| Meeting: | ICS Board |
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| Report Title: | Embedding innovation within the ICS strategy |
| Date of meeting: | Thursday 13 June 2019 |
| Agenda Item Number: | 6 |
| Work-stream SRO: | Wendy Saviour |
| Report Author: | Alex Ball and Mike Hannay |
| Attachments/Appendices: | Enc. C2. Menu of Innovations available to the ICS |

**Report Summary:**

This report outlines an opportunity to collaborate with the East Midlands Academic Health Science Network (EMAHSN) to embed a more consistent and strategic approach to research and innovation, by:

1. **Rapidly implementing existing 'off the shelf' evidenced-based innovations** from EMAHSN's project portfolio that address ICS strategy / 5 year plan priorities

2. **Putting in place a process** for ICS priorities not addressed by EMAHSN's existing portfolio, to identify proven solutions to support the delivery of the local strategy

This paper and recommended actions are part of a wider set of activities being developed to maximise the impact of the research and innovation community of Nottingham and Nottinghamshire. This wider set of activities will include exploring the potential of partnering with a standing research partner to better understand drivers of demand for urgent and emergency care and also seeking solutions to other longstanding issues.

**Action:**

☐ To receive
☒ To approve the recommendations

**Recommendations:**

| 1. | Review the list of 'off the shelf' innovations at the appendix and agree to seek full deployment within the ICS |
|---|---|
| 2. | Identify key ICS priority areas / themes that could benefit from an innovation exchange process to identify other proven solutions (i.e. for ICS priorities not addressed by the existing EMAHSN portfolio) |
| 3. | Identify ICS colleagues to co-develop and run the innovation exchange process alongside the EMAHSN |
| 4. | Agree timescales, review and sign-off process for the above. |

**Key implications considered in the report:**

| Financial | ☐ | It is not anticipated that there will be any cost to the ICS to running an innovation exchange process |
|---|---|---|
| Value for Money | ☐ | All innovations considered for adoption would focus on improving outcomes for patients / service users and enabling efficiencies |

| Citizen engagement | ☐ | All AHSN-supported innovations are developed in liaison with patient / service user representation |
|---|---|---|
| Clinical engagement | ☐ | Clinical engagement will be key to successful deployment and must be built into any plans to adopt existing / identify potential new innovations |
| Equality impact assessment | ☐ | All EMAHSN-supported innovations are subject to an equality impact assessment coordinated by the organisations Public and Patient Leadership team |

**Engagement to date:**

| Board | Partnership Forum | Finance Directors Group | Planning Group | Workstream Network |
|---|---|---|---|---|
| ☐ | ☐ | ☐ | ☐ | ☐ |
| Performance Oversight Group | Clinical Reference Group | Mid Nottingham-shire ICP | Nottingham City ICP | South Nottingham-shire ICP |
| ☐ | ☐ | ☐ | ☐ | ☐ |

**Contribution to delivering the ICS high level ambitions of:**

| | |
|---|---|
| Health and Wellbeing | ☐ |
| Care and Quality | ☐ |
| Finance and Efficiency | ☐ |
| Culture | ☐ |

**Is the paper confidential?**

☐ Yes
☒ No
 Note: Upon request for the release of a paper deemed confidential, under Section 36 of the Freedom of Information Act 2000, parts or all of the paper will be considered for release.

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**Embedding innovation within the ICS strategy**

**13 June 2019**

**<u>Background:</u>**

1. EMAHSN (hosted by Nottingham University Hospitals NHS Trust) is one of 15 Academic Health Science Networks across England, licensed by NHS England to operate as the innovation arm of the NHS.

2. Each AHSN works in its region to develop and spread evidence-based solutions to local STP and ICS priorities, and via their national network the 15 AHSNs share what works best so the innovations can be spread across wide geographies.

3. The AHSNs all operate local 'innovation exchanges: these processes take a priority highlighted by an STP / ICS and bring together health partners with innovators to match solutions to challenges. As the AHSNs work across sectors – NHS, social care, higher education, third sector and industry – they can broker connections between health systems and innovators / entrepreneurs with proven solutions.

4. Once solutions against the challenge have been identified, the AHSN may be able to provide support, expertise and seed funding to deploy and embed the selected innovations; the intention is to prove their value so they become sustained as 'business as usual'.

5. Innovations identified by this process could be from within the AHSN's local area or from another AHSN region, and could be devices, diagnostics, systems, processes or pathways.

6. All 'off the shelf' innovations are evidence-based (i.e. they have been tested in a 'real world' setting and proven to work) or are new initiatives established as demonstrator projects that are deployed within an NHS or social care setting for evaluation to establish their potential for wider spread.

7. Hence, by collaborating with the EMAHSN (and by leveraging their wider connections with the other 14 AHSNs) there is potential for Nottingham and Nottinghamshire ICS to quickly identify, evaluate and adopt existing, proven innovations to support the delivery of key strategic priorities.

8. AHSNs have an established track record at spreading innovation: they were relicensed by the NHS in 2018 based on their impacts during their first period (2013-2018) which saw them collectively spread 330 innovations across 11,000 health and social care locations throughout England.

9. In its 2019-2020 business plan the EMAHSN's targets are focusing on supporting the priorities of East Midlands STPs / ICSs.

10. **The appendix lists EMAHSN's current innovation portfolio.** Of the 18 innovations listed, six are fully deployed within the ICS: however a number not yet deployed / partially deployed align closely to the ICS strategy and 5 year plan. For ease of reference the appendix lists the innovations by ICS priority with an indication of the level of adoption within Nottingham / Nottinghamshire.

## Issues for consideration:

11. The Board is invited to review the appendix that lists the existing EMAHSN innovations

12. Of those not deployed / not fully deployed locally, the Board is invited to commit to roll out across the ICS footprint those that address ICS priorities. Any issues or barriers subsequently identified that could limit their adoption, will be reported back to the Board

13. The Board is invited to indicate any ICS priorities not addressed by the existing EMAHSN innovation portfolio, which could form the basis for a bespoke 'innovation exchange' process. Supported by the EMAHSN, this process would use the organisation's local and national connections to identify proven innovations in line with the priorities identified for local adoption.

14. The Board is asked to commit to support the bespoke innovation exchange process (summarised at 3.) in collaboration with the EMAHSN, and to identify ICS colleagues who would be tasked with shaping the design to ensure it addresses ICS priorities.

## Timescales:

15. Timescales are suggested below. These are indicative and will depend on a range of factors including the size / complexity of the projects, sign-off processes of delivery partners, availability of 'seed' funding required for some projects and capacity of the EMAHSN to deploy multiple new projects concurrently. However:

   a) For adoption of existing EMAHSN projects selected by the Board:

   - Scoping and evaluation / feasibility - two months approx.
   - Deployment – a further four to six months

   b) To run a bespoke innovation exchange process:

   - Identification of solutions against ICS priorities: six to eight weeks
   - Organisation of event / workshop: a further six to eight weeks
   - Further timelines to be developed (deployment / evaluation of solutions).

**<u>Recommendations</u>**

16. The Board are asked to note the following recommendations:
    - Review the list of 'off the shelf' innovations at the appendix and agree to seek full deployment within the ICS
    - Identify key ICS priority areas / themes that could benefit from an innovation exchange process to identify other proven solutions (i.e. for ICS priorities not addressed by the existing EMAHSN portfolio)
    - Identify ICS colleagues to co-develop and run the innovation exchange process alongside the EMAHSN
    - Agree timescales, review and sign-off process for the above.