly, leaving the benefits – better health, longer lives, improved care – with the lucky few rather than with whole communities or populations. In the research literature this problem is a slow 'rate of diffusion'. Fortunately, there has been over five decades of research – hundreds of books and articles – on this issue, beginning with Everett Rogers' classic text *Diffusion of Innovations* in 1962 and the seminal Project SAPPHO at the Science Policy Research Unit in the 1970s[ii]. Unfortunately, findings from this research have rarely been absorbed into the thinking and practice of diffusion of innovations in healthcare, hence they have been based on a set of mistaken assumptions or myths.

Myths of scaling and diffusion

Myth 1: scaling and adoption are (just) informational issues

> The majority of practice in scaling and diffusion of innovations in healthcare relies on the 'dissemination' of information and evidence – ever flashier websites, ever glossier pamphlets, ever larger exhibitions or, in its most extreme form, direct instruction (command and control). While information is important and can inspire individuals, the diffusion of innovations that involve changes in professional roles or power relationships – most radical innovations – requires organisational supports and interactions. As well as being desirable (achieving better outcomes), for innovations to be scalable, they need to be feasible (appropriate workforce roles, skills and culture, relevant infrastructure, etc) and viable (giving better value for money, suitable contract and payment processes).

Myth 2: innovations spread and scale through transfer from one organization (or locality) to another

> Although this mechanism works for some incremental innovations, it is not the dominant mechanism for more systemic, radical or disruptive innovations. As the work of Clayton Christensen and colleagues at Harvard Business School has shown, such innovations frequently spread by the innovative organisation scaling up, increasing its share of the sector or market, and displacing the less innovative (lower performing) organisation.

Myth 3: innovation and diffusion are separate and sequential processes

> All too often, innovation programmes are conceptualised as 'pilots' and 'roll out': get the innovation 'right' or 'proven' and then roll it out to other departments, organisations or districts. As numerous research papers and case studies show, innovations scale or spread most rapidly and effectively when the diffusion strategy is devised and implemented from the outset, with potential adopters and end-users actively engaged in the design and prototyping. The 'not invented here' syndrome has some basis in reality – innovations often require adaptation to local context whilst maintaining fidelity to the core principles of the innovation – so their generalizability or transferability depend on having a diverse range of adopters and users involved in the innovation process.

Myth 4: increasing the pipeline of innovations increases the likelihood of scaling and adoption

> In the public sector and public services, attention has been focused on increasing the stock and flow of innovations; most policies, programmes and prizes are supply-side. Successful diffusion and scaling requires equal attention to the demand side; how can latent demand be mobilised as expressed demand, what rewards, incentives and recognition stimulate adoption or scaling.

Myth 5: professionals are the key agents of scaling and diffusion

> Strong professional networks can be powerful accelerators of scaling and diffusion. But even where these networks are strong and there is robust evidence about the effectiveness of innovations, the rate of diffusion is significantly affected by the existence, power, connectedness and mobilisation of user networks.

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Recognition of these myths, absorption of the research on scaling and diffusion, has led health and public service innovation programmes in different parts of the world to develop and use three more powerful mechanisms that, particularly in concert, show considerable promise in increasing the rate of diffusion.

Powerful mechanisms for scaling and diffusion

Mechanism 1: organic growth and nested communities

This mechanism comprises three interacting communities:

- a community of innovators, or community of practice, bringing together groups from a diverse range of departments or organisations committed to developing and implementing innovative solutions to a commonly-held challenge, problem or opportunity. Such communities are structured, facilitated and supported to use disciplined co-design and innovation methods

- a community of potential adopters or adapters of the innovative solutions. This community is less intensively supported but acts as critical friends to the community of innovators providing feedback on ideas and prototypes and

beginning to think through how the solution would work, or could be adapted to work, in their organisation or context, and helps codify the essential principles or characteristics of the innovation and its implementation

- a community of interest consisting of those individuals or organisations who are not yet committed to develop or implement the innovations but express an interest in being kept in touch with developments. A strong communications and engagement strategy is needed here to maintain their interest and build their commitment.

This mechanism is labelled 'organic growth' for two reasons. Firstly, to be effective it requires consistent attention to creating organic connections and meaningful interactions between, as well as within, the communities. And, secondly, there is purposeful activity to grow the community of practice by recruiting from the community of potential adopters, to grow the community of potential adopters by recruiting from the community of interest, and to grow the community of interest through social media and public events.

There is emerging evidence of communities of practice evolving into more formal service networks and of these networks hardening into chains.

Mechanism 2: mobilising demand and movement building

While 'organic growth' is centred on communities of professionals, this mechanism focuses on mobilising the widest possible range of stakeholders: users, citizens, policy-makers, and managers, as well as professionals. It has four key elements:

- building a compelling case for change or call to action which marshalls the evidence, emotions and opportunities for the need for innovation and creates passion and urgency

- developing an inspiring and guiding vision that describes the future that the innovation(s) will bring into being, setting the ambition and direction for all those involved

- strengthening and empowering alliances and coalitions of user and professional networks

- identifying multiple ways in which individuals from each stakeholder group can engage in demanding, developing and supporting the required innovations

This mechanism has much to learn from campaigning organisations, social movements and community activism.

Mechanism 3: enabling conditions

'Organic growth' and 'mobilising demand' can be stimulated and sustained, or hindered and blocked, by the policy environment and system leaders. Five dimensions of an enabling ecosystem have been identified:

- culture and leadership which is passionate about outcomes, goals and aspirations but flexible about means; encourages experimentation and well-managed risk-taking; promotes learning from other sectors and other countries; and values engagement with users and citizens

- investment funds and venture capital for innovation and its diffusion, and access to support with disciplined innovation methods: hubs, labs, zones and incubators

- rewards, incentives and recognition for the adoption, adaptation and diffusion of innovation

- a regulatory regime that enables the growth of innovative start-ups; displacement and decommissioning of under-performing organisations; supports merger, acquisition, partnering, joint venturing and the formation of chains; and stimulates spin-offs

Significant developments towards this ecosystem have been made in recent years including *NHS Five Year Forward View,* Monitor's and CQC's evolution towards being a sectoral rather than just institutional regulators, and The Dalton Review *Examining New Options and Opportunities for Providers of NHS Care*

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[i] Innovation Unit is the innovation partner for healthcare and wider public services. We are innovation experts - a collaborative of designers, researchers, public service leaders and practitioners. We work with ambitious people who lead, deliver and use public services. Together, we develop radically different, better, lower cost solutions to complex social challenges. We believe that public services are critical to everyone's wellbeing, but often they don't meet people's needs. Our skills, tools and planning create services and systems that help people lead better lives. We are an independent social enterprise, funded by the projects we undertake for clients across the public, private and charity sectors. www.innovationunit.org

[ii] A selection of key books, articles and sources will be provided in an accompanying paper

Please send any comments or queries about this paper to david.albury@innovationunit.org