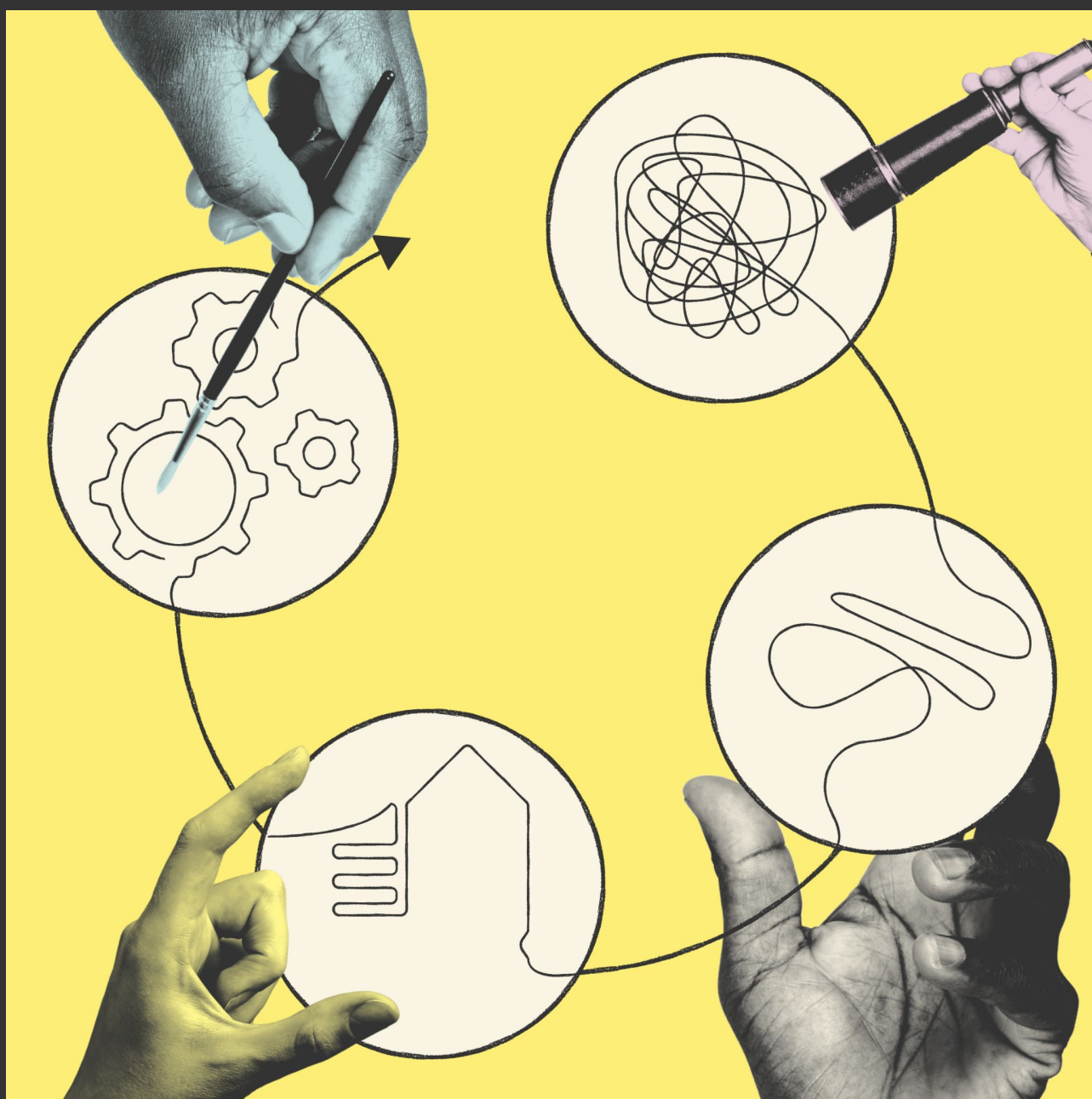


TIME TO BE BOLD

A guide to driving innovation adoption
through strategic commissioning



Time to be Bold

Contents

Key messages	3
Introduction	4
Setting the Scene	8
Innovation as an enabler of strategic commissioning	17
Understanding local context	22
Developing long term population health strategy	29
Delivering the strategy through payer functions and resource allocation	41
Evaluating impact	49
Maximising impact through regional partnerships	58
Partnering with Health Innovation Networks	59
Partnering with NHS Regions	63

Time to be Bold

Key messages

1

The scale of transformation needed to improve population health, reduce health inequalities, and create a more equitable and sustainable NHS demands a more strategic, whole-system approach to innovation and the rapid uptake of evidence-based innovations.

2

As the system's "pioneers of reform", ICBs have a critical role to play in driving innovation adoption through strategic commissioning, and developing their system's innovation culture and capabilities through their role as leaders and convenors of local systems.

3

Embedding innovation within strategic commissioning means:

- Understanding local context to surface innovation needs and opportunities
- Creating a pro-innovation population health strategy which mobilises providers, Health Innovation Networks, and other partners to deliver a whole-system, mission-aligned innovation portfolio
- Using commissioning and contractual levers to accelerate adoption
- Evaluating the commissioning, implementation and impact of new innovations, and continuously improving the system's approach to innovation adoption.

4

To enable success, ICBs should:

- Protect and develop their own capability to embed innovation adoption processes within the strategic commissioning cycle
- Make better use of local assets and resources by strengthening regional partnerships, including with Health Innovation Networks, NHS regions, academic partners, local communities and other strategic partners.

5

ICBs should also be incentivised and supported to develop their innovation capabilities through the Strategic Commissioning capability building programme, and the development of a stronger, mission-aligned, outcomes-led accountability framework.

Time to be Bold

Introduction



Introduction

A discovery journey with ICBs and HINs

In the Autumn of 2024, Innovation Unit was commissioned by the Health Foundation to work with a group of Integrated Care Boards (ICBs) and their partner Health Innovation Networks (HINs), to understand:

- The roles of ICBs in driving innovation adoption
- How ICBs are working with their partner HINs
- The optimal roles for ICBs in accelerating innovation as part of local and regional innovation ecosystems
- How national policy and wider stakeholders can support ICBs to reach their potential.

This work was part of The Health Foundation’s long standing interest in supporting innovation adoption.

The nine ICBs and seven HINs that joined us on this journey were selected to represent different geographies (large and small, urban, rural and coastal, from north to south) and different partnership arrangements and innovation maturities.

Integrated Care Boards	Health Innovation Networks
North East North Cumbria ICB	Health Innovation North East North Cumbria
Greater Manchester ICB	Health Innovation Manchester
Cambridgeshire & Peterborough ICB	Health Innovation East
Suffolk & North East Essex ICB	
Norfolk & Waveney ICB	
South West London ICB	Health Innovation Network South London
Surrey Heartlands ICB	Health Innovation Kent, Sussex, Surrey
Dorset ICB	Health Innovation Wessex
Bristol, North Somerset & South Gloucestershire ICB	Health Innovation West of England

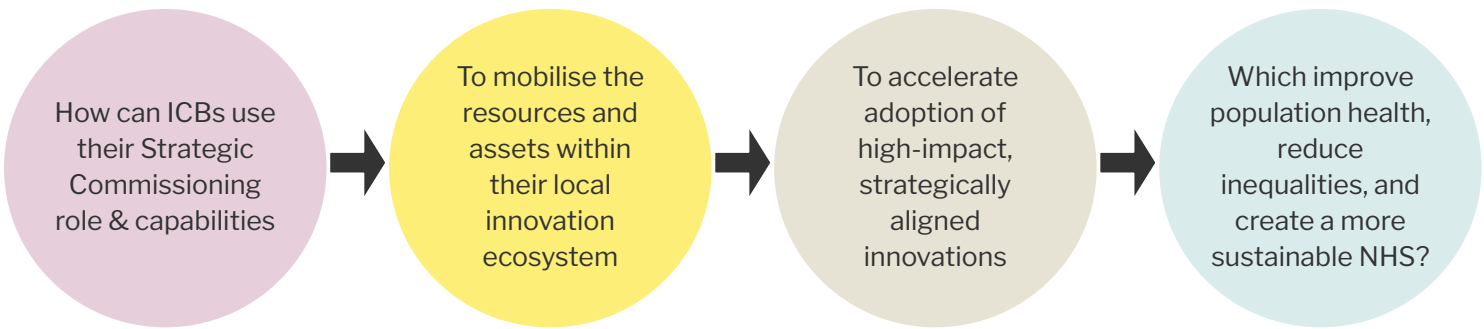
Over nine months, we met with innovation leads, system leaders and other experts from across each ICB/HIN partnership, as well as key national stakeholders. We also hosted three online learning events, an all day in-person learning event, and attended various national and in-system workshops and meetings.

Each of our learning events coincided with a major national policy announcement: the reduction of ICB running costs, the publication of the [Model ICB Blueprint](#), the [Ten Year Health Plan](#), and most recently, the [Strategic Commissioning Framework](#). This required a reflexive approach, continuously adapting our inquiry to the new expectations of ICBs, and making sure that time spent together was supportive and created space for participants to collectively make sense of the changes and the opportunities and challenges they could create.

This guide is the final output from this learning journey and brings together:

- **Insights and case studies from ICBs and HINs** which highlight their approaches to innovation adoption, how they have worked together, and the impact and learning generated
- **Analysis of the challenges and opportunities for ICBs** which arise in the context of the Ten Year Health Plan and the new NHS operating model
- **New frameworks and recommendations** aimed at helping ICBs, HINs, their local and regional partners, and national policymakers, understand why, and how, ICBs should be supported to embed innovation adoption within their new purpose and roles as strategic commissioners.

In particular this guide sets out to explore the following question:



In **Section 1**, we highlight the case for why ICBs should have a continuing role in supporting innovation adoption, the good practice they can build on, and why they need to adapt and develop in a changing context.

In **Section 2**, we present a framework for embedding innovation adoption throughout each stage of the strategic commissioning cycle, with insights on how ICBs can use their role as system leaders and commissioners to mobilise the assets and resources of the health and care system, and the wider innovation ecosystem, to support the adoption of high impact, strategically-aligned innovation.

In **Section 3**, we focus on the regional partnerships that will be critical to success, in particular the importance of ICB and HIN partnerships and the role of NHS regions.

This was, and continues to be, a particularly challenging period for ICB staff and many of their partners across the wider health and care system. We are very grateful for the time, energy and positivity that all of the participants brought into the programme, and for how they supported one another.

We also recognise that many ICBs are already consulting on their structures and have started to make decisions about their future innovation capabilities and partnerships.

In this guide, we argue that innovation adoption is critical to ICBs new strategic purpose. We hope that it will be useful to ICBs, their local and regional partners, and national policymakers, and that it provides deeper understanding and inspiration about what it would take to embed innovation adoption into strategic commissioning. What this looks like in one system, will be different from another, and we hope that ICBs will be able to use it, with partners, to develop an approach that is appropriate to their local context.

Chapter 1

Setting the Scene



Time for a whole system transformation

Why ICBs must have a role in accelerating innovation systems

The 10 Year Health Plan is unambiguous: improving the country's health and guaranteeing the long term sustainability of the NHS demands transformational change. Incremental improvements to existing models of care will not reverse the tide of ever increasing demand, widening inequalities, and growing numbers of people living in poor health.

Achieving the scale of transformation required has to be a collective effort. This means that all parts of the health and care system - and wider society - need to pull in the same direction. This must include ICBs, who maintain a vital role in shaping the health of their populations, and a statutory duty to promote innovation.

This is why the Strategic Commissioning Framework calls upon them to “be bold” as they double down on their renewed role to “improve population health, reduce health inequalities and improve equitable access to high-quality, best value healthcare”.

Central to achieving this mission, must be the accelerated adoption of high-impact, strategically aligned, evidence-based innovations. By this we mean the successful uptake of any new practices, products, technologies, pathways or service models that have been proven to significantly improve outcomes, quality, equity and/or productivity - and that will help bring about the three strategic shifts from hospital to community, from treatment to prevention, and from analogue to digital.

This will require a coordinated team effort, with ICBs working in close collaboration with partners from across the health and care system, and the wider innovation ecosystem. Together they must mobilise and coordinate their collective knowledge, capabilities and resources, so that they can adopt and spread innovations at pace and at scale, and realise and sustain their intended benefits.

Defining innovation and innovation adoption

For the purposes of this guide, we define:

Innovation

Any practice, treatment, product, technology, pathway or service model that is new to a service or location and which has the potential to transform - not just optimise - delivery and outcomes.

Critically this includes more than just technology, and is vital to transforming population outcomes, equity and sustainability, through the transformation of healthcare quality and efficiency and approaches which mobilise community assets and address the wider determinants of health.

Innovation Adoption

The process of putting something new into practice that has been developed and implemented elsewhere (whether that is from within or outside the adopting service, organisation or system).

This is likely to require some adaptation, potentially to the innovation itself and certainly to the adopting environment, to ensure that it can be adopted safely, effectively and equitably within the new context.

What is the ICB duty for innovation?

“Each integrated care board must, in the exercise of its functions, promote innovation in the provision of health services (including innovation in the arrangements made for their provision).”

That is to say, that ICBs must promote innovation in how care is delivered and in how care is organised and arranged.

THE HEALTH AND CARE ACT 2022

Building on strong foundations:

How ICBs are already shaping and supporting local innovation systems

Whilst ICBs were established with a statutory duty “to promote innovation in the provision of health services”, there has been little guidance, support or oversight outlining how ICBs should meet this duty, or to hold them to account. This has resulted in ICBs taking very different approaches and developing a range of roles, both in promoting and directly supporting innovation within their local systems.

Within our cohort of nine ICBs, these have included:

1	Providing system leadership of a system-wide innovation strategy	<ul style="list-style-type: none">• Convening system partners and communities to identify innovation needs and capabilities• Using data and shared decision-making criteria to agree whole-system innovation priorities• Aligning partners and mobilising resources around key innovation priorities or “missions”
2	Supporting and funding innovation development and implementation	<ul style="list-style-type: none">• Funding proof of concept pilots and evaluations, as well as cross-system spread and scale programmes for proven innovations• Co-designing and testing new whole-pathways of care and integrated neighbourhood models across multiple providers• Procuring new digital innovations on behalf of providers / whole systems• Embedding and scaling innovation through commissioning / decommissioning powers
3	Building shared innovation cultures, capabilities & infrastructure across systems	<ul style="list-style-type: none">• Convening partnership forums and networks• Hosting knowledge exchanges, learning spaces and capability building offers• Investing in shared innovation infrastructure i.e. shared portals and data systems• Developing shared narratives around the importance of innovation, including stories of success and learning

Overall we found significant variation in the focus and maturity of ICB innovation functions and partnerships, but we also found strong capability, commitment, and examples of impact in every one. Each one has made progress in developing a clear innovation ambition and offer for their systems, and each one has examples of successfully driving innovation adoption in one or more areas of strategic priority.

Throughout this guide, we use insights and case studies from across the cohort of ICBs and HINs to illustrate the opportunities and learning that can inform ICBs future roles.

Examples of the different roles that ICBs have taken to supporting innovation:

Providing system leadership of a system-wide innovation strategy

Facing some of the highest rates of premature cardiovascular disease (CVD) in England, **NHS Greater Manchester (GM ICB)** launched a whole-system, multi-year Prevention Plan in 2024, with an initial focus on preventing cardiometabolic diseases, particularly CVD and diabetes. For the first time, partners across GM have collectively agreed shared prevention priorities at a system level. This in turn has shaped a dedicated Cardiovascular, Renal and Metabolism innovation mission led by Health Innovation Manchester.

Supporting and funding innovation development and implementation

South West London Integrated Care Board (SWL ICB) has worked with local partners to scale the Community Health and Wellbeing Worker (CHWW) model from a pilot in neighbouring Westminster to all six boroughs within the ICS. The CHWW model trains local residents to provide door-to-door health and wellbeing support, helping connect households to NHS services and community resources. The initiative aims to improve health outcomes, reduce inequalities, and ease pressure on primary and secondary care. Funded via the ICB's SW London Investment Fund, CHWWs have engaged over 700 households in 2024/25.

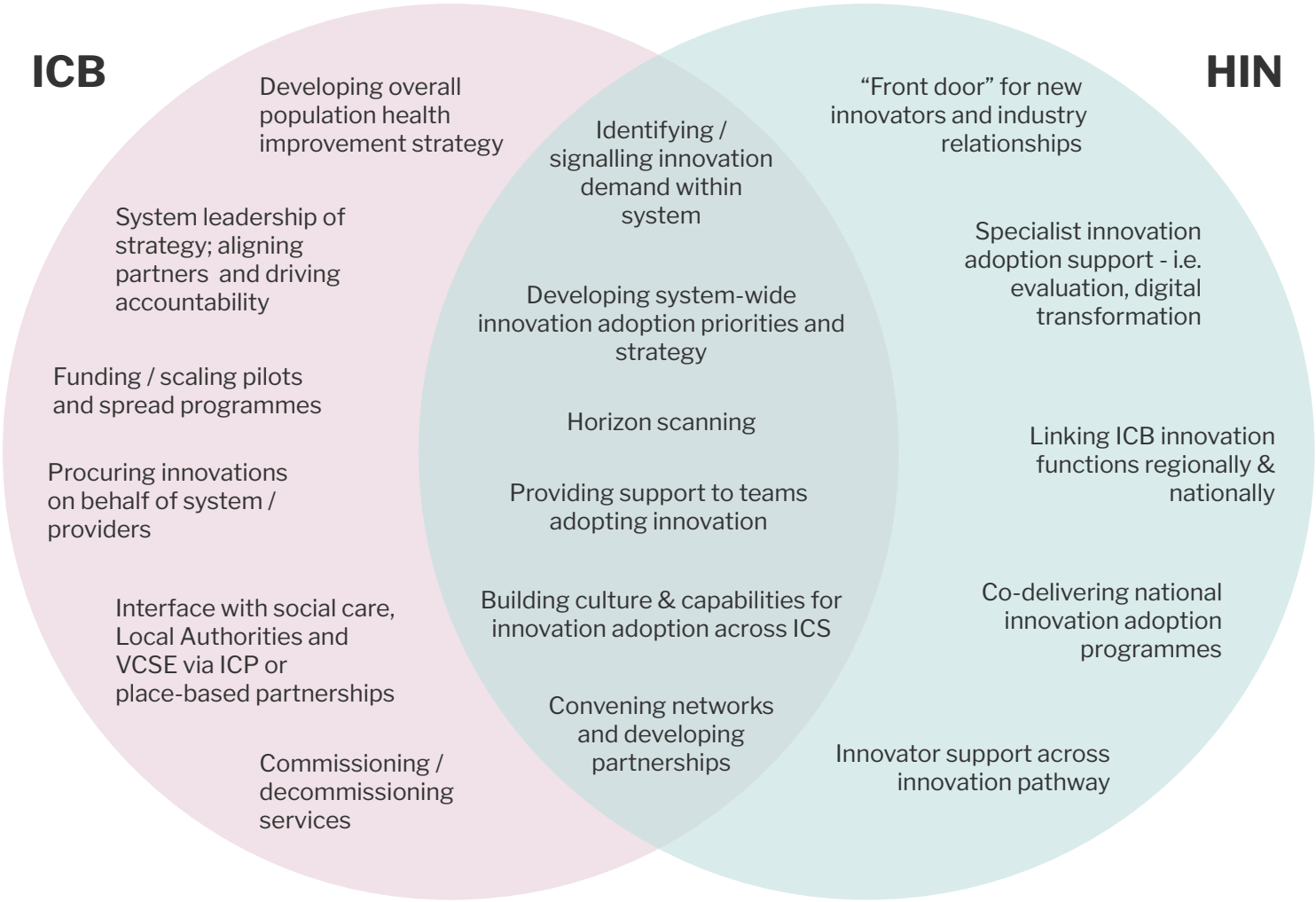
Building shared innovation cultures, capabilities & infrastructure across systems

NHS Norfolk & Waveney ICB (N&W ICB) has been nurturing ICS-wide capabilities and a culture of innovation through its Innovation Champions, a network of innovation enthusiasts from across NHS providers, VCSE and primary care partners, as well as the ICB and Health Innovation East (HIE). The network has fostered a collective understanding of innovation, identified learning needs, facilitated information sharing and peer support, and promoted best practices across the system. It has raised the profile of the ICB and HIE, improving access to their support and resources, and started to inspire innovation collaborations across the network, for example around elective recovery, ambient voice technologies, and frailty.

The ICBs we worked with recognised that they couldn’t drive innovation adoption alone, and each one’s vision, strategy and approach has evolved gradually since their inception, alongside a growing network of existing and new partners - including health and care providers, local authorities, voluntary sector and community organisations, as well as local and regional research and innovation partners, universities and industry.

During this period, regional **Health Innovation Networks** (HINs) have become critical partners to many ICBs, supporting a range of different strategic and operational functions. Often they are providing commissioned services, such as horizon scanning, capability building, and evaluation support, and sometimes they are also pooling capabilities and resources, setting up joint planning and governance structures, sharing roles and teams, and delivering collaborative innovation programmes and projects.

Examples of roles that ICBs and HINs have played in supporting innovation across their systems:



Many of the case studies included in this guide illustrate the importance of the ICB and HIN partnership. In [Section 3](#), we further explore the importance of regional partnerships, and include an ‘ICB: HIN partnership maturity model’ developed as part of this learning initiative.

Time for change

Accelerating innovation systems in a rapidly evolving landscape

Our engagement with ICBs found that their progress in accelerating innovation adoption to date has been influenced and stalled by a range of wider, systemic challenges. Many of these challenges have already been highlighted in recent national reviews. These include:

- **Unclear roles and responsibilities:** The [Darzi Review](#) highlighted a lack of clarity regarding the roles and responsibilities of ICBs; and the [Innovation Ecosystem Review](#) called for “requirements and guidance on how ICBs meet their legal duty on innovation [to be] strengthened to align with research.”
- **Insufficient strategic focus:** The broad remit of ICBs - combined with differing interpretations of their duty to improve population health (Darzi Review) and the impact of repeated budget reductions - has made it difficult for systems to concentrate resources on a small number of transformation priorities with the depth and consistency needed to drive progress.
- **Ambiguity around the role of system partners:** The Innovation Ecosystem Review identified the need for “clearer agreement” on the role that Health Innovation Networks (HINs) can play in supporting ICBs.
- **Uncertainty around commissioning levers:** The State of Integrated Care Systems 2024–25 ([NHS Confederation](#)) highlighted that many ICBs remain unsure about how to use commissioning levers to drive change - with respondents reporting lowest confidence in their ICB’s ability to “deliver the [population health] strategy through payor functions and resource allocation”.

As many ICBs now embark on the process of clustering, restructuring and significantly reducing their running costs, this adds further challenge and complexity, with the need to develop new strategic and operational roles and relationships.

Furthermore, as ICBs begin to focus on strengthening their strategic commissioning role it will require them to re-examine, and rationalise, the role they play in supporting innovation, and how they protect the resources and capabilities that will be needed.

A range of other changes taking place across the wider health system offer both added complexity and opportunity for ICBs as they look to realise their potential as strategic commissioners in driving transformational changes. These include:

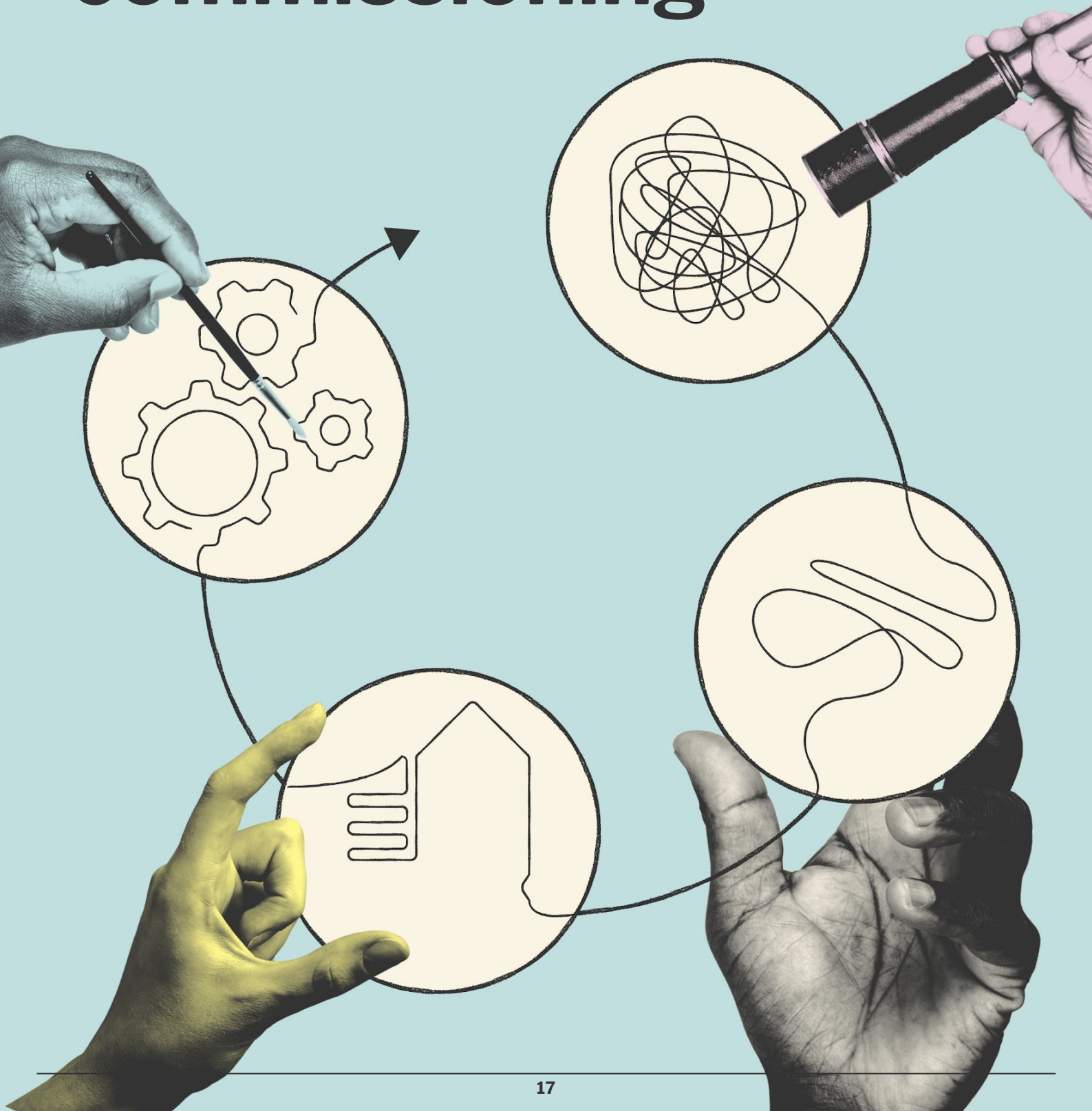
- **Regional teams** taking on an enhanced role “facilitating innovation at scale” and leading digital transformation, including through development of ‘Regional Innovation Zones’
- **Providers**, including Provider Collaboratives and Integrated Health Organisations, expected to take on greater responsibility for spreading and scaling successful innovations, developing neighbourhood health services, and, in some cases, taking on commissioning responsibilities for local populations

In the table below we explore some of the wider policy changes and the opportunities these present for ICBs:

Key trend	Policy announcement	Opportunity for ICBs
New financial flows	3-year financial and delivery planning cycles including multi-year revenue and capital allocations	Enables ICB investment in innovation adoption programmes which generate longer term value / cost savings
	Ring-fenced funding for investments in service transformation , amounting to at least 3% of provider’s budgets	Enables ICBs to align provider transformation projects with wider system priorities, and to support learning and scale-up
Enhanced national appraisals / prioritisations of innovation	Innovator passports accelerating the spread of proven innovation by negating the need for repeated assessments	Provides ICBs and providers with the confidence to consider rolling out pre-vetted innovations - with a focus on adoption support & learning, instead of impact evaluation
	Expanded NICE appraisals covering high-impact devices, diagnostics and digital products	Provides a national mandate for ICBs to work with providers to accelerate the adoption of high impact HealthTech
	Modern Service Frameworks outlining condition-specific outcome goals and priority interventions / areas for innovation	Provides a roadmap and national backing for ICB commissioning of evidence-based interventions across key conditions
Enhanced regional working	Regional Health Innovation Zones giving health systems greater flexibility to support radical innovation	Provides ICBs, providers, mayors and industry with new powers to experiment, test and generate evidence on implementing innovation
	Expanded role for Regional teams with a focus on enabling innovation at scale	Creates more opportunities for cross ICB collaboration within Regions - particularly around digital innovation and AI

Chapter 2

Innovation as an enabler of strategic commissioning



What is strategic commissioning?

“Strategic commissioning is a continuous evidence-based process to plan, purchase, monitor and evaluate services over the longer term and with this improve population health, reduce health inequalities and improve equitable access to consistently high-quality healthcare ... [and it] is key to enabling the NHS to secure improvements in access, care, quality and greater value for money by delivering the 10 Year Health Plan’s 3 strategic shifts”

STRATEGIC COMMISSIONING FRAMEWORK 2025

Innovation as an enabler of strategic commissioning

The Secretary of State for Health and Social Care has declared that ICBs should be the “pioneers of reform”, taking lead responsibility for driving ‘the three shifts’ through their role as strategic commissioners.

At its core, strategic commissioning offers a structured approach to determine how best to use collective resources to improve population health. It involves systems working with partners and communities to understand which models of care and support deliver the greatest value, what needs to change, and how new solutions should be prioritised and embedded across local services - replacing, where necessary, services which no longer meet population needs.

When it comes to innovation, ICBs have two key roles to play - as system leaders and commissioners:

- Providing stewardship of a shared, system-wide innovation strategy and portfolio aligned to local and national priorities (Strategic Commissioning stages 1 and 2)
- Incentivising, enabling and sustaining the adoption of high impact, strategically-aligned, evidence-based innovations through the targeted application of existing commissioning levers (Strategic Commissioning stages 3 and 4).

This involves:

Stage 1: Understanding Context

- Using data and stakeholder engagement to prioritise challenges and identify opportunities for innovation and improvement

Stage 2: Developing long term population health strategy

- Providing direction and coherence through a pro-innovation strategy that brings partners together around shared priorities and a coordinated approach to transformation
- Coordinating a portfolio of innovation testing and learning in areas with high potential for impact at scale

Stage 3: Delivering the strategy through payor functions and resource allocation

- Providing a clear mechanism for appraising high-potential innovations alongside decisions about future commissioning intentions
- Embedding and scaling what works by aligning incentives, processes, and resources to integrate proven innovations into contracts and delivery mechanisms - and carefully decommissioning what no longer adds value.

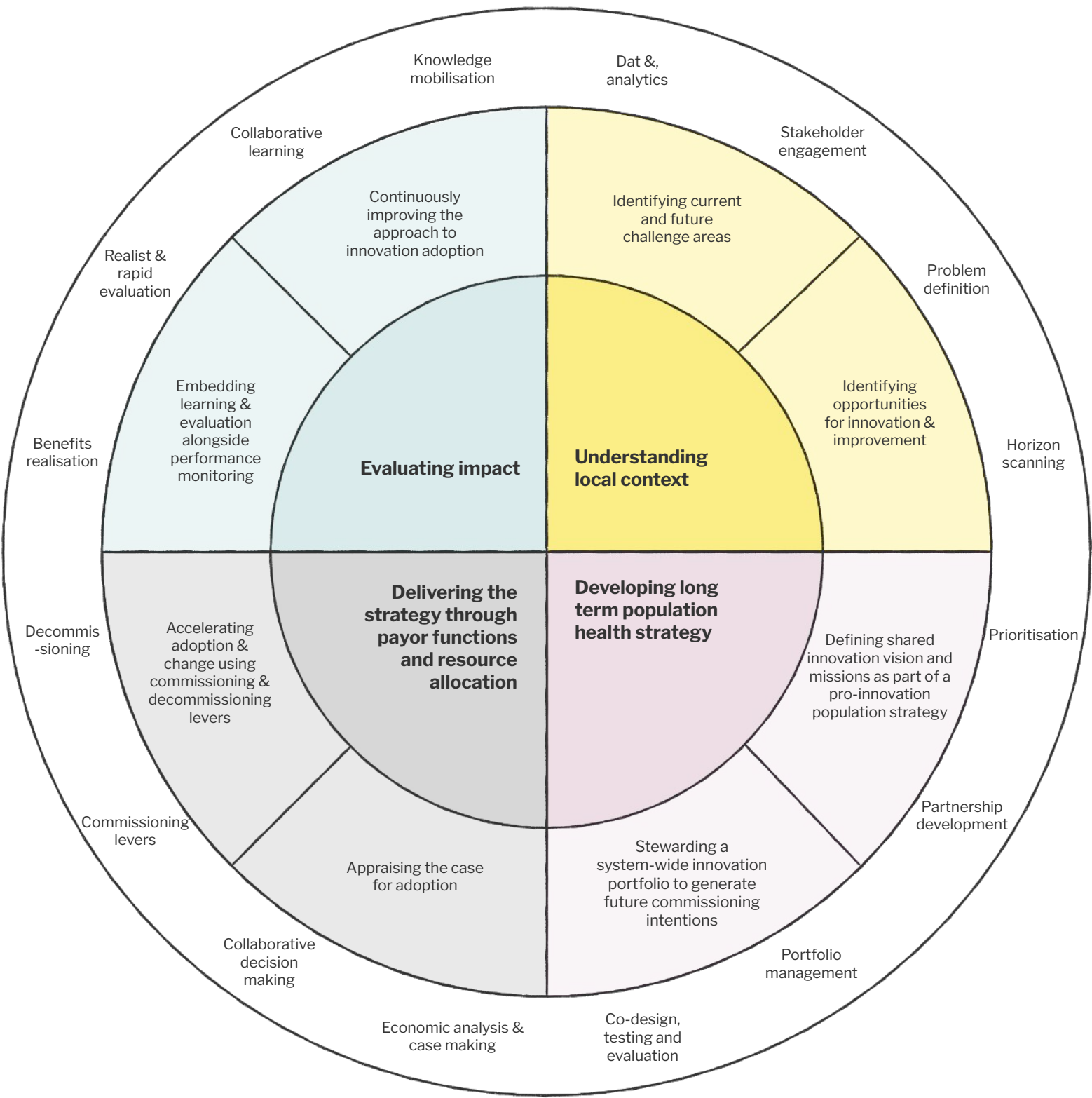
Stage 4: Evaluating Impact

- Utilising a range of evaluation and learning approaches, alongside performance monitoring, to measure the ongoing impact of adopted innovations
- Making sure that that this systemic approach to innovation adoption continuously improves.

We have drawn on the cohorts' insights and learning and our analysis of the Strategic Commissioning Framework to identify the key opportunities, capabilities and considerations needed at each stage of the cycle. We have used this to develop the infographic on the next page, and to describe what this looks like in practice across each chapter of Section 2.

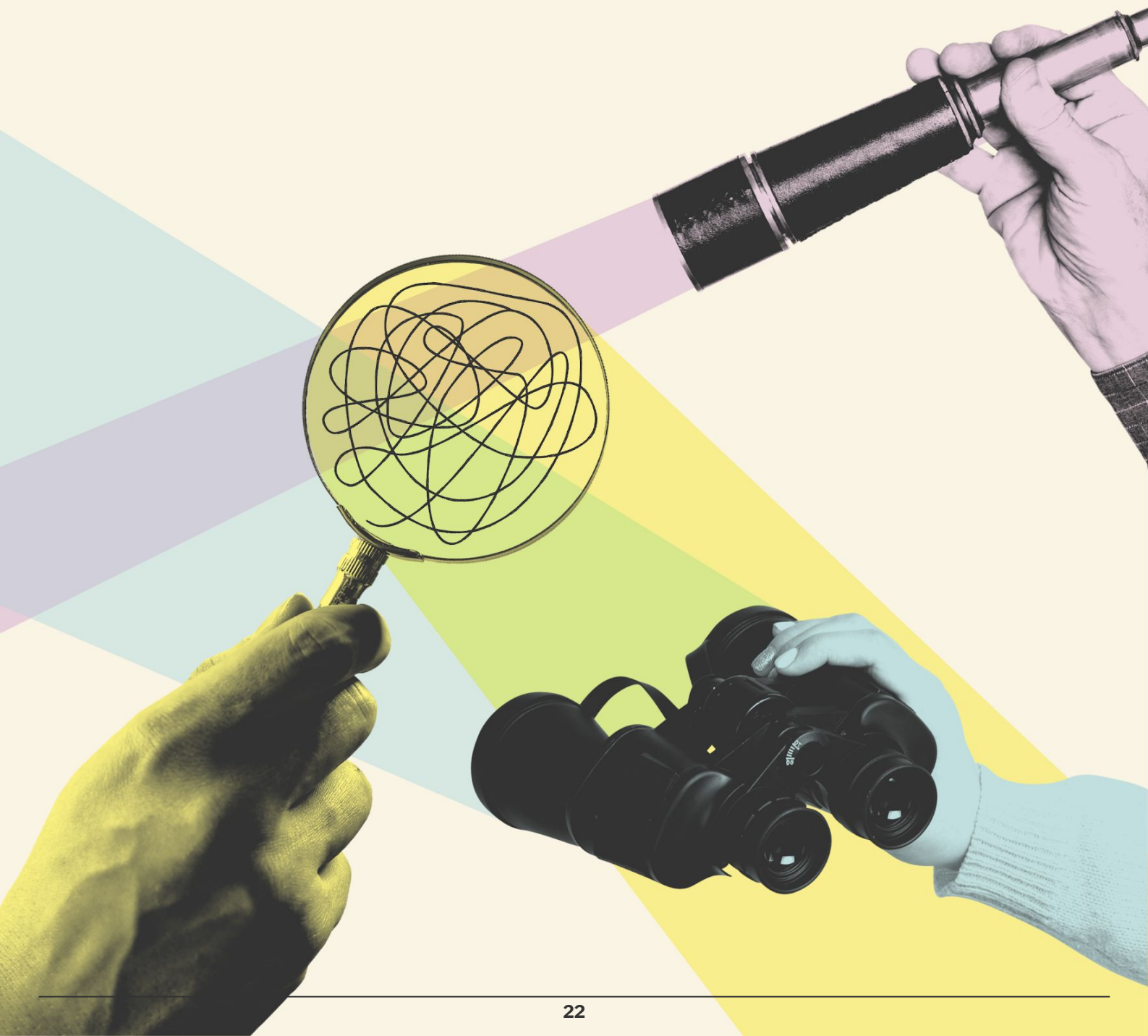
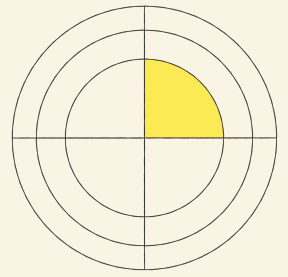
The ICB innovation cycle

Key steps to embedding innovation adoption within Strategic Commissioning



Stage 1

Understanding the Context

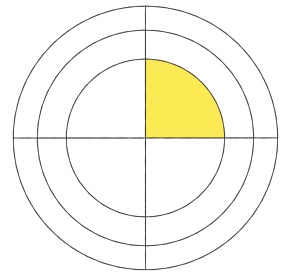


Understanding the Context

“ICBs will use joined-up, person-level data and intelligence (including user feedback, partner insight, outcomes data, public health resource and insight) to develop a deep and dynamic understanding of their local population and their needs now and in the future, and the biological, psychological and social drivers of risk and demand, proactively identifying underserved communities and assessing quality, performance and productivity of all existing provision”

STRATEGIC COMMISSIONING FRAMEWORK 2025

Understanding local context



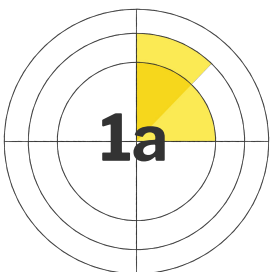
Embedding innovation in strategic commissioning starts with the process of working with local partners and communities to develop shared understanding of:

- the challenges facing local health and care systems, places and populations
- where new “care models, interventions and innovations [are] likely to have the biggest impact on health outcomes, experience and mitigatable demand” (NHS Strategic Commissioning Framework).

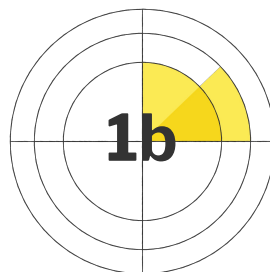
Aligning partners around a shared understanding of the challenges and why change is needed, and creating a shared sense of purpose and possibility, is vital to generating the energy and urgency needed to successfully deliver innovation across a system.

What might this look like in practice?

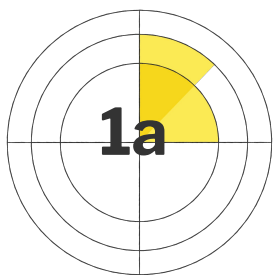
Embedding an “innovation focus” in Stage 1 of the strategic commissioning cycle involves two key steps:



**Identifying current
and future
challenge areas**



**Identifying
opportunities for
innovation and
improvement**



Understanding local context

Identifying current and future challenge areas

The first stage is core to both strategic commissioning and innovation, and involves examining population health, health service and economic data, and engaging with communities, clinicians and wider stakeholders, to identify existing challenge areas, and how they are forecast to change over time.

ICBs are required to undertake an annual *integrated needs assessment*, building on the Joint Strategic Needs Assessments led by local government public health teams and overseen by Health and Wellbeing Boards within each ICS. They are also asked to carry out an annual *baseline mapping exercise* to “risk assess the health services it commissions ... pulling on existing data flows and taking account of any recent inspections or other reviews” (NHS Strategic Commissioning Framework).

In the first instance, this may surface a long list of challenge areas, including:

- Neighbourhoods or population groups where health outcomes are poor, inequitable or predicted to worsen over time
- Services or models of care that are failing to meet people’s needs, producing unacceptable variations in outcomes, or at risk of becoming unsustainable due to growing demand.

Once this long list of challenge areas has been developed, a number of priorities can be developed for deeper problem exploration.

This may involve:

- **Deeper, focused data analysis and engagement** with people and staff with lived and learned experience, to build a shared understanding of the underlying drivers of the challenges and the outcomes that matter most to people and communities
- **Proactive reviews of at-risk services** to develop a detailed picture of quality, performance and productivity, against which the efficacy of new innovations can be assessed and compared.

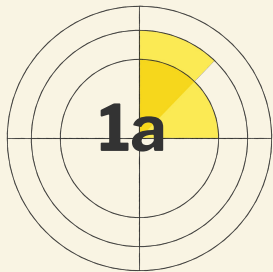


Key cohort insight

Citizen and patient engagement in innovation is underdeveloped in many systems; and where people are involved, it is most likely to be in later stage testing and feedback, rather than early stage co-production of challenges, priorities, innovation ideas and opportunities. Efforts can be thwarted by financial and capacity constraints; capability and confidence gaps, particularly with regards to engaging diverse communities and inclusion groups; and anxieties about opening up conversations about issues that may be difficult to address.

Where ICBs have actively supported a **more inclusive, community-led approach** to innovation, this has been powerful in: surfacing new and unexpected insights and opportunities; growing ambition and courage to test more impactful changes; and improving returns on investment by ensuring that innovations meet real needs. It has also often been accompanied by a broader systemic approach, for example, working with VCFSE to reach diverse groups, and adopting approaches which build on the assets and capabilities within communities.

Understanding the needs of the working age population with multiple health challenges in Bristol North Somerset and South Gloucestershire



In 2024, Bristol, North Somerset, and South Gloucestershire ICB launched Healthier Together 2040 to develop a medium to long-term strategic plan for the ICS.

The initial phase of Healthier Together 2040 reviewed national and local trends to identify the key challenges that the BNSSG health and care system needs to address by 2040. Further analysis and engagement with multiple stakeholder groups was then undertaken to identify a priority cohort - *working age people with multiple health challenges* - to start as the area of focus for the next phase of work.

A range of additional insight-gathering activities were delivered to enhance the ICB’s understanding of this cohort and the actionable opportunities to improve their health.

These included:

Involving the public and VCSE organisations to gather insight from people with multiple health challenges or with relevant risk factors

Full evidence reviews to identify evidence-based best practices, case studies, and prevention opportunities, and to develop a cohort theory of change

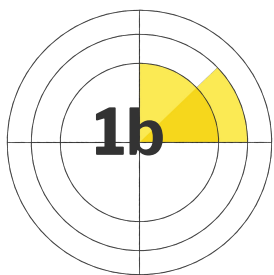
In depth financial and contractual analysis to identify opportunities to shift resources upstream and slow down demand growth within this cohort

Place based impact analysis to identify opportunities to develop infrastructure (buildings and digital) in line with the Infrastructure Strategy

Alignment to outcomes framework to develop a set of measures to monitor progress over time

These insights were then used to create a set of ‘Strategic Intentions’, which are now informing service specifications, pilots, and innovation adoption plans - a process we explore more in [Stage 2](#).

Find out more about the outcomes here: [Healthier Together 2040 Strategic Intentions](#)



Understanding local context

Identifying opportunities for innovation and improvement

Equipped with these insights, system partners can begin the process of reframing problems as innovation needs - shifting the analysis from “What’s wrong?” to “What *kind* of innovation (or improvement) would help address this issue?”

This insight can then guide the search for solutions, by asking: “Which existing innovations addressing this issue have been successfully deployed within our system or elsewhere?”. To support this, ICBs can draw on the knowledge and **horizon scanning** expertise of Health Innovation Networks, ICB peers, NHS, local authority, and voluntary sector partners, as well as wider professional, research, innovation, and “what works” networks.

It is important to note that not every problem will be best suited to an innovation-driven solution. Innovation is inherently disruptive, so the risks - and the resources required to manage them - must be weighed carefully against the potential gains, and the respective benefits of other approaches.

In some cases there will be known **best practices**, where a credible evidence base has been established and policy guidance, regulatory approval (where relevant), implementation toolkits and/or support, is available, for example, existing NICE guidelines or the anticipated Modern Service Frameworks. Commissioners may choose, or be expected, to fast track these solutions to their Population Improvement Plans (Stage 2) and payor functions (Stage 3).

In other cases, alternative **improvement approaches** - such as optimising existing pathways, enhancing service coordination, or supporting workforce development - may be sufficient and more appropriate.

This opportunity analysis provides a foundation for developing a targeted, coherent innovation strategy in Stage 2 of the Strategic Commissioning cycle that is fully embedded within the population health strategy.



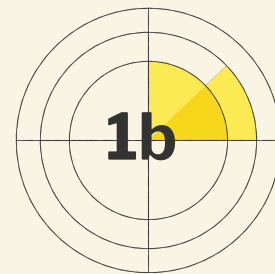
Key cohort insight

Often, innovations are seen as ‘solutions looking for problems’. They arrive as fully formed ideas, pushed from outside the system (for example, from industry or national programmes), disconnected from the real-world experiences and priorities of patients, citizens and staff.

One of the most important aspects of successful innovation adoption involves **helping teams adapt their behaviours and practices**. If innovation selection isn’t rooted in a shared understanding of the system’s challenges and opportunities, and only a small number of people have the motivation, energy or incentive to adopt new ideas, it can be very difficult to secure buy-in. This makes implementation much more challenging, and ideas are often abandoned.

This is why it is vital that systems create a **shared understanding of need and the priorities for impact**, before moving on to choose innovations with the greatest potential to improve experiences and outcomes for people and communities, workforce, and the wider system.

Assessing innovation needs in Norfolk and Waveney



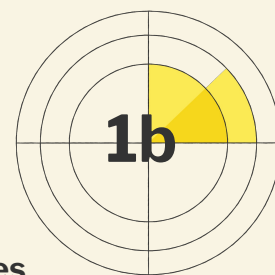
In Norfolk and Waveney ICB, the innovation team takes a methodological approach to supporting staff across the ICS to explore problems and identify potential opportunities for innovation.

Inspired by the Stanford Biodesign Framework, they support staff to:

1. Develop clear, well-defined problem statements
2. Prioritise problems based on their impact and the feasibility of implementing a solution
3. Identify which problems are best suited to be addressed through innovation, rather than through research, quality improvement, or service transformation
4. Define the essential features or outcomes that any potential innovation would need to deliver in order to effectively address the identified problem.

This sits alongside a wider package of innovation support for staff including a training programme for innovation, an ICS innovation network, and an ICS innovation champions programme.

Mapping and re-imagining obesity pathways in Greater Manchester



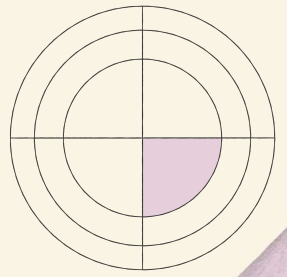
Since 2022, Health Innovation Manchester has worked with an industry partner to undertake a detailed *mapping* and *re-imagining* of obesity services for adults across Greater Manchester Integrated Care System.

The initiative started by creating a clear baseline picture of service provision, capacity, and demand, as previously no single comprehensive report existed. This captured the “current state” of care pathways, identifying inequities in access and inconsistent treatment outcomes. Phase two focused on developing a re-imagined “future state” for the system, using scenario simulations to test clinical roles, clinic formats, and pathway redesigns.

The resulting outputs have given local commissioners clear, evidence-informed recommendations to strengthen obesity pathways, and have helped build system readiness to support the effective introduction of future innovations - whether therapies, technologies or workforce solutions - to improve outcomes and enable scalable, equitable care.

Stage 2

Developing long term population health strategy

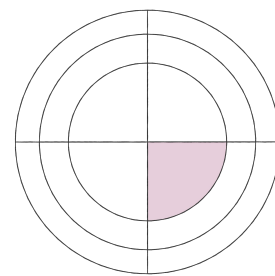


Developing long-term population health strategy

“ICBs will focus on long-term population health strategy and planning and care pathway redesign. They will use national modern service frameworks and guidance to create the evidence base for new integrated models of neighbourhood care that maximise value, guiding the development of population health improvement plans”

STRATEGIC COMMISSIONING FRAMEWORK 2025

Developing long-term population health strategy



Embedding innovation in Stage 2 of the strategic commissioning cycle involves working with innovation partners and local stakeholders to develop a “pro innovation” population health strategy.

This means creating a shared strategy which:

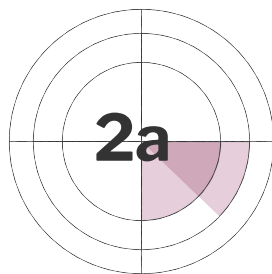
- Aligns partners around the case for change and the improvements in population health outcomes, health equity and productivity they will prioritise
- Creates a shared narrative about the role of innovation in realising these improvements
- Defines a small number of innovation missions that will be prioritised together
- Clarifies how system partners will steward a portfolio of innovation adoption projects that will drive future commissioning intentions.

Embedding innovation vision and missions within the population health strategy ensures that the energies, talents and resources of the whole system are pulling in the same direction, and that there is greater transparency and buy-in around key adoption and investment decisions.

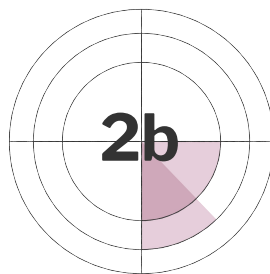
This also helps to encourage a more enabling innovation culture in which every organisation and team is encouraged to look outwards for new ideas and play their part in driving the three shifts.

What might this look like in practice?

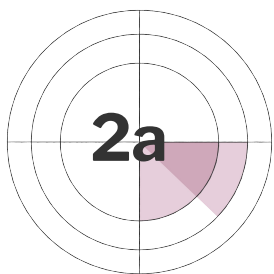
Embedding an “innovation focus” in Stage 2 of the strategic commissioning cycle involves two key steps:



Defining shared innovation vision and missions as part of a pro-innovation population health strategy



Stewarding a system-wide innovation portfolio to generate future commissioning intentions



Developing long term population health strategy

Defining shared innovation vision and missions as part of a pro-innovation population health strategy

As each ICB develops its long-term population health strategy, it has a critical opportunity to determine, with its partners:

- The type of system it wants to be, its values and approach to change, collaboration and learning, and its appetite for innovation
- What it means by innovation, and how the adoption of new practices, treatments, products, technologies, pathways and service models can drive improved outcomes - for people and communities, the workforce and the system
- Shared innovation priorities, informed by the opportunity analysis conducted in Stage 1
- How partners will work together across the system, and between neighbourhood, place and ICS levels, to accelerate adoption and share learning.

The Strategic Commissioning Framework emphasises that the population health strategy should be focused and deliverable, with a manageable number of priorities.

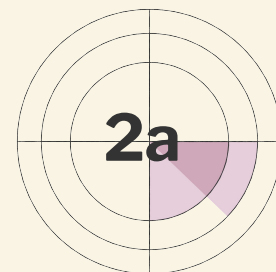
This means that a pro-innovation population health strategy should also be focused, centred on a small number of **innovation missions**: whole-system priority areas, where innovation adoption is expected to deliver the greatest improvements in population health and system outcomes.



Key cohort insight

ICBs and providers often try to address too many innovation priorities at once. This can end up with 'pilotitis', where multiple small scale projects get started but fail to secure the buy-in or investment needed to be rigorously tested and evaluated, or to translate into business as usual delivery. Evidence and learning generated outside of the system, and even through pilots within it, is often not trusted as a basis for broader decision making. This can result in more pilots, further delays and unnecessary barriers to implementation at scale.

In contrast, some ICBs have already identified that focusing on a **smaller number of innovation missions** can help to galvanise engagement across the health and innovation ecosystem, providing a focal point for investment, accountability and impact. Agreeing priorities, methods and evidence thresholds as a system, can help to build buy-in for shared projects and a greater willingness to accept the evidence and learning. Where ICBs are **collaborating effectively across regional and wider footprints** (see Section 3), this can further accelerate progress, through the wider coordination of priorities, resources and evidence.



Taking a mission-led approach to innovation in North West London*

In 2023, NW London ICB adopted a mission-led approach to research and innovation, recognising that focusing system partners on a small number of shared priorities over a longer period, and coordinating efforts more closely, can generate greater and more sustained impact from innovation.

Working with Imperial College Health Partners (ICHP) they agreed three NW London Missions - informed by extensive research and stakeholder engagement:

Optimising care of long-term conditions (starting with CVD)

Mission goal: By March 2029, we will have prevented 25% of heart attacks and strokes in NWL, whilst actively addressing health inequalities.

Supporting children and young people's mental health.

Mission goal: By 2026, we will reduce the number of CYP presenting in crisis to acute settings by 25%. We will achieve this by screening all CYP on neurodevelopmental waiting lists, supporting or signposting 50% within 18 weeks, based on need, and providing integrated support across mental health, acute and social care.

Enabling more days at home

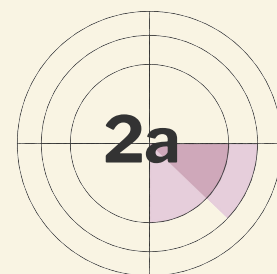
Mission goal: By 2026, our health & care system will enable 50,000 residents to spend 180,000 more days at home, with the right support for them and their families.

Their focus for the first phase of mission mobilisation was “applying a disciplined method to identify projects that will be the focus for implementation, alongside qualitative and quantitative analysis and synthesis, and horizon scanning for solutions”.

To mobilise this mission-led approach, ICHP convened “innovation networks” for each mission - designed to bring together staff from across the NW London ecosystem with the right capabilities to deliver on each innovation area.

These have been complemented by “innovation forums” for each mission, which bring clinicians, local authorities, social care leads, industry innovators, voluntary sector partners, academia, and people with lived experience together in the same room to discuss the key problems and to reimagine how services are delivered.

*North West London ICB was not part of this learning initiative but we have been able to draw on information they have published online about their [mission-led approach to innovation](#).



Creating a whole system Live Well movement in Greater Manchester

In Greater Manchester, the ICB (NHS GM) is working in close partnership with the GM Combined Authority (GMCA), 10 GM (the representative body for the VCFSE sector) and local statutory and voluntary sector partners to drive “Live Well”, Greater Manchester's whole-system commitment to ensuring great everyday support is available in every neighbourhood to tackle health, social, and economic inequalities.

Across GM, a vibrant movement is sparking new collaborations, innovation and learning, led by communities, and enabled by partners from across the ICB, Combined Authority, Police, Fire, Housing, voluntary and other sectors, focused on four key elements of Live Well:

Live Well Centres

Rooted in communities, Live Well Centres will be welcoming, walk-in spaces where people can get everyday support - including housing, health and wellbeing, debt, employment, food, or social connection. The front door for prevention and early support — centres will bring together community-led and public sector support under one roof, with Live Well workers and other trusted people on hand to connect residents to what they need

Live Well Spaces

Live Well Spaces will be the heart of everyday community life — informal, welcoming places, such as community cafés, Public Living Rooms, faith halls, libraries and green spaces, where people come to connect, belong and take part. Often run by community-led, peer-run or VCFSE organisations, they're not formal services but shared spaces that reflect the local culture and support relationships and mutual support.

Live Well Offers

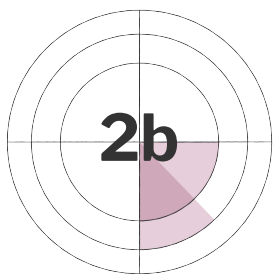
Live Well offers will cover the full range of support, relationships and opportunities that help people live well — in centres, community spaces, neighbourhoods and beyond - through everything from local wellbeing activities to specialist support for specific groups. Support is shaped with communities, grounded in relationships, and delivered in ways that are person-centred, trauma-informed, culturally competent and strengths-based.

Live Well Neighbourhoods

Covering populations of around 30,000–50,000 people, new neighbourhood models will bring together a wide mix of services, offers, multidisciplinary teams and community assets — including public services, VCFSE organisations, Live Well Centres and Spaces, specialist support and community connectors. Support will be relational, place-based and easy to navigate.

Powered by major investment from GMCA, NHS GM and national government, as well as funding and support from partners like the National Lottery Community Fund and Local Trust, Live Well has been growing rapidly since its inception in 2022.

Live Well demonstrates the power of a joined-up vision and strategy, and how it can unlock energy, creativity and investment across traditional organisational and geographical boundaries and embed innovation as part of an ambitious whole-system approach to transformation.



Stewarding a system-wide innovation portfolio to generate future commissioning intentions

In any **pro-innovation health and care system**, there will be a diverse range of innovation and innovation adoption activities and projects underway at any one time. Each one will be:

- Led by, and involve, a **different range of partners** (for example: ICBs, HINs, regional teams, NHS providers, local government, social care, VCFSE, industry, national teams), at **different levels** (ICS, place, neighbourhood)
- At **different stages in the 'innovation pipeline'** (from initiation and planning, through development, testing and evaluation, to implementation and scaling)
- Focused on **different types of innovation** (practices, treatments, products, technologies, pathways and service models), and **different outcomes** (individual clinical or more holistic outcomes, population-level, workforce, or system-level)
- Underpinned by **different evidence standards** (from nationally-supported, evidence-based innovations, with well documented implementation guidance - such as Modern Service Frameworks, to more novel and/or complex innovations, requiring greater adaptation and evaluation in context)
- More or less aligned with the **system's strategic priorities** and innovation missions, and/or the **priorities of local teams, people and communities**.

Given this diversity, **system stewardship** becomes essential. Stewardship enables strategic oversight and coordination across the innovation landscape, while still encouraging distributed leadership so that innovation capability is strengthened throughout the system.

Effective stewardship of a whole-system innovation portfolio requires ICBs to adopt different roles and balance their efforts across three levels:

1. Mobilising leadership and support for the core missions
2. Encouraging partners to align wider innovation adoption projects with the Population Health Strategy
3. Working in partnership to create the conditions for innovation at every level



To translate the pro-innovation population health strategy into collective action, ICBs will need a structured approach to innovation portfolio stewardship, making sure that partners and projects are driving greater insight, learning and impact than they would on their own.

This should involve working with HINs and wider system partners to:

- Surface existing innovation plans, projects and learning
- Prioritise mission-aligned innovation opportunities and their intended outcomes
- Agree leadership roles and direct resources, capabilities and innovation support towards agreed priorities - for example by co-developing local HIN delivery plans
- Revisit horizon scans and signal demand to industry
- Ensure there is a coherent and collective approach to testing, evaluation, learning and decision making across the provider and place landscape
- Create a clear pipeline process, with agreed evidence and risk thresholds, stage gates and criteria for progression (e.g. to progress from small scale testing to additional/larger tests (when more evidence is required), or to approval for full adoption, spread and scale (when evidence is sufficient).

This should also involve **deprioritising innovation projects and opportunities** which do not align with - or are in conflict with - the strategic priorities of the Population Health Strategy.



Key cohort insight

Innovation activity and investment is often concentrated in the acute sector, in specific clinical domains, with a focus on technology and life sciences innovation. Whilst this has resulted in incredible breakthroughs (such as new covid and cancer vaccines, AI powered stethoscopes and skin cancer analysis), it does not always improve population health outcomes, reduce inequalities or reduce costs. In fact, it can increase inequity and drive up costs.

If the NHS is to drive a meaningful shift to a more preventative, community-based, and technology-enabled system, it must prioritise innovation across all of these domains and **involve a greater diversity of people and partners**, across health, social care, local government and the VCFSE sector. This creates a powerful role for ICBs in driving strategically-aligned innovation across whole systems and through partnerships within and outside of the healthcare system.



Key cohort insight

Innovation activity is often managed as a separate function, and is seen as 'exclusive' and a 'nice to have' that's disconnected from the core business of an organisation or system. Pilot funding is often sourced from outside the organisation, for example through industry, innovation or research funds, meaning that internal decision makers are not fully involved until a formal business case is submitted for implementation funding, where it can fail to secure the funding and support needed to move innovation ideas from pilots to business as usual.

Involving all stakeholders, including commissioning, finance, procurement and data teams, as early as possible in the development of the innovation portfolio and pipeline helps to foster a **whole system 'innovation mindset' and a collective decision making approach**. It helps to signal future commissioning opportunities to all key stakeholders, and to work with them to agree the cost/benefit evidence that will be needed to proceed.

Whilst the development and oversight of the innovation portfolio is a collective endeavour, there are important roles that ICBs are optimally positioned to lead. These include:

Key ICB roles in portfolio stewardship	Rationale
Creating alignment & accountability to the Population Health Strategy	ICBs have a responsibility to ensure that the system's innovation capabilities and resources are aligned with the Population Health Strategy and that there is collective support for the agreed innovation missions.
Mobilising investment and resources	ICBs can play a key role in helping the system secure the funding and resources needed to support the innovation portfolio. This might include: releasing existing/ring fenced budgets, negotiating collective cost-share arrangements with providers and other parties, and working with HINs/others to write joint bids and secure external research/innovation funding and industry partnerships.
Leading complex, whole-system innovation	ICBs have an important role to play in leading innovation projects which require significant co-design, integration and coordination across multiple parts of the system, such as new pathways and neighbourhood models. This is particularly important where the costs and benefits of innovation activity are experienced in different parts of the system, for example, when driving the “leftward” shift, including where this involves the flow of resources to VCFSE or other community partners.
Incentivising provider engagement & ownership	ICBs should use their strategic commissioning levers to direct, incentivise and encourage providers to engage with or lead mission-aligned innovation projects, particularly those which require long term engagement, new financial flows and a focus on whole-population outcomes.
Engaging strategic authorities and wider system partners	ICBs have an important responsibility to work with local government, VCFSE and social care partners to drive joined up solutions to improving population health and well being and reduce health inequalities.
Aligning commissioning intentions and Population Health Improvement Plans	Crucially, ICBs have responsibility to embed, scale and spread successful innovations across their provider landscape. This involves engaging commissioning, finance, procurement, data and other teams at all stages of the innovation portfolio and pipeline process to: signal potential commissioning intentions; ensure that projects are visible in Population Improvement plans; agree evidence thresholds and collective decision making processes and criteria; and work with providers and place-partners to agree the business case and prepare for implementation.

Many of the ICBs in our learning cohort have also played an important role in helping to nurture the culture and capabilities needed by systems to accelerate innovation impact, for example by:

- Nurturing leadership buy-in and support through the development of cross-ICS Leadership Concordats
- Creating spaces for partners, workforce and communities to share expertise and experience
- Providing innovation training and learning experiences
- Sharing innovation stories and lessons-learned through innovation celebration days, showcases, ‘fireside chats’ and wider communication outputs
- Hosting knowledge exchanges for health and care providers, industry and wider research and innovation partners.

ICBs, with their partners, will need to explore how best to sustain these offers in a changing system, so that they can continue to nurture the conditions for successful innovation adoption.



Key cohort insight

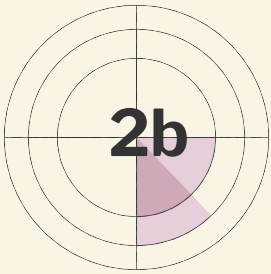
Innovation projects often fail to achieve their potential impact because the people expected to develop, test and implement them do not feel they have the permission, time, skills or support needed to work on them and/or the freedom to speak up about existing challenges or problems with the new innovation. These challenges are exacerbated when senior and departmental managers are not fully engaged in the work and/or when projects aren't aligned with the day-to-day challenges experienced by people and staff.

This is why many ICBs, and providers, have been focused on creating a more enabling authorising environment for innovation by investing in **culture change, capability building and co-production** with people, communities and staff. This can involve a mix of formal and informal approaches, such as: embedding innovation responsibilities within job descriptions, building incentives and rewards into job appraisals and supervision, creating innovation fellowships, offering training in innovation mindsets and methods, and holding spaces for reflection and learning. Many systems have also created clinical and patient champion roles, to help make the case for innovation and build support. Creating **senior level buy-in** is also critical to success, and this is why innovation is a standing item on some ICB board and leadership team agendas, and why many ICBs make sure there is always a senior sponsor nominated for every innovation project.

Nurturing the conditions to facilitate and sustain innovation in Dorset

The [Dorset Innovation Hub](#) is a centralised service, hosted by NHS Dorset ICB and overseen by a partnership covering primary, community, secondary and social care, academia, innovation, research, economy, industry and patient and public involvement and engagement. Together, partners share experience and expertise, identify shared innovation priorities, such as ageing well, respiratory, cardiovascular disease, and medical technologies, and support capability building. This includes:

- A Community of Practice for commissioners, clinicians, providers and operational staff to share knowledge and resources, via an online platform and quarterly events
- A rich programme of education offers, including accredited training, which builds on the skills and assets of their multi-disciplinary partnership, as well as national partners.



Developing a coordinated portfolio of women’s health innovations in Dorset

NHS Dorset (Dorset’s Integrated Care Board) saw the opportunity to use Government funding for women’s health hubs to develop a whole-system approach to improving women’s health in Dorset.

This partnership - including the ICB, Health Innovation Wessex, local NHS trusts, public health, the voluntary sector, and academic partners - used existing academic and community insights, population health data insights (from NHS Dorset’s Intelligence and Insights Service (DiIS)), and targeted outreach with health inclusion groups, to identify priority areas for improvement.

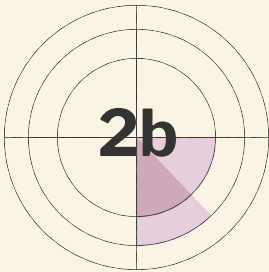
Based on this insight, NHS Dorset commissioned Health Innovation Wessex to provide an innovation scan across four clinical areas (Menopause, Pelvic Health, Young Women’s Physical and Mental Health, and Contraception) with a focus on identifying market-ready, proven and evidence-based innovations that could deliver maximum impact, and could feasibly be adopted locally within the programme timeline and budget.

The project teams and steering group reviewed the innovations identified and decided on a shortlist of innovations that could be adopted across Dorset. These were then reviewed further by Health Innovation Wessex before agreeing the priorities for adoption.

The following innovations were then adopted across NHS Dorset:

A new pathway of care for pelvic floor dysfunction	An app for self-care and management for those with pelvic floor dysfunction
A new online women’s health resource website Women’s health – Our Dorset for education and information	Four new menopause education and support apps

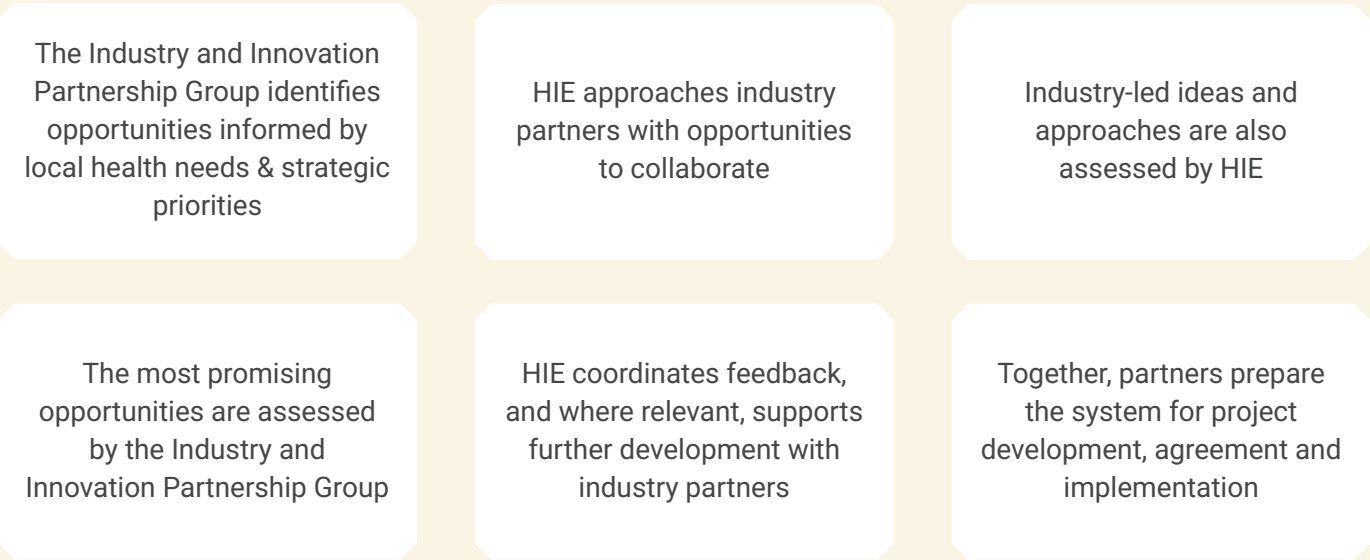
Dorset’s whole-system, collaborative approach - with strong commitment to public engagement throughout - enabled it to identify and deliver on a number of areas for improvement by playing to the strengths and capabilities that each partner brings.



Establishing a structured framework for industry engagement in Suffolk and North East Essex

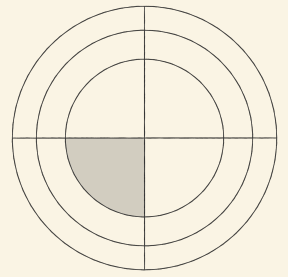
In Suffolk and North East Essex ICS, partners identified the need for a structured, collaborative approach to tackling health and care challenges and optimising care pathways across the system, which leveraged the shared expertise and resources of Health Innovation East as well as industry and innovation partners.

To address this, Suffolk and North East Essex Integrated Care Board (SNEE ICB) and Health Innovation East (HIE) established a Memorandum of Understanding (MOU) to facilitate cross-sector collaboration with industry and innovation partners. This MoU, guided by the governance principles of the Association of the British Pharmaceutical Industry, sets out a clear process and framework for how SNEE ICB and HIE will engage with innovators and industry, steered by a joint Industry and Innovation Partnership Group.



The MoU successfully enabled the launch of a bi-monthly Innovation and Industry Partnership Group. The Innovation and Industry Partnership Group now serves as a platform to enable SNEE ICB and system partners to collaboratively address strategic challenges and engage with HIE and industry partners in a dynamic, two-way feedback process. Through this reciprocal exchange, innovative responses from innovators and industry partners are reviewed for their local impact, while HIE simultaneously gathers insights on key strategic priorities for the ICB and identifies emerging breakthrough industries that align with system needs.

Stage 3



Delivering the strategy through payor functions and resource allocation

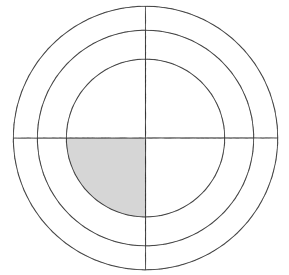


Delivering through payor function and resource allocation

“Delivering through payor function and resource allocation – ICBs will understand and allocate resources in contracting and procuring services, shape and manage the provider market, and have an increased focus on the longer term in their ongoing contractual management of commissioned services to deliver the outcomes set out in the ICB strategy and population health improvement plan”

STRATEGIC COMMISSIONING FRAMEWORK

Delivering the strategy through payor functions and resource allocation

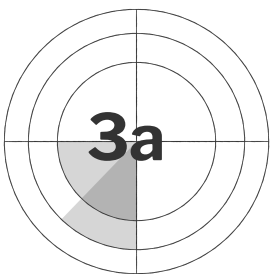


In Stage 3 of the commissioning cycle, ICBs move from exploring and testing new approaches, to using payor functions and resource allocation to implement, embed or scale new services and solutions where there is sufficient evidence of their potential for driving impact and value for money.

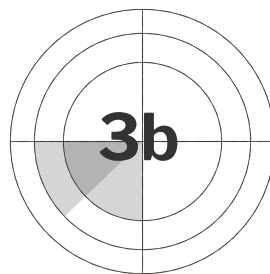
This involves directing, incentivising and enabling providers to embed approved evidence-based innovations as business as usual, by developing and adapting outcome-based frameworks, service specifications, and funding mechanisms.

What might this look like in practice?

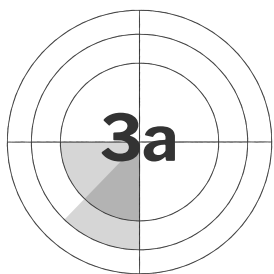
Embedding an “innovation focus” in Stage 3 of the strategic commissioning cycle involves two key steps:



Agreeing to adopt a new innovation



Accelerating adoption and change using commissioning and decommissioning levers



Appraising the case for adoption

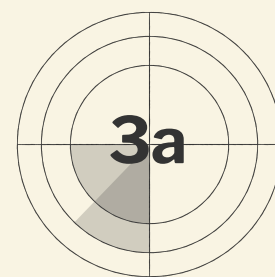
Once a positive evidence base has been created through the testing and evaluation of a new approach (in Stage 2), the case will need to be made for it to be incorporated into commissioning intentions and Business as Usual financial planning. This process will depend on the scale of investment and transformation required, where funds are coming from and who needs to decide, and whether it will be subject to procurement rules and schemes of delegation.

In some cases, where new innovations have been developed and tested by providers and can be delivered within existing contracts, the decision to implement may sit with providers.

However, where new funding flows or service specifications are required, the case will need to be carefully appraised by the ICB using clear decision-making criteria and processes, and input from across the ICB, local place teams, the relevant provider(s), and other interest groups, such as clinicians, partners and citizens, as needed.

This is where it pays off to embed the innovation portfolio within the Population Health Strategy and to involve key stakeholders early in the process. It means that by the time an investment decision is needed, finance, procurement, and other leaders already understand the rationale, and operational teams have been involved in shaping and testing what implementation will mean in practice.

Strengthening system-wide decision making for innovation commissioning in Cambridgeshire and Peterborough



Cambridgeshire and Peterborough (C&P) ICB is strengthening its ability to make confident, evidence-driven commissioning and investment decisions through a series of targeted initiatives that enhance how innovations are evaluated, prioritised and adopted across the system.

Establishing a Health Economic and Evaluation Function

C&P ICB's Strategic Commissioning Unit saw that addressing gaps in health economics and evaluation capabilities would significantly enhance their ability to model and evaluate the cost and utilisation of different healthcare interventions, and make more confident, long-term planning and investment decisions. This led to the development of a new Health Economics and Evaluation function, in partnership with Health Innovation East and academic partners. By leveraging external expertise and accelerating knowledge transfer, the ICB is actively growing its in-house capability to integrate health economics into strategic commissioning decisions.

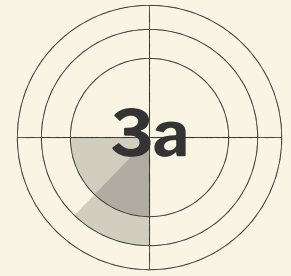
Co-creating a Multi-Criteria Decision Analysis (MCDA) tool

To further strengthen decision-making around innovation commissioning, the ICB has co-designed a new multi-criteria decision analysis (MCDA) tool with citizens, clinicians and operational leaders. The tool creates a transparent, consistent approach to prioritising innovations against agreed criteria, aligning innovation management with the ICB's wider commissioning and investment processes. Clear governance lines then allow a System Innovation Panel to make recommendations to appropriate committees within the ICB. Use of the MCDA tool has brought the innovation programme in line with commissioning decision processes - streamlining innovation commissioning.

Innovation Landing Zones & Citizen Engagement

C&P have established a system-wide architecture to support inclusive innovation decision-making and fast-track adoption. Their Citizen Innovation Group plays an important role in bringing in lived experience perspectives and holding the system to account on key issues of inclusion and ethics. Their 'Innovation Landing Zones' within the local Trusts serve as a testing ground for new solutions, bringing together innovators with provider's clinical and operational teams. With early innovation pilots already demonstrating success, this approach is building an evidence base to support wider scaling across the region. C&P are now looking to expand this model into primary care, to encourage more consistent innovation engagement across practices and neighbourhoods.

Working with Local Delivery Teams to bridge system and place in North East North Cumbria



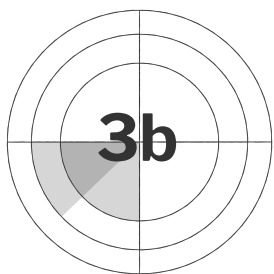
In North East North Cumbria (NENC), the WorkWell programme - part of the national Get Britain Working agenda tackling health-related economic inactivity - is highlighting the emerging role of Local Delivery Teams (LDTs) as place-based engines of transformation for the Integrated Care Board.

As part of WorkWell, NENC ICB simultaneously commissioned Health Innovation North East North Cumbria (HI NENC) to identify evidence-based digital innovations that could be procured at a system level, whilst also funding LDTs to lead transformation at a place level. The challenge was linking the two: ensuring system-level innovations aligned with LDT priorities and the commitments made locally.

To address this, HI NENC engaged all six LDTs to align the WorkWell call for innovation ideas with local priorities, and to ensure that LDTs were engaged with assessing and agreeing successful proposals. Regular LDT meetings and WorkWell steering groups have created space for shared decision-making across ICB, clinical and local teams. Tailored liaison is now matching innovations to LDTs, supported by joint workstreams with ICB evaluation and communications teams to enable consistent rollout, simpler GP referral processes and system-wide learning.

Emerging results

Early results show LDTs are helping close the gap between strategy and delivery. Innovations are being matched to real service gaps; referral routes are being simplified for GPs and community teams; evaluation is being coordinated for consistent impact tracking; and communications are becoming more joined-up. LDTs' hands-on work with patients also strengthens the move from application to adoption. Embedded in place, they help ensure decisions are shaped by the people who will actually use the services



Delivering the strategy through payor functions and resource allocation

Accelerating adoption and change using commissioning and decommissioning levers

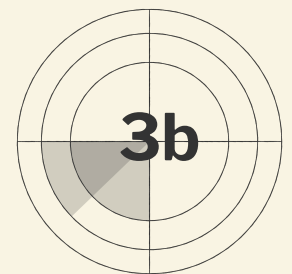
Once a decision has been made to adopt, spread or scale a new practice, treatment, product, technology, pathway or service model, ICBs need to decide which commissioning lever will be most effective and proportionate. They also need to decide if this should be a step change or gradual phasing in/out of new/existing approaches or services, using both commissioning and decommissioning powers and arrangements.

This might include:

- **Outcome-based commissioning approaches:** The new Provider Selection Regime (PSR) offers greater flexibility for commissioners to focus on outcomes and encourage innovation in how they are achieved. This is particularly helpful when a new model is emerging and will need ongoing adaptation and development.
- **Adapting or developing new service specifications:** In some circumstances, when the risks, benefits, and need for adoption fidelity are high, Commissioners may choose to take a more direct and prescriptive approach, specifying the key features of the innovation, how it should be adopted, the expected outcomes and how they should be evaluated.
- **Securing funding sources:** ICBs will need to determine how they will fund the new innovation, from which budget(s) and over what timeframes.
- **Optimising procurement processes:** ICBs have several options to accelerate innovation procurement, including: using procurement routes to develop strategic co-design partnerships, adopting more dynamic purchasing systems, making better use of central procurement frameworks, and developing joint procurement exercises and shared specifications and evaluation processes with other ICBs.
- **Modular and phased contracts:** Can be used to link progression and payment incentives to measurable deliverables and outcomes, also allowing for the emergence of new evidence and risks.
- **Shared risk and reward arrangements:** Such as alliance contracts or multi-provider neighbourhood contracts, which help to align incentives, encourage closer collaboration, and facilitate resource flows.
- **Decommissioning:** Carefully adapting or ending contracts where innovations, including new service models, begin to replace or reduce the need for existing services or aspects of them.

Potential changes to commissioning processes or contracts should be picked up as early as possible in the innovation pipeline, so that relevant ICB teams are actively involved in reviewing, planning and getting ready to implement the potential changes.

Creating a ring-fenced innovation investment fund in Cambridgeshire and Peterborough



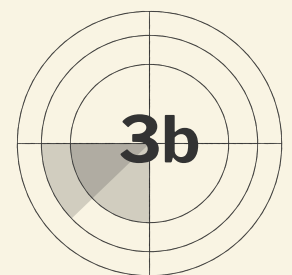
As part of its [Strategic Commissioning Plan 2025-28](#), Cambridgeshire & Peterborough ICB (C&P ICB) outlined options for creating a dedicated investment fund for innovations outlined in its commissioning intentions.

To address unsustainable levels of growth in demand for acute beds, C&P ICB's Strategic Commissioning plan sets out a range of measures aimed at creating a "New Care Model" which will deliver more care outside of a hospital setting, including ambitions for greater uptake of digital innovations. To fund the intended change, the Plan presents options for creating a dedicated innovation investment fund - for example by reallocating portions of additional funding streams, such as the Better Care Fund, into a ring-fenced investment pot.

The plan proposes funding any innovation adoption requested of providers through this fund rather than through core contracts, ensuring pilot participation does not compromise essential service delivery. The plan outlines that providers' core responsibilities would remain focused on achieving productivity targets and national benchmarks in line with best practice guidance.

Read more about this example in the full [Strategic Commissioning Plan 2025-28](#)

Using commissioning flexibilities to support locally-led innovation adoption in Bristol, North Somerset and South Gloucestershire

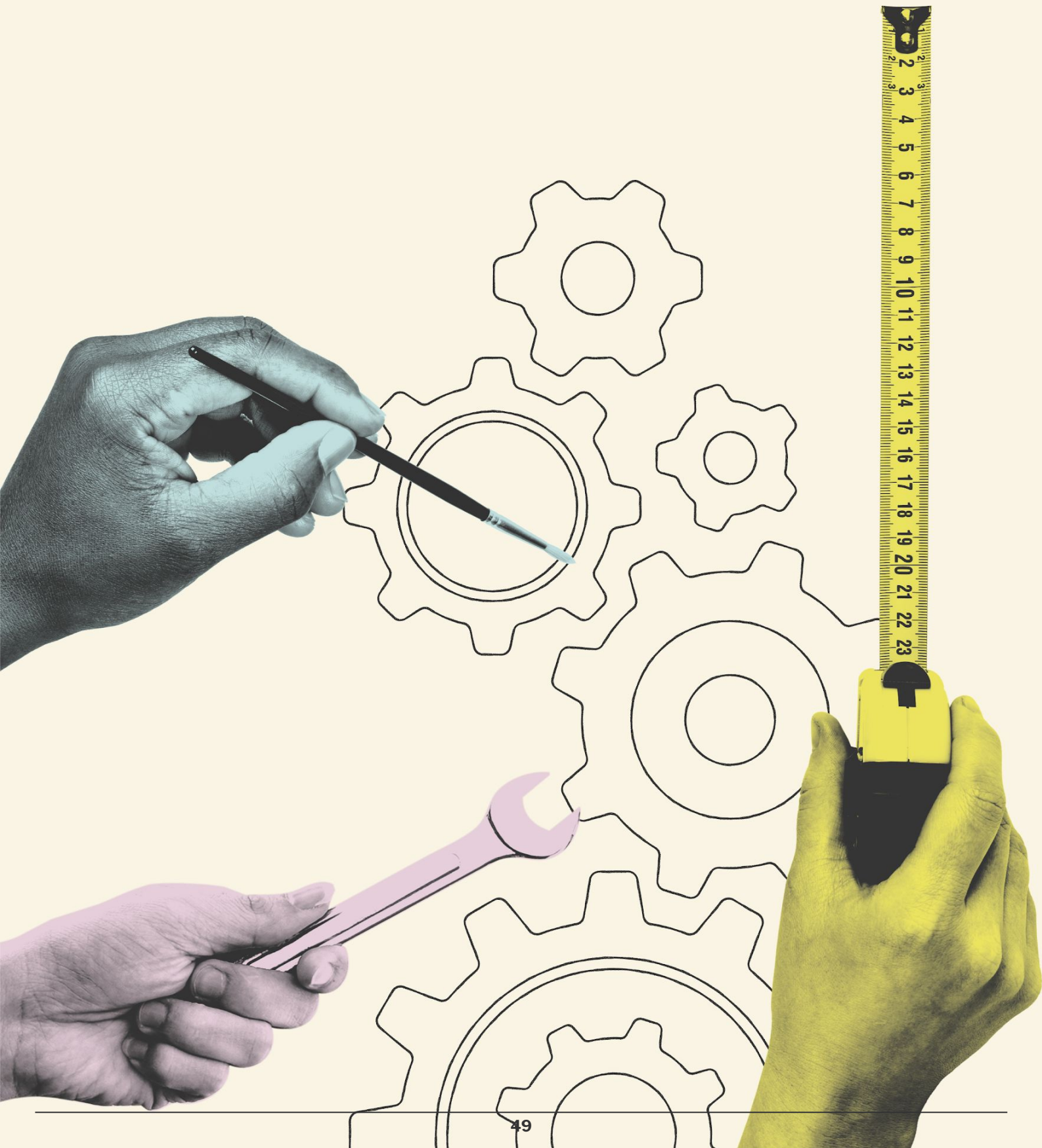
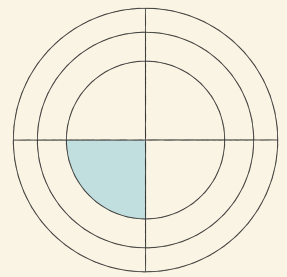


In Bristol, North Somerset and South Gloucestershire ICS, the One Weston Locality Partnership (a place-based partnership convened by the ICB) established a Falls Collaborative bringing together a range of partners from across the statutory and voluntary sector, as well as older people themselves, to identify opportunities to reduce harm from osteoporotic fractures and injuries caused by falls.

Working together the Falls Collaborative piloted an innovative new Falls & Fracture Screening and Prevention Service. The digitally-enabled primary care pilot screened older adults using FRAX® and FRAT (fracture and falls risk assessment tools, respectively), and offered tailored support such as strength and balance programmes, medication reviews, and community advice. Using commissioning flexibilities within the Provider Selection Regime, the ICB commissioned the two-year programme directly, allowing local partners to design and deliver the intervention without the barriers and delays of a standard procurement process.

Section 4

Evaluating impact

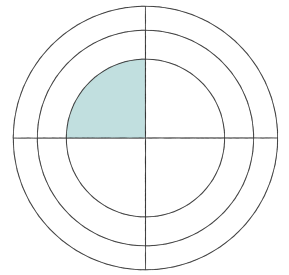


Evaluating impact

“ICBs will rigorously evaluate the outcomes from commissioned services, care models and proactive interventions. This includes tracking and responding to healthcare use, clinical risk markers, patient and staff reported experience, outcome metrics and wider feedback and intelligence”

STRATEGIC COMMISSIONING FRAMEWORK

Evaluating impact



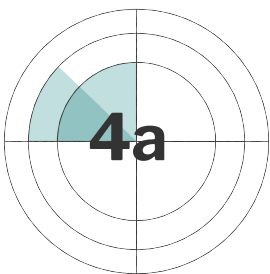
At Stage 4 of the strategic commissioning cycle, ICBs move from implementing the population health strategy to monitoring day-to-day performance and the quality and impact of commissioned services.

Embedding an innovation focus at this stage involves going beyond the testing and evaluation that has already been used to build the evidence base (Stages 2) and make commissioning decisions (Stages 3), and establishing an approach to monitoring and evaluating the ongoing impact of commissioned innovations and the overall approach to embedding innovation adoption within the strategic commissioning cycle.

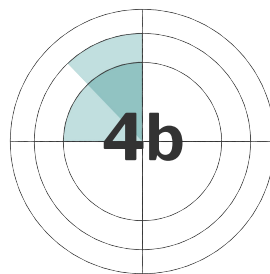
This can include tracking outcomes against intended benefits, supporting real-time learning among adopters and wider partners, and feeding insights back into the commissioning cycle - for example, by informing where commissioning arrangements need to change to maximise benefits.

What might this look like in practice?

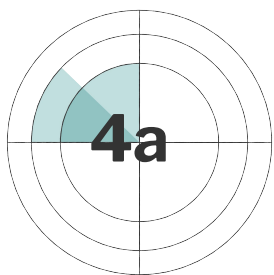
Embedding an “innovation focus” in Stage 4 of the strategic commissioning cycle involves two key steps:



**Embedding learning
and evaluation
alongside
performance
monitoring**



**Continuously
improving the
approach to
innovation adoption**



Embedding learning and evaluation alongside performance monitoring

The Strategic Commissioning Framework requires ICBs to develop a holistic approach to monitoring and measuring the quality, effectiveness and impact of commissioned services, including innovations, through the routine (weekly, monthly, quarterly and annual) collection, analysis and reporting of quantitative metrics, dialogue with people and communities, professional insight and regulatory intelligence.

Developing a broad, mixed method approach is essential in the context of complexity and systemic change, as it helps to triangulate different perspectives, fill data gaps, and enable real-time learning. This is true for most aspects of health service monitoring and evaluation, and particularly for innovation adoption, which is likely to require an even greater emphasis on:

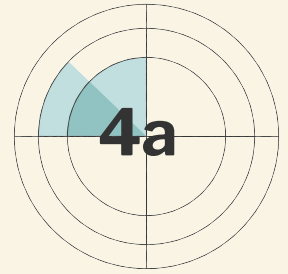
- **Learning** - about what works, for whom, in what conditions, as well as from unexpected outcomes and implementation challenges, through a mix of evaluation and learning approaches, including communities of practice
- **Novelty** - requiring engagement and feedback from diverse stakeholders as well as new datasets and metrics
- **Emergence** - using theories of change and benefits realisation frameworks to identify expected outcomes, and then tracking data and outcomes over longer periods of time to allow for expected and unexpected outcomes to emerge
- **Contribution** - using realist approaches, thematic analysis and rapid cycle evaluations to build confidence within complexity, where attribution is difficult
- **Risk tolerance** - agreeing what levels of risk and uncertainty can be tolerated, in what contexts, and over what time frames - and how risks will be managed
- **Stage gates** - implementing new innovations in gradual stages, with clearly defined reporting and governance arrangements supporting ongoing commissioning decisions.

ICBs, and their partners, will be unable to invest in the same quality and depth of evaluation for every commissioned service or innovation, and will need to prioritise their evaluation efforts and resources, taking into account the:

- Depth, complexity and scale of the change and the level of risk and uncertainty this creates
- Relevance to the Population Health Strategy and the potential to shift key target outcomes
- Potential for further spread and scale and the evidence threshold required
- Strength of the existing evidence base and the degree of adaptation needed as the innovation is adopted within each new context
- Opportunity for sharing learning and impact beyond the ICS.

Given the scale of change envisaged, it will also be beneficial - in addition to evaluating the implementation of the innovation - to evaluate:

- The commissioning approach used: encouraging experimentation and learning about the relative merits of different approaches, and the pros and cons of more permissive outcomes-led approaches vs more prescriptive specification-led approaches.
- The evaluation approach used: helping to building the system's understanding about which methods worked best and how the approach can be improved.



Tracking success through innovation roll out in Suffolk and North East Essex

Since 2021, Suffolk and North East Essex ICB (SNEE ICB) have been working with an industry partner to pilot an AI diagnostic device for analysing skin lesions. Using the evidence from ongoing evaluations they've built the case for ongoing investment in spreading and scaling access to the new technology across the ICS.

Led by the ICB, the project brought together partners from across the system to test the use of the new technology across multiple pathways spanning both primary and secondary care.

By tracking a range of success metrics covering clinical performance, patient experience and capacity released, the evaluation has provided clinical teams, Trust leaders, and the ICB with the confidence to deepen and scale adoption.

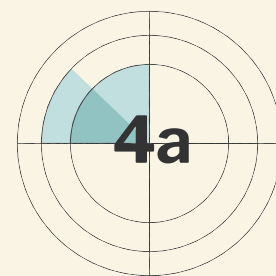
In 2024 West Suffolk Foundation Trust (WSFT) progressed to a fully autonomous AI diagnostic pathway using the new technology. In addition, the ICB is working with WSFT on joint system planning to build on the benefits realised to date, by extending the availability of community-based, AI-enabled skin lesion imaging across the West Suffolk locality.

To further spread access to the new innovation, and address health inequalities in the process, the service has been offered on the 'Be Well' bus in areas of rurality and deprivation and has been implemented at a day centre for the local homeless population.

The learning and evidence from this work has supported the recently published NICE guidance which recommends using the AI technology in the NHS.

Find out more about this case study in [this webinar](#).

Spreading neighbourhood mental health teams through real time learning in Greater Manchester



Over the past five years, Greater Manchester ICB, with partners across the NHS, local government, voluntary sector, and people with lived experience, has been on a journey to transform their community mental health services through the adoption and spread of a neighbourhood model called Living Well, which was initially developed in Lambeth, London.

The ICB played a critical role in enabling this work, as both a GM-wide and locality commissioner and convenor; helping to distribute core and transformation funding across localities, to voluntary sector partners and a central lived experience support partner; convening collaborative whole-system governance and problem solving spaces; and developing joint frameworks, specifications and contracts.

Creating structure and spaces for collaborative learning has been vital to the successful spread and sustainability of this work across all 10 boroughs. They have helped to hold accountability to vision and values, accelerate learning and problem solving, and balance model fidelity and local adaptation to context.

Real time learning within neighbourhoods

Locality partners and people with lived experience developed:

- Open and inclusive “collaborative” spaces where anyone interested in improving mental health could play an active role in co-designing local offers & reflecting on learning
- Prototyping teams that grew cultures of continuous real-world testing and learning

Developing new models of evaluation

Stakeholders across the whole system, including people with lived experience, co-created an evaluation framework, with new indicators and measures, focused on the person-centred, workforce and system values and outcomes they wanted to see. This enabled them to begin to tell a different story about the impact of this work, that wouldn't be captured by existing performance measures.

Learning across neighbourhoods

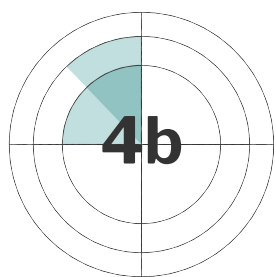
Locality leaders and partners were invited to join a GM-wide Community of Practice, a regular space where people leading the hard work of change could come together to share their experiences, achievements and challenges. This became an important space for peer support, sharing good practices, and surfacing systemic challenges

Surfacing whole-system insights and learning

Insights and learning identified by the locality teams and Community of Practice were regularly shared with a group of cross-GM system leaders, including voluntary sector and people with lived experience, who worked together in a mix of formal and informal spaces, where they were able to cross fertilise ideas, dig deep into challenges and create whole system solutions

[Greater Manchester's Living Well Guide](#) shows how they have sought to balance system-wide fidelity and flexibility.

More information about the impact of Living Well can be found in this [evaluation of Salford's Living Well approach](#).



Continuously improving the approach to innovation adoption

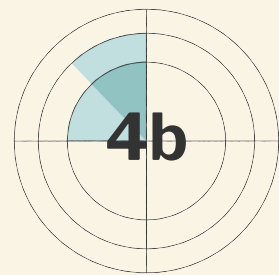
Most ICBs were still in the early stages of developing their innovation adoption capabilities when the Model ICB Blueprint was published, and this now requires them to transform how they work as strategic commissioners. They are also expected to move quickly to develop their first population health strategy, giving little time to undertake the level of analysis and engagement prescribed.

Creating the spaces, relationships, processes and capabilities needed to develop and implement the kind of sophisticated system-wide innovation approach recommended in this guide, will take more time, especially where ICBs are clustering and creating ‘new systems’. The steps and decisions we have described are also not always linear and distinct, are generally complex and interdependent, and will require widespread collaboration, coordination, trial and error.

Historically ICBs have received little support for ‘testing and learning’, and this has contributed to the uncertainty about their roles and potential for impact described by Darzi, the Innovation Ecosystem review, and NHS Confederation.

It will be important that the Strategic Commissioning capability toolkit and development programmes (expected in 2026) pay attention to how ICBs are supported to develop the vision, leadership, culture and capabilities needed to support innovation adoption, as part of a whole system approach to transformation. This should also include frameworks, tools and opportunities to support them to monitor and evaluate how well it is working, its overall return on investment, and to share learning and insights across ICBs.

Improving system-wide innovation, improvement, and transformation efforts in Bristol, North Somerset and South Gloucestershire



In partnership with Health Innovation West of England (HIWE), Bristol North Somerset and South Gloucestershire ICB established the Innovate Healthier Together (IHT) Programme to help ICS partners understand and explore the issues that might be getting in the way of adopting the innovation needed by the system. Through a period of discovery work undertaken by the ICB and the Applied Research Collaboration, ARC West, a number of key problem areas were surfaced:

Overwhelmed and lacking focus

BNSSG was collectively trying to do too much, spreading resources too thinly and hindering progress on key priorities

System vs organisation

Tension between the needs of the system/population as a whole and the needs of individual organisations

Insufficient design

Insufficient time was spent on ensuring something meets people’s needs. This led to assumptions, overlooked resources and a reactive approach to national mandates

Action bias

A culture of prioritising action over strategic patience meant a lack of focus on long-term transformation, hindering deep and sustainable change

Problem definition deficit

Work often started without a clear understanding of “what’s the problem we are trying to solve here?” i.e. a shared understanding of underlying issues, interdependencies, and what the impact of the problem is for our users.

This work contributed to the development of the Innovation, Improvement and Transformation Framework (IITF) - a strategic system-wide approach, which was co-designed by BNSSG transformation leads to increase the likelihood that transformation efforts across health and care will achieve their intended outcomes and be sustained over time.

It builds on NHS England’s [NHS IMPACT](#) programme and adapts it to the specific needs of BNSSG, incorporating national guidance, local system learning and international best practice.

Read more about this work in this [Board update on the IIT Framework](#)

Chapter 3

Maximising impact through regional partnerships



Partnering with Health Innovation Networks

How ICBs can work with their partner HIN to drive innovation adoption through strategic commissioning

Health Innovation Networks (HINs) are critical partners for ICBs in the shift towards strategic commissioning. They can support ICBs across a range of areas, including:

- Horizon scanning to match promising innovations with key system priorities
- Innovation adoption strategy development and management of a whole-system innovation portfolio
- Brokering partnerships with innovators, industry and academia to support delivery of the population health strategy
- Providing specialist adoption and evaluation support

By delivering these roles, HINs can support ICBs to deliver *transformative* change by ensuring that strategic commissioning draws upon and actively pulls in impactful innovations which have been proven to work locally or elsewhere within the NHS.

In order to realise the full potential of this strategic partnership, ICBs and HINs will need to work together to proactively attend to their partnership working arrangements.

Across the next section we outline six key dimensions of ICB-HIN partnership working, and map out indicators of maturity across each of the six dimensions.

Six key dimensions of ICB-HIN partnership working

Strategic Alignment

HINs are key partners for ICBs in delivering the 10 Year Health Plan's ambitions. Aligning strategies ensures initiatives are coordinated, complementary, and focused on shared priorities, maximising the impact of ICB-HIN partnership working.

Roles and Responsibilities

ICBs and HINs have distinct, shared, and overlapping roles. Clarifying responsibilities and optimising role allocation leverages each partner's strengths, builds capacity, reduces duplication, and ensures resources are used effectively to maximise system impact.

Structures & Culture

Effective governance and a collaborative culture support successful partnership working. They enable open communication, timely decision-making, and ongoing learning, helping ICBs and HINs focus collective efforts and adapt strategies based on what is or isn't working.

Programmes & Funding

Joint, locally agreed programmes and aligned funding streams maximise strategic impact. Coordinating local funding and programmes, with other provider-led or national innovation programmes ensures resources are effectively used, avoids duplication, and improves the chance of successful innovation adoption and spread.

Data & Insight Sharing

Systems need to ensure that decision-making is based on the best possible intelligence at every level. By agreeing processes for sharing data and collaboratively optimising system insights, ICBs and HINs can make informed, evidence-driven decisions to improve system performance.

Industry & External Partnerships

HINs bridge health systems and external innovators, industry and academia. Agreed processes for brokering partnerships enable ICBs to harness industry expertise and wider partnerships in support of key long-term strategic objectives.

Dimension	Emerging	Maturing	Developed
Strategic Alignment	<p>Limited coordination between ICB and HIN in agreeing shared strategic priorities for innovation</p> <p>Some alignment between HIN regional strategy and general ICB strategy</p>	<p>Effective collaboration between ICB and HIN on agreeing shared strategic priorities for innovation</p> <p>Good alignment between HIN regional strategy and general ICB strategy</p>	<p>Deep collaboration between ICB and HIN on agreeing shared strategic priorities for innovation</p> <p>Strong alignment between HIN regional strategy and range of ICB strategies and plans</p>
Roles and Responsibilities	<p>Limited - mostly high-level - shared understanding regarding mutual roles and responsibilities around innovation adoption</p> <p>Little consideration of different innovation areas and respective strengths of HIN / ICB to deliver against these</p> <p>No formal agreements in place</p>	<p>Strong, shared understanding of mutual roles and responsibilities regarding innovation adoption - clearly understood by key stakeholders</p> <p>Some consideration of different innovation areas and respective strengths of HIN / ICB to deliver against these</p> <p>Some level of formal agreement in place</p>	<p>Deep, shared understanding of mutual roles and responsibilities regarding innovation adoption - clearly understood by wide range of stakeholders across both the ICB and HIN</p> <p>Role mapping informed by full range of potential innovation areas, and respective capabilities of HIN / ICB to deliver against these - new partnerships sought to address gaps</p> <p>MoU in place - iterated based on real world learning and feedback</p>
Structures and Culture	<p>Limited inter-organisation governance in place</p> <p>Some emerging forums support partnership working - mostly project specific</p> <p>Limited culture of collaboration - mostly driven by individual relationships.</p>	<p>Some representation in place from HIN and ICB across key governance bodies</p> <p>Established forums and mechanisms support partnership working in place - including joint roles, shared innovation hubs or equivalent collaborative structures</p> <p>Good culture of collaboration across some sections of both organisations</p>	<p>Good representation in place from HIN and ICB at board level and all key governance bodies</p> <p>Forums, joint roles, and shared hubs are fully embedded, routinely driving co-designed programmes</p> <p>Strong, shared culture of collaboration across leadership and key delivery functions of both organisations</p>
Programmes and Funding	<p>Some joint working on specific projects;</p> <p>Little strategic coordination across wider ICB, HIN and provider initiatives and funding</p> <p>No structured processes or criteria linking pilots to BAU planning</p>	<p>Good joint working on specific projects and larger programmes;</p> <p>Some strategic coordination across wider ICB, HIN and provider initiatives and funding</p> <p>Some structured processes or criteria linking pilots to BAU planning</p>	<p>Strong joint working across key projects and larger programmes;</p> <p>Effective strategic coordination across wider ICB, HIN and provider initiatives and funding</p> <p>Effective structured processes or criteria linking pilots to BAU planning</p>
Data and Insight Sharing	<p>Some agreed mechanisms for sharing insights; data used project-by-project.</p> <p>No ongoing partnership work to co-develop improved data analytics</p>	<p>Regular, collaborative use of ICS data assets to prioritise and evaluate innovation.</p> <p>Limited partnership work to co-develop improved data analytics</p>	<p>Shared data infrastructure and analytics; joint use of insights to prioritise and evaluate innovation.</p> <p>Strong partnership work to co-develop improved data analytics</p>
Industry and External Partnerships	<p>HINs facilitate some dialogue between industry and ICB; limited two-way communication of challenges and opportunities.</p> <p>Limited brokering of wider partnerships</p>	<p>HINs facilitate good dialogue between industry and ICB around key priorities; process in place to communicate ICB needs to industry, review proposals, and manage responses</p> <p>Emerging partnerships between ICB, academia and wider innovation and research partners - supported by HIN</p>	<p>Regular two-way dialogue shapes innovation priorities, aligns investment, and informs adoption; Joint ICB-HIN framework and process in place for scoping and supporting industry partnership</p> <p>Strong partnerships between ICB, academia and wider innovation and research partners - supported by HIN</p>

Across our cohort, and beyond, we have observed different mechanisms for supporting ICBs and HINs to develop more mature partnership working in line with the maturity matrix.

Embedding joint roles

In **South West London**, partners have tested embedding a full time role from HIN South London within the ICB, reporting to the Chief Medical Officer and working across the ICB medical directorate. Designed to help the ICB build a more coherent, sustainable innovation ecosystem, this has focused on aligning innovation with strategy, strengthening collaboration for major research and innovation bids, identifying opportunities and supporting transformational change. The pilot has delivered nine projects, over 50 new system connections, two major ongoing funding proposals, and £285k secured through successful joint ICB-HIN bids.

A similar approach has been developed across the **East of England**, with ICB Heads of Innovation jointly appointed and supported by each ICB and Health Innovation East. See the case study on p.64.

Embedding functions

When **Cambridge and Peterborough** ICB identified the need to develop its economic evaluation skills and capacity, it worked with Health Innovation East, and the University's Judge Business School, to establish a joint function, focused on leveraging external expertise and strategic partnerships with academic, industry and health sector partners; accelerating knowledge transfer and growing in-house ICB capabilities; and improving allocative efficiency through rigorous evaluation of healthcare interventions. See the case study on p.44.

Developing joint innovation hubs

Health Innovation **Yorkshire and Humber** have pioneered a [hub model](#) to support closer collaboration with ICBs across their region. Innovation Hubs, embedded within the governance of the HIN and each ICB, create a powerful bridge between the strategic priorities of each system, their local innovation ecosystem and industry, and help to build capability to implement, evaluate and scale novel approaches, and support inclusive growth.

Integrating governance

In **North East North Cumbria**, the HIN is appointed as the ICB's innovation partner, and this is supported by joint governance, with the Chief Executive of Health Innovation NENC appointed as a "strategic advisor" to NENC ICB and attending ICB Executive Committee and Board Meetings.

In **Greater Manchester**, Health Innovation Manchester has established an independent Board which acts as a single innovation governance forum for the whole system, including senior leadership from the ICB, NHS acute and mental health providers, primary care, university and local government - including local authorities and the combined mayoral authority.

Developing Memoranda of Understanding

Greater Manchester ICB, **Suffolk and North East Essex** ICB and **North East North Cumbria** ICB have all developed formal MoUs with their partner HINs. These cover a range of areas including industry partnerships and data sharing arrangements. See the SNEE case study on p.39.

Partnering with NHS Regions

How ICBs can work with Regional teams to drive innovation adoption through strategic commissioning

NHS regions are set to take on an expanded and enhanced role around innovation, for example by:

- Supporting regional digital transformation
- Developing Regional Innovation Zones
- Scaling key innovations such as AI.

By working closely with regional teams, and other ICBs within their region, ICBs can maximise their ability to drive innovation adoption through strategic commissioning, for example by:

- Coordinating innovation testing and pilots across the region to reduce duplication and maximising learning
- Establishing joint commissioning and procurement approaches
- Pooling innovation delivery expertise and support.

See the Case study on the following page for an example of how ICBs in London have worked together with the Regional team to support the adoption of Ambient Voice Technology.

Taking a regional approach to scaling Ambient Voice Technology across London

London has a strong existing infrastructure bringing all London ICBs together with the regional team to support the adoption and spread of innovation across the city.

One example of this is the Digital Transformation Portfolio Board (DTPB), which brings together clinical, operational, digital, data, and finance leaders from London's ICBs, the regional office and Health Innovation Networks to ensure that London's digital programmes deliver on the two investment objectives:

Maintaining and improving digital and data infrastructure in service of healthcare delivery in London

Supporting and facilitating pathway innovation to deliver value through improved outcomes for patients and taxpayers

One example, is the role the DTPB played in overseeing and enabling the trialling, evaluation, safe-adoption and spread of Ambient Voice Technology (AVT) across London.

With clinician burnout reaching crisis levels across the NHS, Ambient Voice Technology (AVT) has been recognised as an innovation with potential to reduce administrative burdens for clinicians.

Health Innovation Network South London, in partnership with NHS England and involving London stakeholders, convened an AVT innovation exchange to showcase the technology's capabilities and discuss potential use cases, benefits and risks. This led to a trial launched across London, overseen by the DTPB and led by Great Ormond Street Hospital for Children (GOSH). The trial spanned 9 NHS sites and involved 17,000+ patient encounters using an AI-scribing tool sourced via the regional DigitalHealth.London Accelerator. Key outcomes included: increased direct patient interaction time, reductions in appointment length, more patients seen per shift in A&E, and a 35% drop in clinicians feeling overwhelmed by notetaking. Patients and families also responded positively, with 92% consenting to the use of AI-scribes.

Ensuring Safe Adoption

To guide AVT use in London, the DTPB issued an advisory note to clinical and digital ICB stakeholders to encourage the safe and responsible use of AVT to aid clinical and administrative productivity. In addition, the London region requested the creation of the NHS Technology Evaluation Safety Test (T.E.S.T.) which was led by GOSH - a framework assessing platform assurance and benefits. Technologies are scored and tiered to support NHS-wide adoption.

Scaling Up

In response to local acute pressures, the South West London Acute Provider Collaborative is now leading the largest AVT deployment across outpatient and emergency departments. Supported by Health Innovation Network South London, this initiative builds on learnings from the London-wide trial and T.E.S.T. to create an AVT business cases, procurement specification and implementation plans.

Working across ICBs in the East of England to develop a regional approach to innovation adoption

All five ICBs in the East of England, including our learning partners, Suffolk & North East Essex, Norfolk & Waveney, and Cambridgeshire & Peterborough, are working together, with support of Health Innovation East, to foster a high impact culture of innovation across the region.

Seeing the barriers to implementing innovations within and across health and care systems, Health Innovation East recognised that ICBs could play a critical role in speeding up the innovation pathway. This led to the creation of jointly funded Head of Innovation roles, embedded within each ICB, that have grown to be instrumental in shaping local innovation priorities and cultivating a culture and approach to innovation which fits their local context.

A key enabler of success has been the support and learning the Heads of Innovation provide to each other, and receive from Health Innovation East, and the opportunities this creates for wider collaboration. This has included:

Regular formal and informal touchpoints between the Heads of Innovation and Health Innovation East, nurturing trusted relationships and creating opportunities for shared reflection, learning and peer support

Joint innovation showcases, exchanges and networks for wider interest groups, to share promising innovations and learning, for example focused on a MSK innovation, Ambient Voice Technology, and primary care innovation

Shared innovation priorities and projects, such as CVD prevention, healthy ageing, mental health and cancer

Sharing innovation resources and tools, such as collaboratively developing an innovation toolkit, prioritisation processes, how best to work with public and patients, and evaluating the impact of implemented innovations

Health Innovation East has also provided advisory, governance, project management and expert methodological support to each of the ICBs. They have made sure that each Head of Innovation has felt part of the Health Innovation East team, as well as fully embedded within their ICB. This has helped to establish the Heads of Innovation as an effective bridging role, which is known to be an important enabler of successful innovation adoption and sustainability.

Over time, as relationships have developed, this has helped to grow the knowledge and confidence of the Heads of Innovation and created more opportunities for joint work, creating a strong foundation for continued success within the new clusters. It has also fostered a culture of looking outwards, leading to many more relationships with innovation leads across the country (including through this Accelerating Innovation Initiative and the NHS InSites programme), as well as partnerships with a range of national and international experts.

Acknowledgements

We would like to thank everyone who contributed their time and insights to the Accelerating Innovation Systems programme. We are particularly grateful to the wide range of colleagues across the cohort of nine ICBs and seven Health Innovation Networks who took part in interviews and the peer learning sessions, and helped develop case studies, at a time of significant turbulence and change within their organisations. We are also grateful to the wider range of colleagues from across the health and care system who have shared their insights and feedback on this work over the last 12 months. Finally we would like to thank The Health Foundation for commissioning us to deliver this initiative and for being a valued thinking partner throughout the process.

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Innovation Unit

Innovation Unit is a not-for-profit social enterprise. Our mission is to reduce inequalities and transform systems by growing people-powered innovations. We've been designing and scaling innovative solutions to social challenges for 20 years, alongside partners who share our values and ambition for change. We draw on these practical insights, as well as new research and learning, to also help the NHS and wider audiences grow understanding and capability to adopt and scale innovation.

The Health Foundation

The Health Foundation is an independent charitable organisation working to build a healthier UK. One of the ways we have done this is by supporting radical innovation and improvement in health and care services. We do this by promoting and evaluating new approaches to improve and transform services. We help to build an ecosystem that generates, spreads and adopts new ideas and innovations. And we help strengthen cultures and capability to deliver change among health and care professionals, organisations and systems.