

Meeting of BNSSG ICB Board

Date: Thursday 4th December 2025

Time: 12:30 – 15:45

Location: The Vassall Centre, Gill Avenue, Bristol, BS16 2QQ

Agenda Number:	6.5	
Title:	Innovate Healthier Together Evaluation Report	
Confidential Papers	Commercially Sensitive	No
	Legally Sensitive	No
	Contains Patient Identifiable data	No
	Financially Sensitive	No
	Time Sensitive – not for public release at this time	No
	Other (Please state)	No
Purpose: Decision/For Information		
Key Points for Discussion:		
<p>The purpose of this paper is to present the Innovate Healthier Together (IHT) Programme Evaluation Report to the ICB Board, highlighting the achievements and learning from the programme and proposing the next steps for ICB Board approval.</p>		
Recommendations:	<p>That the BNSSG ICB Board:</p> <ul style="list-style-type: none"> • Receives the IHT Evaluation Report. • Supports the proposed next steps. 	
Previously Considered By and feedback:	<ul style="list-style-type: none"> • IHT Programme Board August 2025 • System Executive Group, September 2025. 	

	Feedback and discussion points will be considered through the recommended System Innovation Collaborative.
Management of Declared Interest:	Not applicable.
Risk and Assurance:	There are minimal risks to the ICB Board for receipt of this Evaluation Report. There may be risks associated with the recommended next steps. Specifically that the focus of the ICB and the significant reorganisation means that the role and importance of innovation will be easily over shadowed by the critical and urgent immediate challenges. Mitigation for the board to consider this paper and ensure that there is a considered mandate for innovation for the future.
Patient and Public Involvement:	There was no patient and public involvement in the development of this Evaluation Report. This was appropriate given the evaluation scope. The Evaluation Report does reference projects where the patient and public were engaged and impacted and cites their discrete project evaluations where relevant.
Financial / Resource Implications:	There are no direct financial or resource implications to the ICB for the receipt of this Evaluation Report. The recommended next steps will require future resource considerations and input from the ICB and health and care partners, but these will be appropriately planned and scoped over time and seek the relevant approvals.
Legal, Procurement, Policy and Regulatory Requirements:	There are no legal, procurement, policy or regulatory requirements to the ICB for the receipt of this Evaluation Report. Given the scope and approach, this evaluation did not require ethics approval.
How does this impact on health inequalities, equality and diversity and population health?	There are no impacts on health inequalities, equality and diversity and population health in the development and receipt of this Evaluation Report. However it should be noted that innovation and creative approaches are critical to the ICB addressing health inequalities.
ICS Green Plan and the Carbon Net Zero target?	The receipt of this Evaluation Report has no impact on the ICS Green Plan and Carbon Net Zero target.
Communications and Engagement:	This Evaluation Report has been reviewed and approved by the IHT Programme Board and presented to System Executive Group. If the ICB Board accepts this report HIWE would like permission to share findings, in support of national approaches to innovation and other systems in the HIN area.
Author(s):	Tasha Swinscoe CEO Health Innovation West of England Deborah El-Sayed, Chief Digital & Transformation Officer, BNSSG ICB

Sponsoring ICB Director:

Deborah El'Sayed, Chief Digital & Transformation Officer,
BNSSG ICB

Agenda item: 6.5

Report title: Innovate Healthier Together (IHT) Evaluation Report

Introduction

The purpose of this paper is to present the Innovate Healthier Together (IHT) Programme Evaluation Report to the ICB Board highlighting the achievements and learning from the programme and proposing some next steps for ICB Board approval.

Background

The Innovate Healthier Together (IHT) Programme was established as a partnership between BNSSG ICB and Health Innovation West of England (HIWE) to help health and care partners understand and explore the issues and opportunities within BNSSG that might be hindering or helping the adoption and spread of innovation.

System Executive Group (SEG) endorsed the collaborative partnership between BNSSG ICB and HIWE in July 2023 with operational delivery starting in October 2023. The ICB Board endorsed this collaboration at the November 2023 Board meeting via the [Chief Executives report](#). An IHT Programme Board was established; membership included ICB and HIWE Executives to guide the delivery of the programme

Achievements – High level summary

As a result of the IHT Programme and the partnership between BNSSG system and HIWE we have achieved the following:

- **Objective 1; understand and develop a culture of innovation in BNSSG**
- **Objective 1 Deliverables**
 - A qualitative baseline analysis report of our ICS senior leader's attitudes and views on our strengths around innovation and insight into barriers and constraints that hold back system-level innovation.
 - Established the BNSSG Innovation Fellowship - a community and network of innovation enthusiasts across all health and care professions. Around 126 people are now Innovation Fellows. We have worked with communication and engagement experts to develop a proactive engagement strategy and delivered a comprehensive plan of regular activities and resources to develop Fellow's innovation mindsets, to inspire and nurture their innovation curiosity, to foster a culture of innovation and to connect and network.
 - Inclusion in the Health Foundations Accelerating Innovation Systems programme – a national, prestigious programme exploring how ICBs and HINs can collaboratively stimulate innovation across systems. Key learning from this programme is due to be published in early 2026 and is forming a key foundation for the guidance for the development Model ICBs

- Increased awareness of innovation activity across the ICS via innovation showcases and communication assets.
- 30 ICS staff academically accredited in innovation practise supporting our approach to NHS impact and 100+ ICS staff exposed to techniques to develop innovation mindsets and creative problem solving.
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- **Objective 2 and 3 Consider how we design an approach to innovation push and pull so that processes are in place to support innovation**
- **Objective 2 and 3 Deliverables**
 - Alpha tested a model for the rapid adoption of innovation via HTAFF for COPD/ CVD
 - Worked with locality teams to understand position and current approach to innovation
 - Embedded innovation and the learning from the IHT programme into the BNSSG Improvement, Innovation and Transformation Framework that was approved by the ICB board and being adopted across BNSSG (IITF).
 - Supported the early developments of the Bristol NHS Group Innovation Strategy.
- **Objective 4 - Explore the barriers to innovation adoption**
- **Objective 4 Deliverables**
 - Insights from procurement teams to define new approaches to consider how procurement barriers can safely be adopted - this was factored into the IIFT

Learning from IHT & Reflective Insights

Key learning:	Reflective Insight:	Learning/Next Steps:
The conflict between Innovation and Operational Delivery	<p>BNSSG leaders describe they have a high and 'open' risk appetite for innovation this is positive however it is not clear that this the prevailing culture throughout the system. HIWE IHT Team have experienced a culture of 'risk caution' finance first and focus on more immediate targets. This is understandable in the current climate and is a challenge for all systems. Finding the balance is something that system leadership need to stay mindful of ensure that critical opportunities for innovation are not overlooked.</p> <p>The system has adopted a three horizons methodology this is helping to enable leaders and staff to consider what innovation and improvement is in service of the H1 of current approaches or shifting the focus to the more transformational H3 being where there often less focus</p>	<p>'Pushing' innovations into systems is challenging when operational need hasn't been identified, and operational managers aren't required or ready to innovate.</p> <p>Lack of clear 'entry' point for HIWE and innovators to engage with system partners has been improved but remains an on going issue</p> <p>Establishment of the System Innovation Collaborative (further detail below) should facilitate greater engagement and signposting for identified innovation opportunities.</p> <p>Retaining the focus on the 3 horizons to ensure that the system is able to assess focus on the right level of innovation.</p> <p>This has been highlighted as part of the strategic Commissioning framework which should also ensure that innovation is embedded as part of the design of the new clustered ICB</p>
Data Driven vs. Experimentation	Part of the mandate was to work with Locality Partnerships to identify opportunities to 'pull' innovation into their communities to meet an identified need.	The HT 2040 process has provided significant innovative thinking to drive the shift to data-driven population health, outcomes focused models of care, and national policy drivers to

<p>Improving health and care in Bristol, North Somerset and South Gloucestershire</p>	<p>Where innovation may be a solution for example to reduce health inequalities.</p> <p>This experimental pull approach was not successful as the issues in localities were more focused on infrastructure and seeking stability.</p> <p>The inception of HT2040 also superseded this work and connected localities with innovative approaches to design which was more successful but not in scope of this programme</p>	<p>models the Neighbourhood programme across BNSSF is expected to drive local innovation in this area. The HT2040 process harnessed significant energy ideas and innovative thinking.</p> <p>The system leadership need to stay alert to making sure that this creativity and design that has been developed with the whole system is retained, and is of particular relevance in light of the NHS 10 year plan and emergency of neighbourhood health and care.</p>
<p>Rapid innovation adoption</p>	<p>The programme was able to guide and review a rapid live innovation from inception to conclusion The Health Technology Adoption and Acceleration Fund awarded BNSSG an innovation fund in November 2023, to be fully committed by end of March 2024. The scope was to support people <i>Living Well with COPD</i> – a programme of proactive case management and patient population risk stratification. Patients identified at highest risk of exacerbation would be offered home monitoring by a remote clinical team using technology provided by a commercial partner, delivered in conjunction with a Sirona respiratory team. In addition, all COPD patients in BNSSG were offered support to manage their condition using a self-care app.</p> <p>The set up in partnership with HIWE was fast and well co-ordinated The first patients were onboarded early February 2024, just 12 weeks from receipt of funding. Delivery was mandated due to the conditions of the</p>	<p>This model is replicable and has been included as core component of the Innovation, Improvement and Transformation Framework approved by the ICB Board.</p> <p>HIWE are testing these co-production principles through a discrete <i>Accelerating Innovation into Practice</i> project – the learning will be shared with ICS partners to support the future application of innovation into practice.</p>

Improving health and care in Bristol, North Somerset and South Gloucestershire

and all team members collaborated and designed the approach to ensure these conditions could be met. This case study also serves as a good example of the importance of co-production as it was only deliverable with the input of colleagues from the full range of disciplines eg information governance, procurement, contracting, business intelligence, communications, operational and clinical teams across multiple organisations.

Estates, corporate governance, IT/digital are additional teams that are also critical in the design phase of innovation adoption, not as an afterthought. Without this expertise being regarded as equal partners in the co-design process, innovation selection and deployment could stagnate or be completely blocked.

The programme was closed down as the timeframe meant that the financial ROI could not be justified. It is not clear if this was the right thing to do but reinforces the point below and the insights from the health foundation.

Culture change takes time and investment

One of the ambitions of the IHT Programme was to develop innovation mindsets and supporting culture at all staff levels. Innovate Healthier Together Training was offered to multiple teams and professional groups. Whilst this has increased our innovation knowledge and expertise in the system but uptake was limited and attendance attrition rates were high due to competing priorities. This was despite the training being academically accredited and free of charge.

HIWE have committed to resourcing the Fellowship in 2026 and extend it as an offer to Gloucestershire ICS partners.

The System Innovation Collaborative will closely consider how system partners to 'bake in' the Fellows into innovation discovery, adoption and spread processes both inter- and intra-organisations.

	<p>The IHT Fellowship was established to engage staff floor-to-board and network them in a safe community without hierarchy.</p> <p>The intention being to create the following conditions needed to allow innovation to thrive:</p> <ul style="list-style-type: none"> • Space and time to learn innovation and creative problem-solving techniques. • To be inspired and sparked by the innovative approaches of others and broaden their knowledge. • To understand that innovation needs to be nurtured and needs persistence and a relentlessly curious mindset. • To feel equipped to proliferate an innovation culture back in their day-jobs. <p>The IHT Programme evaluation highlights that an individual level, the Fellowship was able to achieve these aims. But it is hard to see how it has impacted organisational and system-wide innovation culture. Academic research suggests that realistic culture change in complex health systems requires a sustained timeframe of several years, often 3-10 years¹. So, the work of the IHT Programme may be the catalyst and the start, but sustaining innovation culture change will take more time and continuous resource.</p> <p>The IHT Programme Board and SEG recognises that the work to date to manage and sustain the Fellowship is the building blocks of a unique approach in BNSSG</p>	<p>Members of the Fellowship have highlighted that unless operational and clinical job plans include dedicated time for innovation or intentional networking it will continue to be a 'nice to have' and not considered as important as many other critical activities.</p> <p>The findings of the Health Foundation programme Accelerating innovation Systems are currently being collated and will be connected into the emerging ICB development programme that is expected early in 2026. As we are partners in this programme our work is used as art of the case studies and will be referenced in the published document.</p> <p>The high-level summary is included in the conclusion section below</p>
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¹ Case study example: https://pmc.ncbi.nlm.nih.gov/articles/PMC6460152/?utm_source=chatgpt.com

<p>Improving health and care in Bristol, North Somerset and South Gloucestershire</p>	<p>and lays the foundation for longitudinal culture change, one that Gloucestershire ICB (and other near neighbour ICSs) may also be keen to benefit from as the systems cluster.</p>	
<p>Innovation realism</p>	<p>The IHT Programme team observed through engagement with BNSSG system partners that the prerequisites imposed on innovation often strive for unrealistic expectations; In-year Return on Investment (ROI), cash releasing and adoption achieved with nil cost pressure. In HIWE's experience, and through engagement across the national Health Innovation Network, these expectations are rarely realised and creating these as must-do conditions undermine innovation efforts.</p> <p>The publication of the Fit for the Future 10 Year Health Plan and the Model ICB Blueprint has offered optimism in relation to this challenge. Ring-fenced funding for transformation and innovation activities (up to 3% of annual budgets), multi-year budgets for innovation deployment, staff trained in modern leadership, transformation and innovation with research, development and innovation a core part of everyday clinical work – not a 'nice to have', innovation passports so evidence of impact can be trusted and translated into new settings with confidence, devolving decision-making closer to the communities being served through integrated neighbourhood health, are all pleasing policy levers that align to the learning attained through IHT Programme delivery.</p>	<p>HIWE are testing the principles of deploying an evidence-based innovation and longer-range innovation procurement strategies through a discrete <i>Accelerating Innovation into Practice</i> project – the learning will be shared with ICS partners to support the future application of innovation into practice.</p>

5 Current Status

The IHT Programme as initially designed has now been delivered and concluded. Learning and insights now need to be factored into the next stage of ICB and system development since the programme was initiated there has been radical changes across the NHS and it is important that this is not perceived as we have finished working on innovation but rather we have some great foundations to build on.

5.1 Conclusions

Embedding innovation is a deeply cultural endeavour and not a transactional deliverable. We set out four objectives which have largely been achieved. As part of the benchmarking work of the Health Foundations we are one of the most advanced ICBs in our approach to embedding innovation but we are still on the journey and are often not able to take the time to consider the very innovation that could transform experiences and outcomes as well as tangible improvements in our productivity.

The questions asked by the Accelerating Innovation programme are helpful in summarising the issues we are still grappling with

Illustration 1: Health Foundation: Accelerating Innovation Programme



The Health Foundation Accelerating Innovation Systems report will be published on 10th December 2026. The work in BNSSG forms two of the case studies the synthesis of the learnings from this work are as follows :

Focus on fewer, high-impact priorities

- ICBs that narrowed their innovation agenda to a small number of mission-driven priorities achieved greater progress and avoided spreading resources too thin.

Scale proven solutions rather than reinventing the wheel

- Successful ICBs concentrated on adopting and adapting evidence-based innovations instead of piloting untested ideas.

Adopt a problem-first approach

- Innovation initiatives worked best when systems invested time upfront to define the problem clearly, aligning solutions to real needs rather than chasing technology or innovation for its own sake.

Build strategic partnerships and act as convenors

- ICBs played a critical role in forging collaborations across local authorities, VCSE, academia, and industry—enabling system-wide solutions and leveraging collective resources.

Engage staff and communities early

- Creating networks of Innovation Champions (e.g., IHT Fellows) fostered buy-in, surfaced insights, and improved legitimacy of innovation decisions.

Use data and commissioning as levers for change

- Harnessing population health data to target interventions and embedding innovation into commissioning cycles (rather than relying on short-term pilots) proved essential for sustainability and scale.

All of these are already reflected in the **BNSSG IIT Framework** which further reinforces the importance of continued focus on this model for the system.

Innovation and the Future role of ICBs

The NHS Strategic Commissioning Framework was published in October 2025, this document gives clarity to ICBs on the expectations in line with the revised functions. The role in relation to innovation remains robust and is highlighted as an essential foundation to successful commissioning. The extracts below are direct quotes from the recent strategic commissioning guidance.

- ICBs will develop and commission best practice care models and care pathways with partners, people and communities including considering where innovation has the greatest potential to support impact
- This should include horizon scanning to understand new developments and innovations that may help deliver agreed priorities
- It is key that ICBs are learning from and adapting services (including decommissioning and scaling successful innovations where appropriate)
- ICBs have a duty to promote innovation in the NHS and should use their role as strategic commissioners to develop and commission new innovations in their local system that support the achievement of their strategy and population health improvement plan.
- ICBs should explore how they work closely with Health Innovation Networks (HINs) as a crucial link between the NHS, academia, industry and the VCSE sector.
- ICBs should build the role digital technology can play in how and what they commission into their ICB strategy and population health improvement plan. This includes the 5 key technologies – genomics, AI, wearable technologies, robotics and joined-up data to drive innovation and transformation, as outlined in the 10 Year Health Plan

The work of the Health Foundation programme on accelerating innovation is expected to form part of the learning that will inform and shape the emerging national strategic Commissioning Development programme. Therefore we expect that the IHT programme and our achievements so far will ensure we are well advanced in this area.

Next Steps

Whilst the programme has concluded it is clear the work needs to continue but without the opportunity to invest financially at the current time there have been some creative conversations about how we might work with HIWE to ensure we can build on the positive foundations as a result the following has been agreed

6.1 Continuing the HT Innovation Fellowship

HIWE has committed to continuing to resource, lead and manage the Fellowship and will be extending the offer to Gloucestershire, and potentially wider West of England, health and care partners. This offer will be provided free of charge to all system partners.

6.2 Continuing the collaboration

A new System Innovation Collaborative² will be established. Hosted by HIWE, membership will include representatives from (but may not be limited to) Gloucestershire and BNSSG ICB Boards, the Cluster Transition Board and system partners as appropriate. The purpose of this System Innovation Collaborative will be co-developed and refined over time, but initial thinking is:

The System Innovation Collaborative aims to create a forum for HIWE, the ICB (cluster), and system partners to build and embed trusted strategic partnerships. Through these partnerships, we will accelerate the discovery, adoption, and spread of innovation in health and care. Our ambition is to ensure innovation opportunities are optimised to strengthen the ICB's system leadership role through strategic commissioning, deliver on the [Model ICB Blueprint](#) and the [10 Year Health Plan](#), and, above all, improve outcomes and reduce inequalities for our population.

*The System Innovation Collaborative will provide members with the opportunity to better understand their respective innovation assets, mobilise innovation knowledge and share learning. **It will be a space for health and care system partners to signal to HIWE where innovation is needed to optimise and improve service planning and delivery, and for HIWE to share local, regional and national innovation testing or deployment opportunities;** acting as the 'sandpit' for HIWE pipeline development of local programmes, and one of the primary entry-points for system engagement to ensure successful delivery of HIWE national and regional programmes for the benefit of local populations*

The System Innovation Collaborative will be the go-to forum to ensure that innovation opportunities in health and care are collaboratively embedded in the ICBs strategic commissioning functions and local health and care provider efforts to respond to these commissioning requirements and population health needs – including the engagement and participation of Fellows in the ideation and delivery of system innovation opportunities.

The System Innovation Collaborative will be a sub-group of the HIWE Partnership Board with delegated authority to operationalise agreed innovation strategic priorities.

Using the System Innovation Collaborative as a vehicle, opportunities to embed the Fellows into the strategic and operational planning mechanisms for the delivery of the ICBs medium-term plan will be explored, particularly in areas such as integrated neighbourhood health. Our ambition is the Fellows will offer fresh and innovative perspectives; to challenge the status quo, provide cross-sector insights and learning and offer unique perspectives that inform the strategic commissioning process.

² Terms of Reference in development. Legacy meeting dates (novated from IHT Programme Board): 23 January 2026, 27 March 2026

Recommendations:

That the BNSSG ICB Board:

- Receives the IHT Evaluation Report and agrees for it to be published.
- Endorses the proposed next steps.

Financial resource implications

There are no direct financial or resource implications to the ICB for the receipt of this Evaluation Report. The recommended next steps may require future resource and input from the ICB and health and care partners, but these will be appropriately planned and scoped over time and seek the relevant approvals.

Legal and procurement implications

There are no legal, procurement, policy or regulatory requirements to the ICB for the receipt of this Evaluation Report. Given the scope and approach, this evaluation did not require ethics approval.

Risk implications

There are minimal risks to the ICB Board for receipt of this Evaluation Report. There may be risks associated with the recommended next steps, but these will be assessed and mitigated appropriately by all key stakeholders.

How does this impact on health inequalities, equality and diversity and population health?

There are no impacts on health inequalities, equality and diversity and population health in the development and receipt of this Evaluation Report. A visual schematic summarising the key findings of this report has been produced – this provides a more accessible medium to receive the content.

Public Involvement including any Formal Consultation and Communication matters

There was no patient and public involvement in the development of this Evaluation Report. This was appropriate given the evaluation scope. The Evaluation Report does reference projects where the patient and public were impacted and cites their discrete project evaluations where patient and public views were captured.

Early versions of this report were shared with the IHT Programme Board, which includes the ICB Chief Executive Officer, Chief Medical Officer, Chief Digital and Transformation Officer and Deputy. They have approved it for presentation to the ICB Board. If the ICB Board accepts receipt of this report, HIWE request permission to publish it on their website, and promote its publication across their regular communication channels.

ICS Green Plan and the Carbon Net Zero target

The receipt of this Evaluation Report has no impact on the ICS Green Plan and Carbon Net Zero target.

Appendices

Innovate Healthier Together Evaluation Report

Glossary of terms and abbreviations

Please explain all initials, technical terms and abbreviations.

Health Innovation West of England	Health Innovation West of England is an NHS organisation formed from the former West of England Academic Health Science Network (AHSN). It drives the development and adoption of new health and care innovations within the West of England, collaborating with NHS providers, industry, and academia to improve patient outcomes, enhance safety, reduce health inequalities, and stimulate economic growth.
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