

About this document

This is the full strategy document. A summary version is also available.

This document is intended for internal AHSN use only. External-facing materials are available if required.

This document sets out the key of focus on which we will work as a Network of AHSNs over the next five years. It consists of four sections:

Section 1: Context and case for change outlines our current position within the (changing) health and care landscape, what we have achieved to date, and the value we provide to our customers, commissioners and partners. It also sets out why we need to act at a much greater level of ambition in order to help the NHS meet its most pressing current challenges – including recovering from the Pandemic, tackling the inequalities it exposed, and joining up across health and social care – as well as supporting growth in very challenging economic circumstances.

Section 2: Our approach and strategic aims sets out our purpose and ambition for 2021-26:

- Our purpose - **"transforming lives through innovation"** - captures the value and role of the AHSNs, and has guided our work since our foundation back in 2013.
- Our ambition for 2021-26 is **"to achieve a substantial increase in adoption and spread of innovation across health and care systems."** This encapsulates how we will enact our purpose this over the

next five years, and how we will realise the opportunities we now have.

Following this, we set out our three strategic aims. These describe the key things which we must achieve in order to realise our ambition and meet the case for change.

Section 3: Our strategic goals sets out eleven goals which, taken together, will allow us to achieve our aims and ultimately realise our ambition. For each goal, we set out the work we will need to undertake and the benefits which it will bring. We also set out 'what successful implementation will look and feel like' in order to bring each goal – and therefore the strategy as a whole – to life.

Section 4: Implementation sets out some initial thinking on how the strategy will be implemented, including the initial priorities for a business plan which will develop each of the strategic goals in detail (including SMART objectives, key milestones/deliverables, and associated resource requirements). This section also analyses with interdependencies between the eleven goals, as an aid to more detailed planning in the next phase of work.

Foreword – looking back from 2026

This strategy sets out our ambition for the AHSN Network to 2026, together with the strategic aims and individual areas of focus which will allow us to realise that ambition. It has been developed with input from all fifteen AHSNs, as well as key external partners, and aims to set the agenda for our work together as a Network over the next five years.

If we implement this strategy successfully, and so realise our ambitions, then on looking back from 2026 we will have achieved the following (and more):



We will have established deep knowledge and expertise as a Network in the outcome areas we focus on through our national programmes and the health and care systems we're seeking to improve - enabling us to maximise the collective impact of our work and influence national policy and practice.



We will have grown our portfolio of national programmes - working in partnership with national commissioners and strategic partners to redefine our existing national programmes and establish new national programmes. These will be focused on outcomes-led approaches to the most pressing strategic challenges facing health and care systems, and will allow us to harness the full potential of innovation - spanning digital technology, physical technology and innovative practice.



We will have developed a pipeline of high-impact innovation - by providing a unified offer to innovators and developing strategic partnerships to identify and develop the most promising innovations, for current or future national outcome-led programmes.



We will be recognised as leaders in evaluating high-impact innovations - using our expertise in real world evaluation to identify and validate high impact innovations, to feed into current and future national programmes. Our real world evidence will be influencing decision making by NICE, regulators, commissioners and policy makers.



We will have reinforced AHSNs as a national authoritative voice on adoption and spread of innovation - national commissioners and policy makers will regularly seek out our advice, insight and expertise and we will have enabled AHSNs to strengthen their reputation within local health and care systems.



All staff in every AHSN recognise their dual role - of working both for their individual AHSN *and* the contribution they personally make towards the aims and objectives of the network of AHSNs.



We will have demonstrated our value as a Network of AHSNs and secured a new five year licence with national commissioners - that retains investment into local AHSN programmes and grows investment into national programmes.

These would be significant achievements, and they will take time and work to realise. This strategy provides a first step towards achieving them.

Context (1): AHSNs achievements to date provide an excellent platform for increasing our impact.

About the AHSNs:

Following the publication of [Innovation, Health and Wealth \(2011\)](#), Fifteen Academic Health Science Networks (AHSNs) were established in 2013 to spread innovation nationally at pace and scale across distinct geographies.

Subsequently, AHSNs were identified as a key to delivering priorities on patient safety, research and innovation set out in the NHS Long Term Plan, and more recently we have [supported health and care systems across the country to implement innovative digital technologies and practices to support their response to Covid-19](#).

Everything AHSNs do is driven by two imperatives: improving health and generating economic growth. We use our local knowledge and harness the influence of partners to drive change and integrate research into healthcare and health improvement. We are as interested in seeing healthcare businesses thrive and grow, creating jobs and bringing investment to the UK, as we are in seeing the health and care system improve. Our partners' experience of working with us is overwhelmingly positive.*

From 2018-20...



- **479,000+ patients have benefitted from our two-year adoption and spread programmes.**
- **300+ companies have created long-term strategic partnerships with our help.**
- **4000+ companies supported overall.**
- **3,165 strokes prevented and 791 lives saved through our AF work.**
- **8,472 people with chronic joint pain have participated in ESCAPE-Pain courses.**
- **With support from the 15 Patient Safety Collaboratives, patients at risk from COVID-19 now have access to a national programme designed to provide an early-warning system if their condition worsens.**

AHSNs achievements over the last two years include:

- **Improving health through national programmes and local priorities:** Almost 500,000 patients have benefitted from national adoption and spread programmes.
- **Improving patient safety:** AHSNs host the 15 Patient Safety Collaboratives (PSCs) across England. The PSCs are vital delivery agents of the national patient safety strategy.
- **Generating economic growth through a scalable, high-impact innovation pipeline:** Our Innovation Exchange is a coordinated approach to identifying and helping to spread innovations with the potential to transform lives. We have supported more than 4,000 companies and leveraged over £320m investment.
- **Supporting the response to Covid-19:** AHSNs responded at scale to support the national Covid-19 effort, with all AHSNs working to assist the rapid rollout of digital primary care and uptake of video and online consultation technologies. We also worked at scale to support the safety of patients, care home residents and staff through training and supporting local PPE procurement initiatives. Additionally, many of our staff went back to support the NHS in managerial or clinical roles.

*82% of stakeholders rated their working relationship with us as being very or fairly good. See [AHSNs stakeholder research report \(Savanta Comres 2019\)](#).

Context (2): Our achievements are enabled by our unique position within the health and care innovation landscape.

AHSNs' Unique Position



Compared to policymakers and specialist ALBs

- We have deep local relationships with health and care systems via our 'on the ground' presence in every region.
- We have the ability to implement innovations at scale – in all areas of the country.
- We have insights about how innovation is best spread in practice, in the 'real world.'

Compared to research and academic organisations



- We are focussed primarily on *adoption and spread* of innovative ideas and technologies across systems. We focus on real-world evidence and impact.
- We provide insights on whether innovations are 'ready to scale' and systems 'ready to adopt.'
- We are closer to health and care, with better understanding of drivers/challenges in clinical practice.

The AHSN Network

Compared to local health and care systems

- We connect local, regional and national initiatives to deliver innovation in practice. We reach into our local health, research and industry networks to create traction for national programmes.
- We tap into our local health, research and industry networks to generate and curate a pipeline of scalable innovation
- We are specialists in innovation – including specialist tools, approaches, expertise.

Compared to consultancies and think tanks

- We have deep local relationships in every area.
- Our expertise and credibility stems from 'on the ground' experience of how innovation spreads.
- Our funding allows us to remain commercially neutral, and to support adoption of technologies only when we are convinced of their value to patients or systems.

Compared to innovators and industry

- We have a deep understanding of NHS priorities and processes, and how innovation can best be implemented in practice.
- We are commercially neutral – playing a valued role as a trusted broker of partnerships between the NHS, academic and life science sectors



"I don't think the AHSNs realise what a privileged position they have...spread of innovation is a top priority...they are the only people who have any credibility in this area."

National Commissioner

Context (3): Our strength as a Network comes from our ability to work at local, regional and national level, and the interplay between them.



Local deep relationships and achievements give us a platform to act on a national scale

- **Local needs and projects generate a pipeline of potential national programmes** (for development in discussion with our commissioners).
- **Trusted local relationships and credibility** ensure we can tailor national programmes to local needs, thereby maximising their effectiveness.
- **Local knowledge and relationships** allow us to find opportunities for innovators from other areas (including international).
- **Local experience** of spreading innovation (achievements and barriers) inform our national-level conversations to influence and change policy.



National programmes give us the knowledge and insights to maximise local and regional effectiveness

- **Learning from national programmes and national best practice approaches** are incorporated into our local and regional work.
- **Cross-AHSN learning** allows us to bring the best of the Network to each local and regional programme (all AHSNs supporting each AHSN).
- **National and Cross-AHSN innovator relationships** allows us to find the best innovation from across local or regional needs.

This strategy sets out how we will work as a Network of AHSNs. The ambition and programmes of work described here are therefore intended to complement and strengthen the wide range of local and regional work with AHSNs currently undertake. The Network believes that it is critical that the AHSNs should maintain their current level of local work (a minimum of 50% of NHSE/I licence) alongside the growth in our ambition at national level which this strategy describes. The local work opens the doors to national delivery and feeds the future pipeline of national work.

Context (4): Our strengths and unique positioning combine to produce a series of linked 'value propositions' for our customers and stakeholders



Our strategy sets out how we will build on these propositions and so embed and develop our overall value.

The Case for Change (1): Our Partners recognise our achievements to date, but now expect a much greater level of ambition – and for us to realise the full potential of our national Network.

Our commissioners and partners recognise our current value, but expect us to be achieving change at a much greater scale: Our key stakeholders value our unique role and position, and the work we have delivered for them to date. We are focussing on the right things, but need to significantly increase the scale of our ambition and impact if we are to meet expectations for what we should be able to achieve.

*"[AHSNs] do not have the scale of impact which I would like [them] to have."
National NHS Leader*

Partners want to work with us in strong partnerships locally, and as 'One AHSN Network' nationally: Partners recognise the value of our deep local relationships, as well as our ability to work at scale. Nationally, they want to work with 'one AHSN Network' rather than fifteen separate organisations. This is particularly important for many industry representatives, for whom a national interface with the (highly localised) NHS is one of our greatest assets. It is also important for our potential strategic partners who work wholly or primarily on a national scale (e.g. NICE, MHRA).

"Something needs to happen at scale here to create a shift...the local work is fabulous...but there is something missing in the middle."

Industry representative

We must change our focus from interventions to outcomes: Our national programmes to date have been focussed on individual interventions or technologies. Having proven our ability to drive adoption and spread with these programmes – and built up unique expertise and insights from having done so – we now have the opportunity to apply our approaches to wider programmes of change, and so magnify our impact. This will include bringing together multiple technologies and approaches around a common objective, in a way which reflects wider trends towards the dominance of technology in healthcare and society.

Being held to account for supporting the delivery of outcomes will ensure that we are truly evidence-led in all of the innovative technologies and ideas we promote. It will also ensure that we work flexibly, adapting our approaches to best improve outcomes across all areas of the country and over time.

"[AHSNs] haven't quite cracked the 'impact of our work' message –[it is currently] based on sites/units rather than health outcomes"

National Commissioner

We must continue to raise our profile and demonstrate our impact beyond doubt, to a wider range of stakeholders: Although individual AHSNs are well known locally*, many national-level organisations (both industry and public bodies) have only a basic awareness of AHSNs' specific role and the value they bring. This means that (i) we are missing opportunities to engage with innovators and others partners which could be highly beneficial, and (ii) we lack 'champions' in the most senior national-level discussions both in government and industry.

*See AHSNs stakeholder research report (Savanta Comres 2019).

The Case for Change (2): To realise our potential, we must align our work explicitly to the NHS's most pressing priorities – including Covid recovery and tackling health inequalities

The COVID-19 pandemic has led to unprecedented rapid innovation and transformation across a wide range of health and care services. This has primarily been brought about by a necessity to change at pace, and has demonstrated the benefits which can be achieved when barriers to co-ordinated working are overcome. Much (although not all) of this change presents a valuable opportunity to learn and inform the future.

The AHSNs' response to the pandemic was – and continues to be – significant and highly-regarded. We must now capitalise on this good work, working closely with our health and care partners as they begin the long and complex task first of recovery, and then of transformation to meet the needs of a post-Covid world. This means:

- **Considering all elements of the post-Covid challenge, and thinking creatively about the role which the adoption and spread of innovation could play in meeting it.** This includes, for example, the long-term consequences of Covid care and the implications (both positive and negative) for the health and care workforce, as well as the more high-profile challenge of elective recovery and the economic challenge for public services and the wider economy (see below).
- **Supporting health and care systems to tackle inequality through innovation.** This includes tackling the health and care inequalities which the pandemic has exposed and risks deepening. Our local knowledge and relationships, and insight on innovation, can help us to support ICSs and health and care providers to craft differentiated, innovative responses to tackle specific inequalities of access and outcome. Furthermore, tackling inequality is not just about the health and care system response. We must

"The coronavirus outbreak has changed the NHS and social care, precipitating rapid transformation at a time of immense challenge. [...]"

NHS **RESET**
DELIVERING THE RECOVERY

One message from leaders and clinicians across the UK has been clear: we must build on the progress made to chart a new course."

also ensure that innovators in all areas of the country can thrive and support local economic growth, and so contribute to the 'levelling up' agenda.

- **Continuing to demonstrate value to those we serve:** The costs of responding to the pandemic will inevitably lead to further financial constraints across the health and care landscape and wider public sector. This means that we must be able to support systems in using innovation to maximise value (including reducing cost – for example through 'frugal innovation'). It also means ensuring that we demonstrate maximum value for the funding we receive from our commissioners (and therefore for the citizen and taxpayer), in terms of both health outcome and economic impact.

These challenges are highly complex, and will require a multi-faceted response. If we are to 'shift the dial' in these areas then we must be able to work at much greater scale and ambition, and use our national Programmes and Network to maximise the contribution which each AHSN can make to local system and economic change.

The Case for Change (3): We must also adapt to how the NHS is changing, in order to remain relevant and valuable to both NHS and academic and industry partners



"Our legislative proposals capture the learning from the pandemic and are driven by the context of a post-COVID world, which is now in reach. And they make permanent the innovations that COVID-19 has accelerated and encouraged the system to improvise new and better ways of working."

"Our proposals will help the NHS and local government in the immediate work of recovery from the pandemic by making joint planning and delivery of services easier, and over the long term by helping to address the needs of everyone, from children to older people, at different stages of their lives."

We must adapt to the new NHS landscape set out in the Integration and Innovation White Paper, including new responsibilities and accountabilities for Integrated Care Systems (ICSs), a much greater focus on collaboration across health and care, and the expectations on ICSs to lead digital transformation in their systems. The White Paper also has a major focus on 'reducing bureaucracy' – particularly those barriers which prevent organisations working together to change pathways of care, including through innovation.

We must therefore maximise the value of AHSNs – and therefore of the Network in supporting AHSNs – to ICSs as they take on new responsibilities and respond to this agenda. This means:

- **Working across whole health and care systems:** ICSs create major opportunities for identifying system-wide benefits of innovation and developing system-wide approaches to adoption. AHSNs (supported by the AHSN Network) have the potential to be at the forefront of building these enhanced relationships with their local ICSs. We must ensure that our national work supports – indeed challenges us to promote – this system working approach.
- **Building on our strengths:** AHSN teams have a proven ability to solve problems and support practical change in complex environments. These

skills will be essential for ICSs in tackling their most pressing issues.

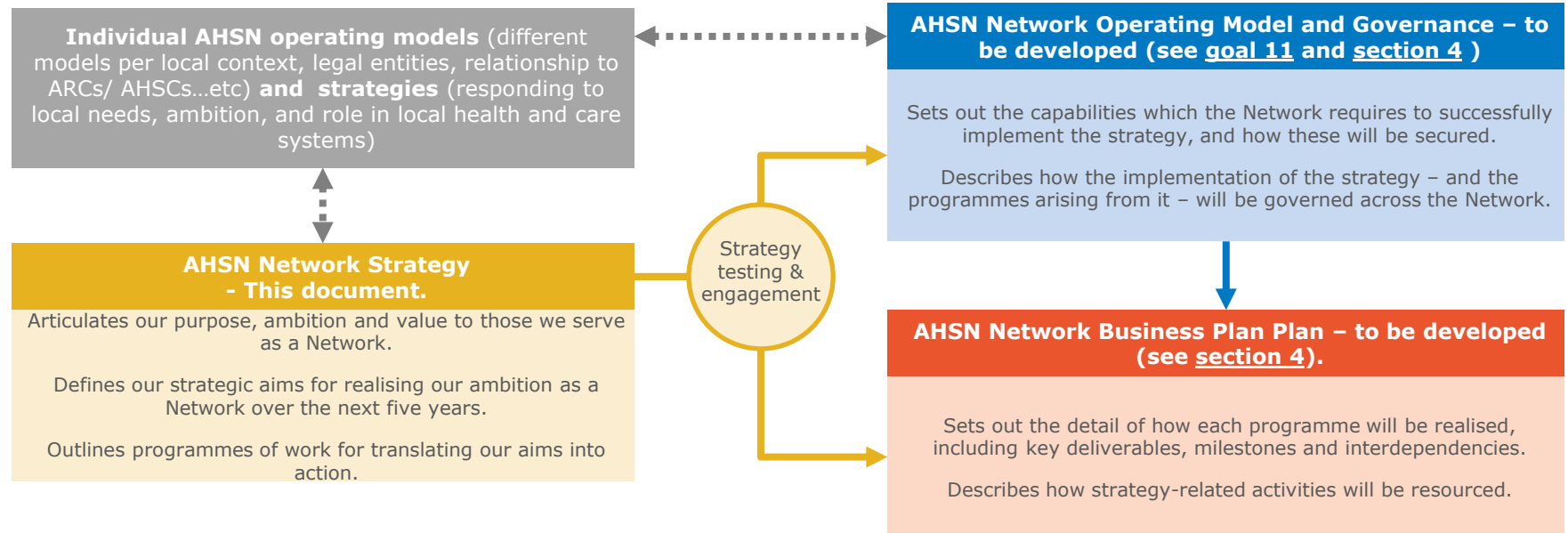
- **Recognising the importance of digital transformation through ICSs – and AHSNs potential contribution.** AHSNs' digital transformation experience and capabilities – combined with our deep local relationships – mean that we are uniquely placed to support ICSs in an area where national expectations are high and likely to grow further.
- **Supporting innovators to engage** – sharing our knowledge and insights on the changing NHS to support innovators to address the right challenges in the right way to build engagement.
- **Maintaining our balance between local, regional and national which brings so much benefit to partners** – including ensuring that the Network supports each AHSN to bring insights from across the country to local and regional discussions.

"[AHSNs] keeping themselves relevant is the key part of the challenge... how do they work with an integrated system – local govt, out of hospital...how do they bring industry into that conversation."

National NHS Leader

Purpose and scope of this document

This strategy sets out our overall ambition and aims for the next five years, and outlines programmes of work to achieve our ambition. The details of these programmes – and how the AHSNs will work together through the Network to implement them – will be developed in the next phase of work. The key elements of this will be (i) the Network Operating Model, underpinned by reformed Network governance (following the forthcoming governance review), and (ii) a detailed implementation plan (including a resource plan) for each of the programmes of work outlined in the strategy.



Our purpose and ambition for 2021-26

Our purpose captures the value and role of the AHSNs, and has guided our work since our foundation back in 2013.

Our ambition for 2021-26 encapsulates how we will enact our purpose this over the next five years, and how we will realise the opportunities we now have.

Our purpose

"Transforming lives through innovation."

Our ambition for 2021-26

We will achieve change by working with communities, patients, health and care professionals, academics and innovators; through formal partnerships with other organisations; and through wider influencing activity.

We will redesign key aspects of our work at a national level - across the AHSN Network and with our partners - to multiply our impact on outcomes for populations, patients and systems, as well as on economic growth.

"To achieve a substantial increase in adoption and spread of innovation across health and care systems."

We will work with innovation in its widest sense, including innovative pathway changes and ways of working, as well as technological innovation. We will be guided by population, patient and system benefits, rather than product focus.

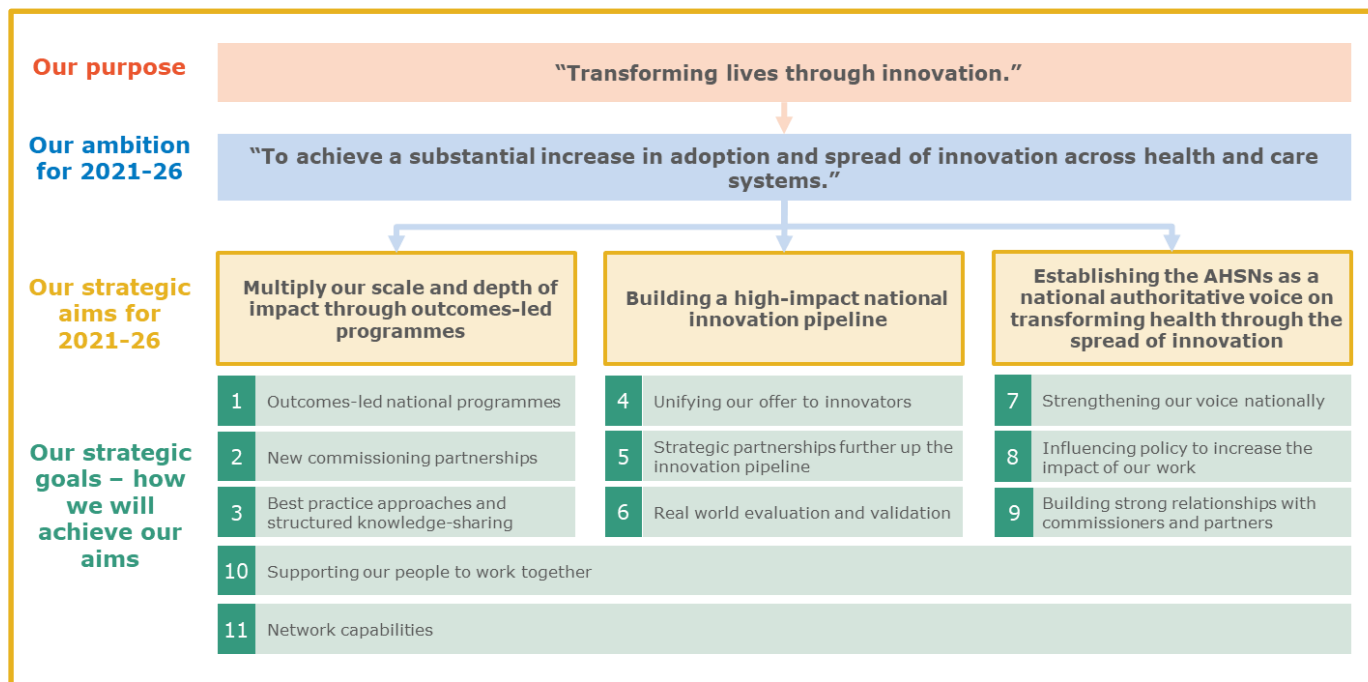
We will work with – and for the benefit of – the whole health and care system. This means supporting AHSNs to align their work to the needs of populations and Integrated Care Systems, using innovation to join up health and care services with industry, academia, Local Authorities and the voluntary and community sector to improve both care and the wider determinants of health and wellbeing.

Our strategy for 2021-26 – in summary

Our strategy for 2021-26 will transform our ambition into reality. It builds on our successes to date, consolidates our unique role, and addresses the challenges of changing context and our stakeholders' growing expectations of what we should achieve.

In developing our strategy, we have focussed on:

- Our deep knowledge, networks and relationships with health and care systems at a local and regional level – giving us the trust, credibility and knowledge to broker adoption of innovation at scale.
- The strength of our innovation pipeline, how it could be further developed, and aligning it to the outcomes of our national programmes.
- Our methods and capabilities to accelerate the spread of high impact innovation.



Strategic aim 1: Multiply our scale and depth of and impact through outcomes-led programmes



Summary

We will build long-term programmes that bring together a portfolio of innovations to enhance care pathways and patient outcomes. This means shaping our national Mandate around value and outcomes (for communities, patients and organisations), rather than processes or individual interventions, and at significantly greater ambition in terms of coverage and impact.

This will allow us to focus all of our work on those changes which will make the biggest difference – including supporting Covid recovery and addressing health and care inequalities through innovation. It will ensure that we provide a consistent, high-quality service to all of our partners, and that we can flex our approach to local circumstances and across time. We will deliver improved outcomes to patients and the health and care system by working as ‘one Network,’ as well as through new partnerships with others.

Rationale

- Stakeholders have identified that we must (i) significantly increase our level of ambition and (ii) align our work much more closely to the NHS’ greatest priorities. As a Network of 15 AHSNs, we also recognise the need to increase our ambition. To do this, we must focus on the outcomes which our supported innovations are achieving, rather than the specific interventions which implement them.
- Being held to account for supporting the delivery of outcomes (including those assessed over the long-term) will ensure that we can bring our full range of innovation expertise to bear on our national priorities. It will also ensure that we are truly evidence-led in all of the technologies and ideas we promote.
- There is a huge amount of excellent practice taking place across the Network, but it is not shared and managed as effectively as it could be. Focussing on outcomes will highlight the value of – and ensure we have a clear focus on – identifying and spreading the most effective approaches across our fifteen organisations.
- Focussing on outcomes will allow us to tell the AHSN ‘impact story’ with significantly more power and subtlety, and so better demonstrate the wide range of benefits which our work provides.

Benefits – what does success look like?

- The AHSN ‘impact story’ is built around proven benefits for populations and patients (including health, wellbeing and experience as well as clinical outcomes), clinicians (clinical outcomes, staff wellbeing), and organisations (including increased value, growth and other economic benefits).
- Significant year on year increases in the level of outcomes improvement achieved.
- ‘AHSN best practice’ is identified and spread across all 15 organisations, with staff supported to use it effectively, including adapting it to local circumstances.
- AHSNs can identify the specific contributions to national programmes which result from their strategic partnerships, and from spreading best practice from one area to another.
- Input or transactional KPIs are minimised, and replaced with value/outcomes measures as soon as possible.

Strategic aim 2: Building a high-impact innovation pipeline to support economic growth

Multiplying our scale and depth of impact through extensive local programmes	Building a high-impact national innovation pipeline	Establishing the AHSNs as a national infrastructure vehicle for transferring health through the spread of innovation
1. Deliver local national programmes	4. Working our offer to innovators	7. Strengthening our value nationally
2. New commissioning opportunities	5. Working our offer further to key innovator partners	8. Developing plans to increase the reach of our work
3. Real practice experiences and evidence to inform practice	6. Real world evidence and evidence	9. Building strong relationships with innovators and patients
10. Supporting people to work together		
11. Shared capabilities		

Summary

We will build a pipeline of innovations which have potential for scale at national level. To do this, we will provide a consistent, high-quality service to innovators, and ensure that our work with them is focussed at all times on helping them to meet genuine needs of patients and the health and care system (ultimately benefitting both innovators and patients as genuine needs are addressed). We must also work with others across the innovation spectrum, to ensure that innovators receive the right advice at the right time from the large number of organisations with which they must engage to bring innovation to market. Finally, we will work with systems to ensure that they are 'ready to adopt' the most promising innovations.

Building this high-impact pipeline will maximise our contribution to sustainable economic growth and, importantly, also provide the best innovation to improve outcomes for patients and clinicians.

Rationale

- England is a relatively small health market in global terms. Industry require a national route to deploy innovations to remain competitive, especially in light of Brexit. Industry stakeholders therefore want to work with us at National level, and for us to provide them with (i) a consistent offer across all local areas, and (ii) an opportunity to scale their innovations nationally.
- The COVID pandemic has demonstrated the importance of deploying innovation at pace and scale to solve pressing health challenges. Our stakeholders expect us to build on this momentum, supporting more innovation into practice more quickly.
- Innovators recognise the value of NHS infrastructure for gathering real world evidence, but currently lack the means to facilitate evidence-gathering at the required scale. AHSNs' relationships and expertise means that they are ideally placed to support this.
- National organisations have identified a number of areas where they have complementary expertise with the AHSNs, and therefore where formal national partnerships could provide real benefit to the patients, clinicians and innovators we collectively serve.

Benefits – what does success look like?

- AHSNs show significantly increased contribution to economic growth and development of the life sciences sector.
- AHSNs foster innovator relationships based on their deep understanding of health and care system demand. Innovators grow through receiving deep insights into their market and how to navigate it.
- The AHSN Network has formal partnerships in place with NICE, the MHRA and NIHR. Each partnership works around a key interface of the two organisations' work and has demonstrated clear benefits for innovations, and therefore for clinicians and patients.
- AHSNs are widely regarded as having a leading capability in real world evidence development. They secure additional funding related to this specific element of their work.

Strategic aim 3: Establishing the AHSNs as an authoritative voice on transforming health through the spread of innovation

Multipliy our scale and depth of impact through evidence-led programmes	Building a high-impact national innovation pipeline	Establishing the AHSNs as a national authoritative voice on transforming health through the spread of innovation
1. Evidence-led national programmes	4. Enabling our allies to innovate	7. Strengthening our value networks
2. New commissioning partnerships	5. Building partnerships further up the innovation pipeline	8. Developing plans to measure the impact of our work
3. Real practice approaches and evidenced knowledge assets	6. Real world evaluation and evidence	9. Healthy living supporting our environment and planet
10. Supporting people to work together		
11. Network capabilities		

Summary

We know that maximising the impact of our work – and therefore the benefits we provide for patients, clinicians and innovators – relies on more than our work programmes alone. Significantly, our work gives us highly valuable insights into how innovation is – or is not – implemented in practice, and how it is influenced by the wider 'ecosystem' of policy, organisational practice and technological advance.

We must therefore ensure that we can influence this wider ecosystem effectively. This will support all elements of our strategy and benefit all of our customers, as well as ensuring that we can highlight our impact in the most effective way.

Rationale

- AHSNs occupy a unique position focussing on practical implementation of high-impact innovation. Our insights in this area will be hugely valuable, but we currently lack both the infrastructure and the opportunity to analyse and share them effectively.
- Our insights are drawn from the totality of the health and care innovation ecosystem - health and care systems, patient experience, academia, industry, policy - how it functions as complex system not simply any one part. National thinking on making the UK a more innovation-friendly environment ought to be informed by this, as well as the thinking from individual constituencies in the system.
- AHSN leaders currently lack the time and support required to engage consistently and effectively with national leaders, either to foster strategic partnerships or to shape their wider thinking and views of the Network.
- The Network has a significant opportunity to grow with AHSNs impact, profile and reputation through working with other national organisations, but this will require a much more co-ordinated and structured approach to engaging with them.

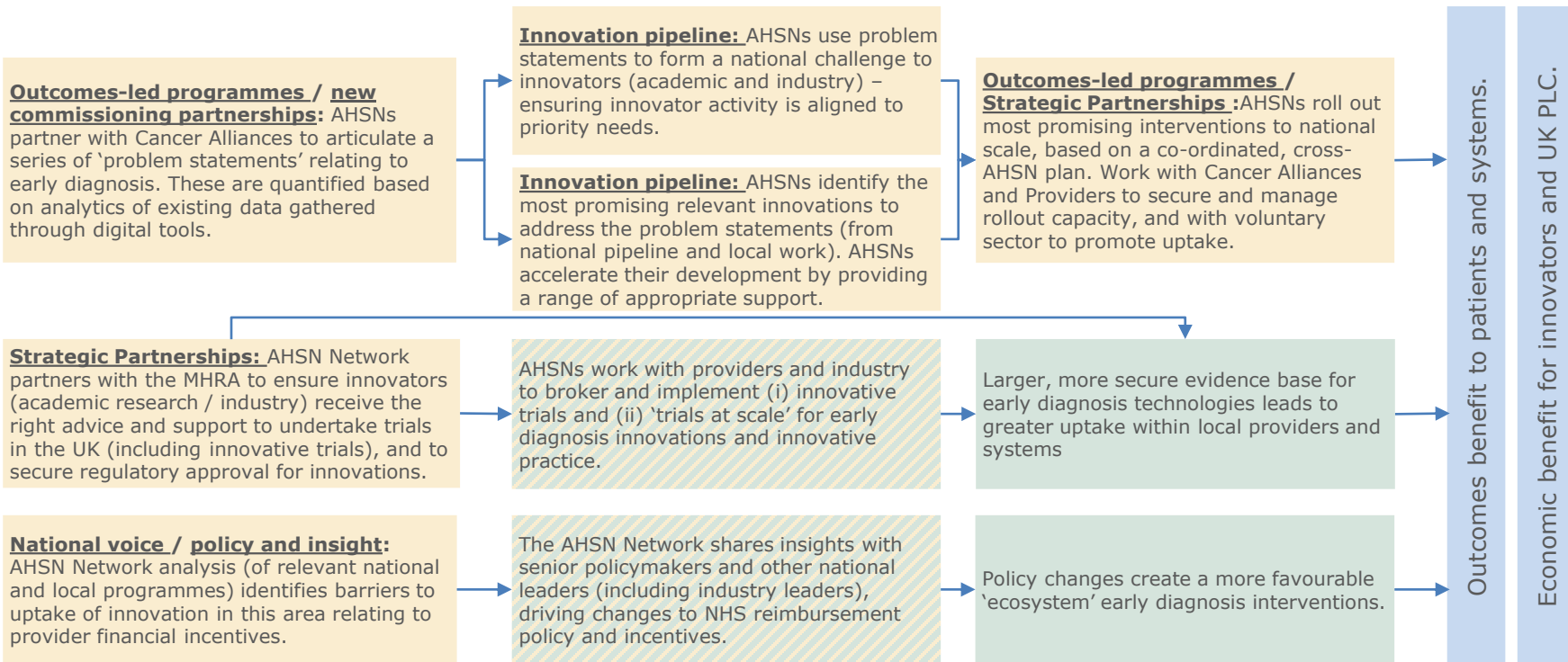
Benefits – what does success look like?

- AHSN analysis is regarded as an 'authoritative view' on the spread of innovation into practice. Our methods – developed on the basis of our experience – are used as the basis of good practice nationally and internationally.
- AHSN leaders are included in relevant policy and public discussions relating to healthcare innovation, and are in regular contact with Ministers and very senior officials in the NHS and Government.
- AHSNs can point to specific policy changes which benefit innovation, their partners and customers, as a result of AHSN analysis and national influence.

How the elements of our strategy could work together to radically increase our impact (1). A 'worked example' of early diagnosis

Highlighting our scale and depth of impact through outcomes-led programmes	Building a high-impact national innovation pipeline	Establishing the AHSNs as a national infrastructure vehicle for transforming health through the spread of innovation
1. Outcomes-led national programmes	4. Enabling our allies to innovate	7. Strengthening our value networks
2. New commissioning partnerships	5. Building partnerships further up the innovation pipeline	8. Encouraging people to measure the impact of our work
3. Real practice experiences and embedded knowledge assets	6. Real world evaluation and validation	9. Building strong relationships with entrepreneurs and partners
10. Supporting people to work together		
11. Shared capabilities		

The Challenge: "To improve outcomes for patients with cancer through earlier diagnosis."



AHSN or AHSN Network Action Action by others, informed by AHSN or AHSN Network work

How will the elements of our strategy work together to radically increase our impact (2)? A 'worked example' of patient empowerment

Highlighting our scale and depth of impact through outcomes-led programmes	Building a high-impact national innovation pipeline	Establishing the AHSNs as a national innovation network and transforming health through the spread of innovation
1. Outcomes-led national programmes	4. Working our offer to innovators	7. Strengthening our value networks
2. New commissioning partnerships	5. Strategic partnerships further up the innovation pipeline	8. Encouraging people to measure the impact of our work
3. Real practice experiences and embedded knowledge assets	6. Real world evaluation and evidence	9. Building strong relationships with commissioners and partners
10. Supporting people to work together		
11. Network capabilities		

The Challenge: "To improve outcomes for patients with hypertension through technology-enabled self-management."

Outcomes-led programmes / best practice methodologies: AHSNs plan jointly and share tools and approaches to maximise successful uptake, learning from each other and adapting approaches to local needs.

Outcomes-led programmes: Planning includes specific approaches to increase uptake in target populations and so narrow the outcomes inequalities gap in this area. Reducing inequalities is a key success measure for the programme overall.

Strategic Partnerships: The Network partners with Royal Colleges, BHF, Hypertension society to emphasise the value of self-care approaches to professionals and patients – drawing on insights (incl. outcomes data) arising from AHSN adoption and spread work.

Innovation pipeline: AHSNs draw on their National Innovation Pipeline (linking to local pipelines) to identify the most promising digital home monitoring interventions, supporting RWE and planning to scale nationally.

National voice/ account management: Central programme elements (e.g. platform development, discussions with GP systems suppliers re integrating records) are co-ordinated through the AHSN Network, maximising AHSN effectiveness in discussions with national partners.

Outcomes-led programmes: AHSNs select the most effective technologies to support home monitoring (supplier agnostic), building them into clinical change programmes which are tailored to local system needs and the populations which will be using them.

RWE and evaluation: Increasing range of digital technologies available to support self-management – focussed on system needs and supported by Real World Evidence. Successful innovators drive economic growth.

Outcomes-led programmes: AHSNs roll out interventions within ICS areas, working across multiple health and VCS partners, in order to tailor responses to populations.

Outcomes benefit to patients and systems.

Economic benefit for innovators and UK PLC.

How will the elements of our strategy work together to radically increase our impact (3)? A 'worked example' of environmental sustainability

Highlighting our scale and depth of impact through outcomes-led programmes		Building a high-impact national innovation pipeline	Establishing the AHSNs as a national infrastructure for accelerating health through the spread of innovation
1	Delivering our national programmes	4	Strengthening our value networks
2	Our commissioning capabilities	5	Developing partnerships to increase the impact of our work
3	Our practice approaches and operational knowledge assets	6	Building strong relationships with environmental and others
10	Supporting people to work together		
11	Network capabilities		

Our strategic priorities for 2021-26

The Challenge: "To contribute to the NHS' goal of becoming a 'Net Zero' health system by 2040"

Innovation pipeline: AHSNs support innovators through the discovery, development and deployment of environmentally friendly products, materials, processes and services (for example the PeRSo respirator).

Innovation Pipeline / Strategic partnerships / RWE: The AHSN Network works with innovators to gain regulatory approval for carbon-reducing innovations, and to gather real-world evidence of benefits (environmental and economic)

Outcomes-led programmes: AHSNs roll out most promising carbon-reducing technologies to national scale, based on a co-ordinated, cross-AHSN plan, working with ICS procurement teams and others.

National voice / policy and insight: AHSN Network insights – arising from previous sustainability work – identify NHS financial incentives and behavioural factors blocking sustainable procurement (e.g. re-usable PPE).

National voice / policy and insight: Incentives for 'green innovation' are re-shaped – eg putting re-usable PPE on the same commercial footing as single use. The 'business case' for sustainability gains traction with NHS organisations.

Industry offer: Continued Dialogue with industry reduces carbon footprint of a wide range of products being procured by the NHS.

Strategic Partnerships: AHSN Network partners with 'Greener NHS' to provide regular co-branded learning events for NHS leaders (e.g. Procurement / Estates Directors) – spreading excellent practice nationally – including between our stakeholders as well as from the AHSN Network to stakeholders.

NHS systems and organisations have the tools and examples they need to reduce emissions through innovation, and are incentives to do so.

Supporting our people to work together: Co-ordinated Planning processes ensure a focus on sustainability throughout the AHSN Network work programme.

Outcomes-led programmes: In addition to this specific challenge, other AHSN national programmes also contribute to NHS emissions reduction. Positive environmental impact is recorded using specialist audit tools.

Reduced harmful gas contributes to Net Zero targets.

Goal 1: Outcomes-led National Programmes (1/5)

Multiply our scale and depth of impact through outcomes-led programmes	Building a high-impact national innovation pipeline	Establishing the AHSNs as a national infrastructure vehicle for transforming health through the spread of innovation
1. Maximising our value for money	4. Working our value to innovation	7. Strengthening our value nationally
2. The commissioning contract	5. Building our pipeline for the innovation pipeline	8. Encouraging others to maximise the impact of our work
3. The digital capabilities and innovation pipeline	6. Our social outcomes and impact	9. Working closely with partners to improve our impact
10. Supporting people to work together		
11. Network capabilities		

We will work with our commissioners to transform the ambition and approach of our national programmes, so that they are:

- (i) Shaped around value and outcomes to be achieved (for populations, patients, clinicians, or organisations), rather than specific interventions, processes, outputs of care; and
- (ii) At a significantly greater ambition in terms of impact.

The heart of our strategy is the shift to outcomes-led national programmes. They will ensure that we can use our national programmes to deliver a number of benefits, including:

- **Focussing our efforts on the areas which will make the biggest difference** to patients and the NHS - meeting the highest-priority challenges post-Covid, whilst also giving AHSNs the flexibility to deliver in the most effective way for their local areas.
- **Working across the whole health and care system:** In line with the [NHS Reform White Paper](#), outcomes-led programmes will give us the opportunity to identify system-level innovations and work with system-wide approaches to adoption and spread – with AHSNs working with their local ICSs to develop tailored local approaches to national outcomes challenges. This could developing ICS 'digital offices,' drawing on existing AHSN capabilities in this area – and with appropriate co-ordination across the Network to combine national best practice and tailored local solutions.
- **Focussing our work in the areas which are the key drivers of health inequalities** i.e. CVD, diabetes, respiratory health and mental health. This

is where we can shift the dial the most. A focus on outcomes will ensure that tackling inequalities is 'built in' to programmes, as we will need to consider differentiated approaches to reach different populations. We would also expect to be held to account for increasing equity of outcomes in programme areas (backed by suitable outcomes measures)

- **Maximising value for money / commissioner return on investment of our national programmes:** Outcomes-led programmes will allow us flexibility in matching health needs to interventions in order to maximise value, including incorporating 'frugal innovation' where applicable. It will also allow us to foster economic growth through promoting patient outcomes (see below). Importantly, outcomes-led programmes will provide the opportunity for us to capture the true value of our work, including where this is only possible over the longer term (see [changing how we measure and report our impact](#) below).
- **Combining our imperatives to both improve population health and foster economic growth**, as they will effectively align the incentives for both. The design of outcomes KPIs also provides an opportunity to integrate environmental sustainability as a programme objective.

What do we mean by 'outcomes-led programmes'?

In order to maximise our impact, we will identify programmes which meet the [three criteria overleaf](#) (scope, opportunity, AHSN added value). Taken together, these will ensure that we focus on programmes where the unique assets and role of the AHSNs can make the biggest difference to patient outcomes.

Goal 1: Outcomes-led National Programmes (2/5)

What do we mean by 'outcomes-led?' What will they achieve?

<p>Multiplying our scale and depth of impact through outcomes-led programmes</p> <ol style="list-style-type: none"> 1. Delivering outcomes-led programmes 2. The commissioning partner takes lead on commissioning partner sites 3. Real practice experiences and embedded knowledge develop 4. Supportive people to work together 5. Network capabilities 	<p>Building a high-impact national innovation pipeline</p> <ol style="list-style-type: none"> 4. Enabling our sites to innovate 5. Identifying partners for the full innovation pipeline 6. Real world evaluation and validation 	<p>Establishing the AHSN as a national innovation centre on transforming health through the spread of innovation</p> <ol style="list-style-type: none"> 7. Strengthening our sites internally 8. Encouraging partners to increase the impact of our work 9. Building strong relationships with commissioning and partners
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Our national programmes can currently be characterised as either 'intervention-led' or 'pathway led.' A central aspect of our strategy is to develop 'outcomes-led' programmes – integrating all of the aspects of our work so that they reinforce each other, and significantly increasing our ambition for the impact which we can achieve.

	'Intervention-led' programmes	'Pathway-led' programmes	'Outcomes-led' programmes
Programme focus	Single intervention – either technological or process innovation.	Multiple interventions along a patient pathway – including both technology and process innovations.	Multiple interventions across multiple pathways , centred around outcomes for populations / patient groups.
Programme impact	Improving health only (except for technology being deployed).	Both improving health and economic growth.	Both improving health and economic growth.
Partnership working	Individual partnerships with each intervention provider and deployment site.	Multiple partnerships in each area, built around the pathway.	Multiple, interacting partnerships across sectors and across the innovation spectrum.
Performance and impact measurement	Number of interventions / sites deploying the intervention / people benefitting.	Numbers of people benefitting from pathway changes and associated outcomes.	Shift in patient outcomes supported by whole range of AHSN work, plus associated economic benefit.
Examples	Pulse Oximetry (technology innovation) ESCAPE-pain (practice innovation).	Atrial Fibrillation Programme (ongoing adoption and spread programme).	Aspirational – <u>see above</u> for how this might be achieved.

We recognise the need to transition towards this, and to influence commissioners of the value of an outcomes-led approach (also recognising the continued political importance of intervention-led programmes). Increasing the number and ambition of our pathway-led programmes may provide an effective interim position.

Goal 1: Outcomes-led National Programmes (3/5)



By applying criteria to guide our selection of outcomes-led programmes, we will ensure that the unique assets and role of the AHSNs can make the biggest difference to outcomes for patients and systems. The criteria below are intended as a starting point for discussions with our national commissioners about which issues we should be tackling. The final selection of outcomes-based programmes should be by agreement between the AHSNs and all national commissioners. It is in the nature of outcomes-based programmes that they will address both patient outcomes and economic growth, and therefore advance the agenda of all three of our national commissioners together, rather than separate programmes being needed for each.

Criterion	Definition	Rationale
Scope: Are the outcomes we are trying to improve clear? Are they sufficiently ambitious to warrant a specific AHSN work programme?	There is a defined range of outcomes which can be directly influenced by the implementation of innovation (ie the impact of AHSN programmes is visible in outcomes terms).	<ul style="list-style-type: none"> If <i>outcomes are too broad</i> (eg. 'improving mental health outcomes', 'improving healthy life expectancy') it will not be possible to identify the specific contribution which the innovation, or the wider AHSN programme, has made. If <i>outcomes are too narrow</i> (eg. Implementation of X technology), there will be insufficient scope for high-impact change. The Network will not have the opportunity to bring together healthcare and innovators to tackle the outcomes challenge in new ways.
Opportunity: Do (innovative) evidence-based solutions exist for the problem we are trying to solve?	There are a range of innovations (and/or a strong innovation pipeline) which have the potential to drive high-impact improvements in outcomes in the chosen area.	<ul style="list-style-type: none"> The programme area must include sufficient potential to effect change through innovation or innovative practice – including both the availability of innovative practices and readiness of systems to adopt. AHSN insights through its current work programmes, work with innovators, and links to national partners will be crucial in ensuring that there is sufficient potential in the areas selected.
AHSN added value: Are the AHSNs best-placed to provide the solution?	Adoption and spread of innovation requires co-ordination across multiple actors, organisations or settings (for example clinician and patient behaviour, hospital and community settings).	<ul style="list-style-type: none"> Programmes which relate to practice within a single organisational setting (eg. elective care efficiency in acute providers) are best taken forward within the relevant provider organisations using their capabilities. AHSNs can add more value by bringing to bear innovation to address cross-organisational problems (including those requiring patient activation / involvement). Many of the NHS's most pressing challenges are cross-pathway or cross-organisational, and this trend is likely to increase given the continued focus on integrated population- and patient-focussed care models.

Goal 1: Outcomes-led National Programmes (4/5)

Multiplier our scale and depth of impact through outcomes-led programmes	Building a high-impact national innovation pipeline	Establishing the AHSN as a national innovation vehicle on transforming health through the spread of innovation
1. Evidence for national programmes	4. Building our offer to innovators	7. Strengthening our value network
2. The commissioning partnership	5. Mutual partnerships further up the innovation pipeline	8. Encouraging peers to measure the impact of our work
3. Real practice opportunities and embedded knowledge assets	6. Real world evaluation and evidence	9. Healthy living experience with development and impact
10. Supporting people to work together		
11. Network capabilities		

Changing how we measure and report our impact:

Outcomes-led programmes will require us to measure and report our impact differently. We will therefore agree a new approach to reporting to our commissioners, including:

- **Outcomes-based KPIs:** Wherever possible we will focus our reporting KPIs on outcomes, rather than inputs or process. We realise that some measures will be required for quarterly reporting, especially at the start of programmes, but will aim to transition to outcomes measures as soon as possible. Proxy outcomes measures may be required where true outcomes are realised only in the long-term (but see post-programme evaluation below), and in some instances it may be necessary to undertake research / RWE / modelling to understand the impact on outcomes.

Outcomes KPIs will require tailoring to each programme, but as a general principle should include the smallest number of quantitative measures which, taken together, provide a clear articulation of the programme's overall benefit (thereby both reducing data/reporting burden and increasing impact). This will also allow us to report on a common basis (outcomes achieved) where we are using different interventions in different parts of the country, in order to best adapt to local needs.

- **Qualitative impact reporting:** We will incorporate qualitative feedback, including service user and health and care professional feedback and 'case study' stories, into our formal programme reporting work. This will allow us to demonstrate the full range of impacts which our programmes are having, which is not possible with KPIs alone.

- **Subject to adequate resourcing, incorporating independent post-programme evaluation and assessment of longer-term impacts:** Understanding the full detail and nuance of our impact on outcomes will take time and careful evaluation design, but is vital for showing the true impact of our work. We will therefore put in place independent post-programme evaluation of our most important national programmes. This will ensure that we maximise learning across the system (including but not only for our own future programmes), and that our accountability to commissioners can include longer-term impacts and return on investment as well as in-year impacts. This will be particularly important in demonstrating the impact of our work in tackling health inequalities, where impact on many of the toughest issue will take time to show. Independent assessment will also be vital in ensuring credibility, and is consistent with national and international best practice.

Implications for the Network:

The shift to outcomes-led programmes will require us to change how we relate to our commissioners, including (but not limited to) new accountability arrangements for longer-term outcomes measures and a more active dialogue about the role of adoption and spread of innovation in improving outcomes.

It will also require us to work differently with partners. Realising the full benefits of outcomes-led programmes will require effective strategic partnerships ([goal 5](#)), wider engagement ([goal 9](#)), and policy influencing ([goal 8](#)). This, in turn, will require us to have leadership arrangements in place to support this new approach ([goal 7](#)).

Goal 1: Outcomes-led National Programmes (5/5)

Multiplies our scale and depth of impact through outcomes-led programmes	Building a high-impact national innovation pipeline	Establishing the AHSN as a national infrastructure vehicle for transforming health through the spread of innovation
1. Delivering for national programmes	4. Building our offer to innovators	7. Strengthening our value nationally
2. The commissioning partnership	5. Identifying partners further up the innovation pipeline	8. Encouraging others to increase the impact of our work
3. Real practice opportunities and operational knowledge created	6. Real world evaluation and evidence	9. Building strong relationships with entrepreneurs and partners
10. Supporting people to work together		
11. Network capabilities		

How will we deliver an outcomes-led programme?

The 'main effort' in outcomes-led programmes will continue to be adoption and spread of the most promising innovations. Under these arrangements we would, however, be able to select innovations to meet each outcome in each area, including selecting different interventions in different areas and/or over time, as well as 'disciplined experimentation' of approaches to identify the best methods and/or technologies.

This will be matched to a much greater expectation of us to deliver consistent, high-impact changes – including a consistent 'core offer' to every ICS area, which we would then tailor to local needs and requirements.

We will also address – and reduce – inequality of outcome by selecting appropriate interventions for each area and taking a segmented approach to deployment. Our deep local relationships will be critical in designing the right combination of innovative technologies and approaches to address the type of complex issues which often underlie unequal access and outcomes in health and care.

Finally, building the programme mandate around outcomes will allow AHSNs to undertake a range of (mutually-reinforcing) activities *in addition* to direct rollout of interventions, with the freedom to decide - on the basis of our system insights - which balance of initiatives would work best. For example, we could complement adoption and spread programmes with partnerships to promote research and real-world evidence-gathering in relevant areas, as well as publishing our insights about how outcomes in relevant areas can best be promoted and improved through innovative approaches.

What will successful implementation look and feel like?

- AHSNs are recognised by the NHS, government and industry as having made major contributions to improving the most widespread health conditions and in creating a more effective relationship between the NHS and industry.
- AHSNs understand the impact of all national programmes on meaningful outcomes through independent evaluation of our work. We are open and recognise that not all programmes will deliver what was intended. Learning from independent evaluations is used to inform future programmes, as well as the work of wider partners.
- The AHSN 'impact story' is built around proven benefits for communities and patients (including health, wellbeing and experience outcomes as well as clinical outcomes), clinicians (clinical outcomes, staff wellbeing), and organisations (incl. increased value/reduced cost).
- The overall burden of data gathering and analysis is reduced as we focus on a small number of the most high-impact measures.

Goal 2: New Commissioning Partnerships (1/2)

1	2	3	4	5	6	7	8	9
Multiply our scale and depth of impact through nationwide-led programmes			Building a high-impact national innovation pipeline			Establishing the AHSNs as a national infrastructure vehicle for transforming health through the spread of innovation		
1	2	3	4	5	6	7	8	9
1	2	3	4	5	6	7	8	9
10	11	12	13	14	15	16	17	18
19	20	21	22	23	24	25	26	27
28	29	30	31	32	33	34	35	36

In addition to the new approach to our existing national commission (outlined above), we will actively pursue additional national commissions, through both our existing commissioners and potential new partners. This will enable us to grow our overall impact and the benefits we provide, as well as diversifying our sources of revenue and increasing opportunities for our staff.

What we will do:

With co-ordination through our account management function (see [goal 9](#)), we will actively pursue additional income through new commissions. This could include additional programmes of work from our existing commissioners (for example other NHSE/I teams), or arrangements with new commissioner organisations. We will also consider international opportunities -relating to both investment in the UK and advisory services for other countries looking to develop their innovation adoption and spread architecture.

In seeking and developing new partnership, we will draw on our unique range of insights about innovation adoption and spread (see [goal 8 below](#)), as well as highlighting our unique role in the market ([see above](#)) and the opportunities which this provides.

In scoping and agreeing new partnerships, we will apply the same rigour and approach as to our existing national programmes (see [goal 1 above](#)). This includes specifying clear outcomes to be achieved, aligned to clear income generation targets to ensure sustainability.

The focus of our Business Development work will be on growing our overall impact, the benefit of those we serve. This means that we will only agree additional commissions which align with our purpose and vision, and which are consistent where we add most value. This alignment to our purpose and role is more integral than any additional funding opportunity. For this reason, we will develop clear principles to guide our business development work, including but not limited to:

- Commercial partnerships – including working with commercial partners directly as well as trade associations; and
- International partnerships – including countries which we will prioritise for partnership (for the purpose of learning and linking with other innovation systems, and/or to promote growth and investment), as well as those with which we would decline to work. This work will also need to consider where the Network / AHSNs add most value to international partnerships, given the large number of other organisations also active in this area.

These principles will be developed in detail and their implications explored as part of implementation planning for this element of the strategy.

Business development involves increased risk. We will review our arrangements for risk management and overall governance to take account of our increased ambition (see [goal 11 below](#)).

Goal 2: New Commissioning Partnerships (2/2)

Multiply our scale and depth of impact through outcome-led programmes	Building a high-impact national innovation pipeline	Establishing the AHSNs as a national demonstration sector on transforming health through the spread of innovation
1. Strengthen our national presence	4. Working our offer to innovators	7. Strengthening our voice nationally
2. New commissioning partnerships	5. Working partners further up the innovation pipeline	8. Working pilots to measure the impact of our work
3. New pilots for health systems	6. Real world evaluation and evidence	9. Building strong relationships with commissioners and partners
10. Supporting our people to work together		
11. Network capabilities		

What will successful implementation look and feel like?

- The Network has deepened its current strategic relationships and evidence this by concluding at least three significant additional outcome-generating partnerships over the next two years.
- All commissions taken on by the AHSN Network align to Network strategy priorities. All commissions are discussed and agreed by Chief Officers and plans are developed and agreed to provide clarity on:
 - The lead AHSN/s and the lead Senior Responsible Officer;
 - How the commission aligns to, and will support delivery of Network strategy priorities;
 - Governance, reporting lines and timescales, including project deliverables and outputs;
 - Financial envelope including resources to deliver and level of income required (including consideration of whether the commission will be cost neutral or deliver a surplus);
 - Central coordinating team support required to deliver;
 - Individual support and input from AHSNs required to deliver;
 - Branding and communications; and
 - Risks and mitigations.
- We have a clear approach to seeking, bidding for and managing commissions across AHSNs that is based on themes that align to our strategy priorities.
- All commissions we take have absolute clarity on: financial envelope; timescales for delivery; project deliverables / outputs; central coordinating team support required to deliver; individual support and input from AHSNs required to deliver.

Goal 3: Best practice methodologies and structured knowledge-sharing

Multiplying our scale and depth of impact through nationwide-led programmes	Building a high-impact national innovation pipeline	Establishing the AHSNs as a national infrastructure vehicle for transferring health through the spread of innovation
1. Delivering local national programmes	4. Linking our offer to innovators	7. Strengthening our value network
2. Delivering national programmes	5. Identifying opportunities for the innovation pipeline	8. Developing pilots to measure the impact of our work
3. Best practice methodologies and structured knowledge-sharing	6. Real world evaluation and validation	9. Building strong relationships with entrepreneurs and partners
10. Supporting our people to work together		
11. Network capabilities		

“They have [...] methodologies which are not consistent...they struggle to get best practice across the country”

National Commissioner

We will ensure that all of our partners – whether local or national - experience the best that the AHSNs have to offer. This means ensuring that best practice methodologies and ways of working are shared swiftly and consistently implemented across all AHSNs - with the right balance of standardisation and local tailoring – and that our teams are supported to develop their capabilities to match.

What we will do:

We will expand our existing knowledge-sharing programmes into a programme of significantly greater structure and scale. We will:

- **Develop ‘the AHSN toolbox’:** We are currently using different methods and approaches to tackle very similar problems across our fifteen organisations. Whilst this may sometimes be entirely appropriate to adapt to local needs, at other times we are missing the opportunity to use our most effective methods more consistently and more widely. We will therefore systematically capture and share our most successful methodologies, approaches and learning, from all aspects of our work, to develop a ‘toolbox’ of recognisable AHSN best practice. These tools will be a mix of generic and programme specific tools, which can then be used flexibly by our teams, including adaptation to local/regional needs as required.
- **Strengthen our professional networks** to support knowledge management, as well as promoting more informal approaches (eg cross-

Network ‘communities of interest’ for staff).

- **Use our publications and thought leadership to highlight our approaches and their benefits** (linking to our [Policy and Insight function](#)). This will allow us to demonstrate the range of capability available across the Network, to share our knowledge and expertise, and to demonstrate our impact.

What will successful implementation look and feel like?

- The ‘AHSN Toolkit’ is an established starting point for staff coming on to new projects. AHSNs have identified ‘best practice’ methodologies in their most important work areas. Staff are familiar with these methodologies and their benefits, but able to tailor them to the specific requirements of each project.
- We will do more sharing and discussing of our own resource plans for new national programmes bearing in mind ‘what works’ for us in our own geography, then periodically share and discuss information on progress.
- Staff feel they have the authority, and are actively encouraged to develop their own communities of practice to share information, experiences and ideas and identify opportunities for collaboration / joint working.
- AHSNs become known for the effectiveness of their methods and their range of capability.

Goal 4: Unifying our offer to Innovators (1/2)

Multiplying our scale and depth of impact through evidence-led programmes	Building a high-impact national innovation pipeline	Establishing the AHSNs as a national infrastructure vehicle for transforming health through the spread of innovation
1. Delivering local national programmes	4. Linking our offer to innovators	7. Strengthening our value nationally
2. New commissioning opportunities	5. Embedding our offer into the national pipeline	8. Developing plans to increase the reach of our work
3. Real practice opportunities and evidenced knowledge assets	6. Real world evaluation and evidence	9. Building strong relationships with entrepreneurs and partners
10. Supporting people to work together		
11. Network capabilities		

“[We would like to see] a much more structured and coordinated approach for spreading innovation region to region, [with] clear contact points for innovators, national communication, consistent language and consistent best practice used effectively [from] region to region.”

National Commissioner

Innovators’ needs vary by the sector within which they are operating, by their own level of maturity and by where their product is in the development cycle. For each group, we will provide a consistent, high-quality experience. We will focus on supporting innovators to address genuine opportunities and demand in the health and care market, and will bring the most promising innovations (from whatever source) through to national adoption.

What we will do:

- **Define ‘the AHSN core offer’ to innovators:** We will set out an AHSN ‘core offer’ to innovators, outlining the support they can expect to receive on approaching us, irrespective of where they are based or which AHSN they approach. The offer will be tailored to innovator circumstances – including the nature of their innovation and its stage of development – and will be supported by standard presentation and communication materials and approaches used across the Network (see below).
- **Focus on supporting innovators to ensure their developing products match health and care organisations’ unmet needs:** We will work across the Network to craft health and care ‘problem statements’ (which may be local or national in scope), and then to identify the most promising innovations to address them. Importantly, this includes matching problems in one AHSN area to innovators in another, and so spreading innovation across geographies. By grounding our work with

innovators in this approach, we will ensure that they receive valuable advice and genuine opportunities to address market needs, and do not commit time and resources to innovations which are unlikely to be adopted in the market (whilst also maintaining AHSN commercial neutrality).

This approach will also allow us to drive environmental sustainability through our work with innovators, given the [NHS commitment to becoming a ‘carbon net zero’ health system by 2040](#) (with consequent impact on the innovation in which they will invest).

- **Build a National innovation pipeline (with links to local pipelines and initiatives), allowing us to bring the most promising innovations through to national adoption.** Tracking innovations nationally will be critical to both our industry-facing and system-facing work. We will facilitate a consistent core offer and effective matching to customer needs. It will also allow us to plan for – and implement – cross-AHSN (and, ultimately, national) rollout of the most promising innovations. A (searchable) national innovation pipeline will also give us opportunity to identify key factors that will enhance system readiness for adoption and build those into scaling plans.

Goal 4: Unifying our offer to Innovators (2/2)



To be effective and comprehensive, the national pipeline will need to be linked to our local pipelines in each AHSN, and so will ultimately be grounded in the work we do locally with innovators. We will need to ensure that the interface between the national and local pipelines is actively managed, to ensure that the most promising innovations are brought to national attention, irrespective of their source or the area of the country from which they originate.

- **Structured, cross-Network referral to specialist AHSN expertise.** As part of the core offer, we will ensure that innovators in all areas can access the most appropriate experts across the Network. This will ensure that innovators have access to the right skills needed to further support and progress them through their development journey. This will also enhance collaborative working between AHSNs.
- **Consistent engagement and messaging to innovators, supported by a single AHSN brand.** We will also work with national industry bodies to raise the profile of AHSN support.

In developing this work we must also remain mindful that the research and innovation ecosystem encourages competitive partnerships between research institutions, industry, AHSNs and health and care systems. Our offers must remain consistent with this aspect of the wider system, including where AHSNs themselves may compete in certain cases.

What will successful implementation look and feel like?

- The Network can identify innovations (and innovators) with high potential to meet NHS areas of need and accelerate their readiness for adoption. The Network can show how it is making a difference for patients and clinicians as well as benefitting the innovator.
- The Network has a 'real time' view of the most promising innovations across the country, as well as of health and care system needs which they might address.
- SME innovators are able to take up opportunities in areas of the country in which they are not currently active.
- AHSN experts in individual specialist areas are well-known across the Network as a whole, and frequently engage with innovators who offer high value solutions to the NHS from across the country.
- The Network's knowledge of the innovation technology pipeline enables it to develop national programmes for next generation technologies as well as current. This ensures that innovators with next generation technologies have the adoption pitch rolled for them.

Goal 5: Strategic Partnerships

Maximising our contribution means not only optimising our own offers, but also working more closely with key partners working in complementary areas. This is particularly important in relation to our support to innovators, who will need to work with – and through – a number of organisation to bring their innovations into widespread use. We therefore have a clear opportunity to magnify our impact through developing formal strategic partnerships

What we will do:

Our research has identified potential partnerships including:

- Working with NICE. This could focus on areas including:
 - i) Working with innovators to secure evidence-generation requirements for both pre and post guidance submission.
 - ii) Working with NICE field teams teams to disseminate and educate health and social care systems about NICE guidance and guidelines, including what it takes (cost / resource) to uptake a new tech / clinical process.
 - iii) Providing insights on the barriers and common issues preventing uptake of NICE guidance and guidelines.
- Partnership with the MHRA as part of the [Innovative Licensing and Access Pathway \(“ILAP”\)](#) for medicines.
- Working with NIHR Infrastructure to ‘pull through’ the most promising research innovations into practice (either nationally, or supporting AHSNs to do so locally). This will be particularly important in relation to Covid recovery-related innovations. [NIHR Clinical Research Networks](#) (which map to AHSN footprints) also provide an opportunity to combine local and national collaboration, and to promote research and innovation in non-acute settings.



- Developing partnerships in the digital domain with i.e. NHS X to define a proposition in digital health innovation.

What unites these potential partnerships is the opportunity to join up the support which innovators receive along with innovation pathway, from early development through the adoption and spread. Our work with innovators brings us into contact the innovation at all stages, and so clear, formal links to other partners will be highly valuable in ensuring we can provide the best possible support. This will both increase the economic benefit we provide, as well as, crucially, maximising the potential of our innovation pipeline.

We will apply a similar rigour to strategic partnerships as to our work on new commissioning partnerships. This means that:

- All partnerships will be for a specific purpose, which will be clearly defined and linked to clear benefits for patients, systems and/or innovators. Partnerships will be underpinned by a formal MOU including clear success measures, and reviewed regularly to ensure that are continuing to provide mutual value.
- We will only agree partnerships which align with our purpose and vision, and where our contribution is consistent with where we add most value.

What will successful implementation look and feel like?

- The Network has strategic partnerships in place with NICE, MHRA and NIHR infrastructure partners, and can point to the specific benefits which each is delivering.
- The Network has a strategic partnership with the NHS Business Services Authority. Through this, the BSA is able to work with a number of AHSNs to test new data tools to support service redesign in primary care.

Goal 6: Real-world evaluation and service evaluation (1/2)

Multiply our scale and depth of impact through outcomes-led programmes	Building a high-impact national innovation pipeline	Establishing the AHSNs as a national infrastructure vehicle for transforming health through the spread of innovation
1. Deliver our national programmes	4. Building our offer to innovators	7. Strengthening our value network
2. Grow commissioning opportunities	5. Building our ecosystem of innovators	8. Developing plans to measure the impact of our work
3. Test practice approaches and understand knowledge needs	6. Meet client outcomes and culture	9. Building strong relationships with entrepreneurs and partners
10. Support innovator people to work together		
11. Network capabilities		

Real world evaluation and validation – if done properly and in a way which can be scaled nationally – will be of huge interest and benefit to innovators and therefore ultimately health and care systems and patients. Building on our recent work on rapid evaluation, we will grow and develop a proposition in RWE and service evaluation, creating a system-wide mechanism to evaluate and gather real time insights. This will include:

- **Growing our existing proposition in RWE and validation to industry and innovators, and**
- **Developing a new proposition for service evaluations of health and social care systems.**

The aim with each of the propositions will be to connect delivery partners across the system to co-ordinate a national offer that enables innovators to test their products (and associated approaches / practices for using them) in a real world setting, across multiple regions and sites. These will be assessed in a robust manner to serve as the evidence base that is often required for wider adoption and diffusion.

What we will do:

Growing our existing offer on RWE and validation to industry innovators. This will include:

- Offering support earlier in the innovator lifecycle (i.e. pre HTA submission), whilst bolstering our offer post HTA submission to inform commissioning and uptake discussions.
- Supporting industry in accessing RWD information-sharing - including how

to access and interrogate various NHS data-sets / registries and use of digital tools to support data analysis and curation.

- Developing best practice evaluation methodologies. Providing standard, consistent approaches with tailoring to local needs (based on the individual programme and/or geography).

Developing a service evaluation offer. This is activity that already occurs in some AHSNs regionally but has not been consistently applied at a national level. Key areas to consider in building this proposition will include:

- Building a case to central commissioners that there is a gap in these types of evaluations.
- Defining a clear decision making framework for collaboration verses competition between AHSNs for service evaluation work. This will be required to ensure that the independence of individual AHSNs is maintained, and that commissioners can receive best value.
- Developing a robust 'standard approach' drawing on best practice in evaluation, which can then be tailored to the specific evaluation needs of each service. This will need to be based on the type of evaluation which AHSNs can best provide.

We will also ensure that both our RWE and service evaluation offerings are linked to our outcomes-led national programmes and national innovation pipeline, such that successfully-evaluated technologies or services can be identified and prioritised for rollout through to national scale, where this would be beneficial for patient or population outcomes.

Goal 6: Real-world evaluation and service evaluation (2/2)

Multiply our scale and depth of impact through evidence-led programmes	Building a high-impact national innovation pipeline	Establishing the AHSNs as a national demonstration network transforming health through the spread of innovation
1. Deliver evidence-led national programmes	4. Involve our allies in innovation	7. Strengthening our value nationally
2. Grow commissioning partnerships	5. Increase our impact on the ground of our NICE	8. Encourage others to measure the impact of our NICE
3. Lead practice excellence and knowledge sharing	6. Grow our customer and partner	9. Building strong relationships with commissioners and partners
10. Support those people to work together		
11. Network capabilities		

How we will do it:

Our role will be both co-ordinating evaluation programmes as well as delivering evaluation programmes ourselves. In developing new propositions we will firstly ensure we baseline existing offers to address the variation that exists across the current RWE / validation offer we deploy across our AHSNs. Specific activities will include:

- Mapping of current activities.
- Defining minimum requirements and contributions for RWE capability and proposition building against each AHSN (for the national OLS commission).
- Providing a mechanism for AHSNs to signpost to other AHSNs who may have a more developed RWE / service evaluation offer (this also forms part of our consistent offer to innovators – see [goal 4](#)).

For the RWE offer to industry we will work with national/ regional data providers/ HTA bodies to:

- Ensure we are leveraging existing system capabilities and not duplicating; and
- Learn from partners / industry stakeholders on what works (and what has not worked) from previous RWE projects.

For the development of a service evaluation offer we will need to work between providers, commissioners and ICSs to negotiate data-sharing agreements and frameworks for service evaluation.

What will successful implementation look and feel like?

- We will be recognised as leaders in RWE with teams across the AHSN Network able to design, undertake well designed evaluations in a timely way . Our RWE work will be used by NICE, regulators and commissioners in decision making and guidance.
- There are potential for alternative sources of funding from strategic partners / industry / innovators who may pay for the tailored support and guidance AHSNs can provide.

Goal 7: Strengthening our voice nationally

Multiply our scale and depth of impact through outcomes-led programmes	Building a high-impact national innovation pipeline	Establishing the AHSNs as a national infrastructure vehicle to transform health through the spread of innovation
1. Deliver test national programmes	4. Building our offer to innovators	7. Strengthen our case internally
2. New commissioning partnerships	5. Build our partnerships further up the innovation pipeline	8. Develop processes to measure the impact of our work
3. Test practice approaches and build on knowledge assets	6. Meet world evaluation and evidence	9. Building strong relationships with commissioners and partners
10. Support diverse people to work together		
11. Network capabilities		

“There is a lack of someone to talk to at the national level...[I] cannot work out who is in charge. I want to work with them as a group”

National Commissioner

Visible AHSN Network leadership will enable us to both shape the most important national discussions more effectively, and to forge alliances and manage relationships at a national level. We will develop a distributed leadership model, explicitly empowering AHSN leaders to engage credibly and effectively at the most senior national levels – and will ensure that they are effectively supported to do so.

For this to be effective, we must:

- Recognise that leadership does have to be distributed. The complexity of the Network’s business and relationships means that no one or two individuals can adequately cover the ‘leadership’ role.
- Recognise that leadership roles need to be filled by people with the aptitude and dedicated time to shape national discussions and nurture key relationships;
- Ensure that, when undertaking senior discussions, Network leaders have at their fingertips the AHSNs’ full range of knowledge, expertise and insights

Future leadership arrangements should be worked through in detail as part of the [AHSN governance review](#). Issues to consider through this process include:

- **Developing the ‘key spokesperson’ approach:** Building on current arrangements supporting Chief Officers to lead on functional areas of business on behalf of the Network (including ‘key account’ relationships – see below). This will include creating a defined list of Network leadership

roles (including clear competency requirement and accountability to the fifteen AHSNs) which we would want Chief Officers to take on. This could also include creating ‘honorary’ or ‘strategic advisory’ roles at Network level – providing an opportunity to benefit from additional, high-profile expertise and spokespersonship.

- **The role of the Chair:** We must ensure that the Chair of the Chief Officers group has the time they need to act as an advocate for the network, to cement strategic partnerships and other key national relationships (including industry partnerships and in Government), to [engage commissioners in the development of outcomes-based programmes](#), and to oversee cross-Network co-ordination..

What will successful implementation look and feel like?

- The AHSN Network’s leadership team will be recognised as unquestioned national experts on innovation in health and care and will have a commensurate national profile and reputation. AHSN senior leaders will be appointed and fully empowered by the network COs’ group to build the network’s profile.
- Through its leadership, the AHSN Network is able to secure strategic partnership with both public bodies and industry (see [goal 5](#) above).

Goal 8: Influencing policy to increase the impact of our work

1. Multiply our scale and depth of impact through evidence-led programmes	2. Building a high-impact national innovation pipeline	3. Establishing the AHSNs as a national infrastructure vehicle to transform health through the spread of innovation
1.1 Evaluate and refine programmes	2.1 Building our offer to innovators	3.1 Establishing our governance
2.1 New commissioning opportunities	2.2 Engaging partners further up the innovation pipeline	3.2 Communications to increase the impact of our work
2.2 Build practice capabilities and professional knowledge assets	2.3 Real world evaluation and validation	3.3 Identifying policy levers to support innovation and practice
2.3 Support diverse people to work together		
2.4 Network capabilities		

"We would like interactions with the AHSNs to help inform policy and learn from [their] on-the-ground experience ... They have the hands on practical experience and bringing together the knowledge and insights would be really helpful...they could be a powerful player

National Commissioner

We will bring to bear the best of our knowledge and insight – from across our full range of work – to our most important discussions both nationally and locally. We use our insights to inform policy in areas where we have unique expertise, as well as positioning the Network and AHSNs as opinion leaders to shape strategic thinking on the adoption and spread of innovation in healthcare. Policy changes will, in turn, allow us to be more effective in promoting innovation both nationally and locally.

What we will do:

- **Systematically gather, analyse and (where appropriate) publish insights from our full range of work** – both national and local. Additional analysis will be essential in translating individual insights into broader themes relating to adoption and spread of innovation as a whole, thereby ensuring that our analysis is applicable and valuable to the wide range of partners with an interest in healthcare innovation.
- **'Horizon scanning' future trends related to the adoption and spread of innovation** (as opposed to innovation itself). Our experience in relation to current practice in this area provides a platform for the credibility of future forecasting, which others may lack.
- **Engagement with relevant policy questions**, both directly (for example responding to consultations) and indirectly (for example through presenting the AHSN Network 'point of view' in key forums).

As well as underpinning our credibility in national discussions, this work will provide a point of view for wider engagement and profile-raising, and may also generate options for alternative revenue through policy commissions.

How we will do it:

The precise details of this function will be determined as this programme is implemented. However, we anticipate implementation being through developing a dedicated Network-level 'policy and insight' function. We will aim to draw upon resources from across the Network where possible, since some of the activities and capabilities will overlap with existing 'horizon scanning' roles conducted at a more localised level. One option for resourcing could include re-purposing elements of our existing communications and public affairs work to focus more explicitly on insight-generation

What will successful implementation look and feel like?

- Any ALB directorate or Government department working on policies that impact innovation adoption would seek consultation and engagement with the Network as a priority.
- The Network's policy influence matches the strength of its insights. There is a clear 'line of sight' between the most important Network insights and associated policy changes (for example on incentives for the NHS to adopt innovative practice).
- All Chief Officers can draw on insight from across the Network to inform local partnerships and discussions with local and regional leaders.

Goal 9: Building strong relationships with commissioners and partners

Multiplies our scale and depth of impact through extensive local programmes	Building a high-impact national innovation pipeline	Establishing the AHSNs as a national infrastructure vehicle for transforming health through the spread of innovation
1. Deliver local national programmes	4. Working our offer to innovators	7. Strengthening our value nationally
2. Grow commissioning partnerships	5. Building partnerships further up the innovation pipeline	8. Growing our impact to innovators
3. Test practice approaches and operational knowledge locally	6. Real world evaluation and validation	9. Proving our value to innovators
10. Supporting people to work together		10. Proving our value to innovators
11. Network capabilities		11. Proving our value to innovators

A key enabler of increased influence, profile and advocacy will be a more professional account management-style approach to our major stakeholders. We need to manage our relationships with our commissioners and potential national partners so that they are more consistent and productive. This will include deciding where best to invest our limited senior time for the most productive results and having the tools and evidence to make those decisions.

What we will do:

We will develop a 'key account management' approach to engage with our most important stakeholders. We will:

- **Identify our most important stakeholder organisations, to whom we will apply the account management approach. We should consider**
 - Our national Commissioners and the CEO of major central functions of NHS E/I and the NHS arms' length bodies;
 - Relevant government ministers and civil servants
 - Industry and trade associations;
 - All organisations with whom we either have, or are seeking, strategic partnerships; and
 - All other organisations with whom we are working or at national level.
- **Identify named leaders from across the Network to lead and manage each relationship on behalf of all AHSNs.** This may include the Chair of the Chief Officers Groups, other Network-level leaders (see

[above](#)), or Chief Officers who are leading work for the Network which is relevant to the organisation concerned. All named leaders will ensure that they have suitable protected time for account management work, and will be supported by the Network's policy capability (see [above](#)) and communications functions, to ensure we bring the best possible insights to each national relationship.

- **Use Customer Relationship Management (CRM) approaches** to aid in the co-ordination of key contacts across organisations. This will include tracking how our experience and key insights are shared, in order to develop relationships and showcase our insights and expertise. It will also need to link to local CRM approaches and relationships maintained by individual AHSNs locally, and groups of AHSNs regionally.

What will successful implementation look and feel like?

- We will have developed account management plans with designated account managers for our top ten national stakeholders. We will review the success of this arrangement, including seeking external feedback, at least annually.
- National partners show a significantly increased awareness of the unique role and impact of the AHSNs, act as champions and advocates for our work, and are more likely to propose paid commissions.

Goal 10: Supporting our people to work together

10.1	10.2	10.3
10.1.1	10.2.1	10.3.1
10.1.2	10.2.2	10.3.2
10.1.3	10.2.3	10.3.3
10.1.4	10.2.4	10.3.4
10.1.5	10.2.5	10.3.5
10.1.6	10.2.6	10.3.6
10.1.7	10.2.7	10.3.7
10.1.8	10.2.8	10.3.8
10.1.9	10.2.9	10.3.9
10.1.10	10.2.10	10.3.10
10.1.11	10.2.11	10.3.11
10.1.12	10.2.12	10.3.12
10.1.13	10.2.13	10.3.13
10.1.14	10.2.14	10.3.14
10.1.15	10.2.15	10.3.15
10.1.16	10.2.16	10.3.16
10.1.17	10.2.17	10.3.17
10.1.18	10.2.18	10.3.18
10.1.19	10.2.19	10.3.19
10.1.20	10.2.20	10.3.20
10.1.21	10.2.21	10.3.21
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10.1.23	10.2.23	10.3.23
10.1.24	10.2.24	10.3.24
10.1.25	10.2.25	10.3.25
10.1.26	10.2.26	10.3.26
10.1.27	10.2.27	10.3.27
10.1.28	10.2.28	10.3.28
10.1.29	10.2.29	10.3.29
10.1.30	10.2.30	10.3.30
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10.1.33	10.2.33	10.3.33
10.1.34	10.2.34	10.3.34
10.1.35	10.2.35	10.3.35
10.1.36	10.2.36	10.3.36
10.1.37	10.2.37	10.3.37
10.1.38	10.2.38	10.3.38
10.1.39	10.2.39	10.3.39
10.1.40	10.2.40	10.3.40
10.1.41	10.2.41	10.3.41
10.1.42	10.2.42	10.3.42
10.1.43	10.2.43	10.3.43
10.1.44	10.2.44	10.3.44
10.1.45	10.2.45	10.3.45
10.1.46	10.2.46	10.3.46
10.1.47	10.2.47	10.3.47
10.1.48	10.2.48	10.3.48
10.1.49	10.2.49	10.3.49
10.1.50	10.2.50	10.3.50

We and our partners want our work to be even more impactful in future. To support this, we will put in place capability-building arrangements to further develop our USP around spread and adoption. Through these arrangements, we will support each other to continuously improve.

Improving our operational processes and co-ordination:

We will create a 'pull' for continuous improvement across AHSNs via:

- **Self-assessment of our capabilities, making full use of available data and baselines.**
- **Joint planning of national programmes.** This does not mean identical plans in every area, but rather that plans are consistently shared and refined across the Network to maximise co-ordination and use of best practice in planning and project management approaches.
- **More effective performance co-ordination of our national programme work,** managed at Network level by our Programme Delivery Group on behalf of the AHSNs, and supported by an analytics and programme management function
- **Invited peer review and support sessions** to assist any AHSN team which is struggling to achieve its objectives, or which is performing significantly below the level of its peers.
- **Identifying 'what works' more regularly and share learning with interested AHSNs** (see also [goal 3](#) above).
- **Making expertise that isn't universally available in each AHSN more easily available** through [structured, cross-network referral](#).

Creating the right working environment for co-ordination to flourish:

Working effectively together will only be possible within a wider environment of mutual support and development across the Network.

Many elements of this strategy will require us to work differently – and more closely – together, and so foster the culture we aim to create. These include structured sharing of tools and knowledge ([goal 3](#)) and ensuring that we analyse and share our key learning internally and externally (goals [1](#), [7](#), [8](#) and [9](#)). In addition to this, we will **identify our capability-building and training needs at Network level**, and put in place a Network-level plan to address them. Our work to develop our teams is not separate to our strategy, but is an essential part of it.

We also recognise that Network-level work is not the only development route for AHSN staff. AHSNs are also creating development programmes within their local academic health partnerships and with their local ICSs, as well as working with partner organisations on development-related issues.

What will successful implementation look and feel like?

- All AHSNs embrace an open and inclusive culture in which cross-AHSN communication (both formal and informal / organic) is welcomed at every level, not managed through a hierarchical approach.
- Variation in the performance of AHSNs on national programmes is reduced, as co-ordination, best practice- sharing and peer support leads to performance converging towards that of the highest-performing AHSNs.
- All AHSN staff are encouraged to take part in cross AHSN events, activities and briefings organised by the Network, and these is seen as part of 'business and usual'.

Goal 11: Network Capabilities

Multiply our scale and depth of impact through outcomes-led programmes	Building a high-impact national innovation pipeline	Establishing the AHSNs as a national infrastructure vehicle for transforming health through the spread of innovation
1. Outcome led national programmes	4. Enabling our allies to innovate	7. Strengthening our value network
2. New commissioning partnerships	5. Building partnerships further up the innovation pipeline	8. Developing pilots to measure the impact of our work
3. Real practice experiences and evidenced knowledge delivery	6. Real world evaluation and validation	9. Building strong relationships with commissioners and partners
10. Supportive people to work together		
11. Network capabilities		

Initial discussions with Chief Officers have identified six core capabilities which must be secured (either by the Network or individual AHSNs) in order to deliver the strategy successfully. This analysis will be developed further in the next phase.

Key:

Core capability across the Network

Sub-capability

Sub-capability linked to Network business process

The ability to design and lead transformational change

Shape high-value transformation programmes

Work effectively within complex systems

Form value-adding strategic partnerships

Facilitate effective partnerships between others

The ability to Source – and support the development of - innovation which is capable of spread

Advise innovators to achieve adoption and spread

Develop and manage the national innovation pipeline

Facilitate Real World Evaluation at scale

Commission or undertake cross-pathway evaluation

The ability to shape the health and care innovation ecosystem

Understand the economics of (different types of) innovation

Participate in policy discussions

The ability to collaborate, inform and involve stakeholders across everything we do

Stakeholder relationships and account management

Communications

The ability to use, analyse and manage data to underpin what we do

Develop outcomes-measures

Use data and insights to inform policy and practical change

The ability to support and enable collective operations

Make collective decisions across the Network

Negotiate collectively with existing commissioners

Manage planning and management of Network Programmes

Negotiate collectively to secure new commissions

Maximise the impact of our specialist Networks and expertise

Support each other to continuously improve

Capabilities linked to Network business processes will need to be governed across the Network. They provide a framework for what our collective decision-making needs to oversee and should therefore form key inputs to the forthcoming governance review.



Section 4

Implementation

Implementing our strategy: Our overall implementation approach

We will develop an **implementation plan** for this strategy, setting out detailed proposals for the next 18 months (including resourcing arrangements for the individual goals), as well as outline planning for longer-term implementation to 2026. *This will be developed in parallel with – and fully aligned to – our review of AHSN Network governance arrangements discussed at [goal 11](#) above.*

Whilst detailed implementation proposals will be developed later, this section includes:

- Principals for effective strategy implementation; and
- An initial analysis of priority actions for implementation (focussed on 2021/22) – for further development in the next phase.

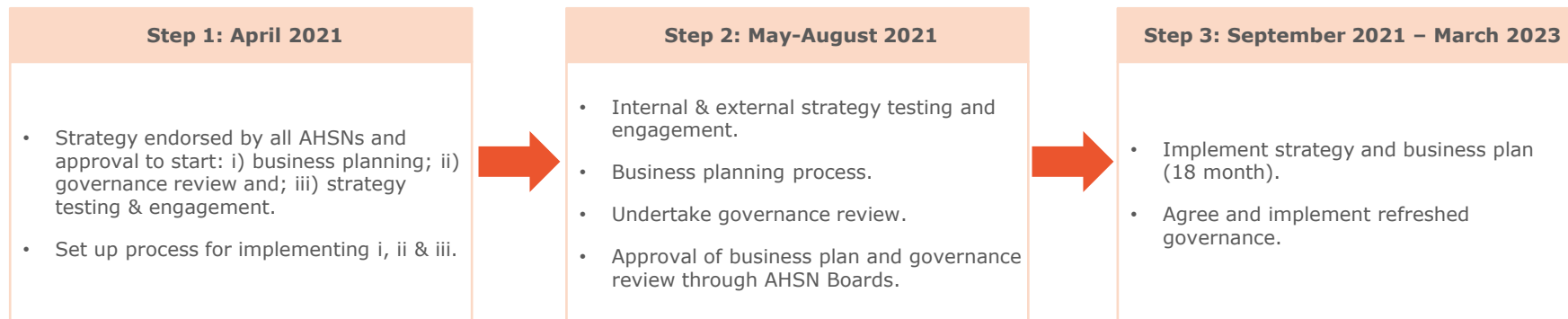
Principles for effective strategy implementation:

Our detailed planning will be guided by good practice in strategy implementation, tailored to the needs of the Network and AHSNs, as set out opposite.

Principle	What does this mean for implementing the strategy?
Clear, credible Leadership	<ul style="list-style-type: none"> • Sponsorship of the overall strategy and implementation plan from all fifteen AHSNs, with their engagement co-ordinated through the Network. • Effective executive sponsorship from the Chief Officer group. • A Lead Chief Officer / Programme Director for strategy implementation with: <ul style="list-style-type: none"> • Credibility across all AHSNs and wider key stakeholders to lead the change; and • Sufficient experience, time and support to oversee all aspects of implementation, in line with agreed governance arrangements and reporting requirements. • Multi-disciplinary professional leadership – involving the AHSNs’ specialists in the development of all relevant work programmes.
Open commissioner engagement	<ul style="list-style-type: none"> • AHSN leaders will engage with all current commissioners (and other senior leaders in the NHS and Government) in relation to the strategy’s overall objectives, and what this will mean for the future of the commissioner relationship. • As part of this discussion, AHSN leaders will agree where additional commissioner funding is required to implement the strategy, and how the relevant business cases will be produced and managed.
Clarity on Resourcing for implementation	<ul style="list-style-type: none"> • All leadership roles should be appropriately resourced (ie. appropriate dedicated time for strategy implementation work, including external engagement in support of the strategy). • The implementation programme overall and all individual projects must be appropriately resourced, including (i) resource planning and allocation at the level of individual projects, and (ii) dedicated time for project managers.
Co-production with AHSN people	<ul style="list-style-type: none"> • Chief Officers will engage openly with all AHSN staff from the outset in relation to the strategy and progress with implementation, and encourage them to get involved. • Implementation planning will identify specific ‘early wins’ for AHSN staff, and prioritise these, in order to build momentum behind the strategy.
Best practice project management and governance	<ul style="list-style-type: none"> • Use established programme and project management approaches (including risk management). This includes co-ordination of detailed planning which recognises the interdependencies between the strategy’s goals. • Ensure alignment between strategy implementation the Network governance review. This may require a bespoke, time-limited governance arrangement to oversee implementation, which is then incorporated into revised (ie post-review) ‘business as usual’ governance.

Implementing our strategy: Key actions for development in the next phase

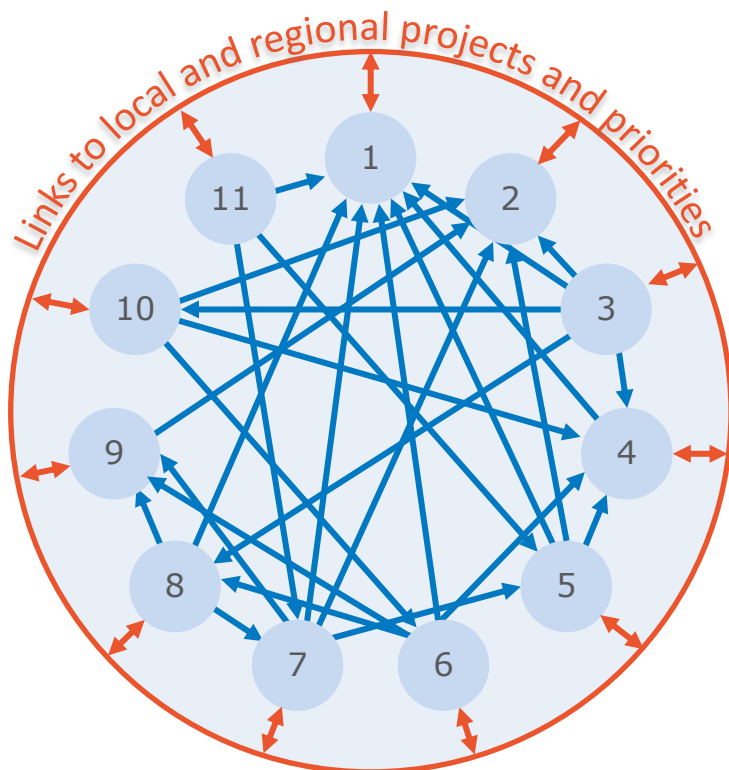
The key actions to implement the strategy will be planned and undertaken in three phases:



Undertaking implementation in this way – and to these timescales – will allow us to balance the requirement for detailed planning with the need to maintain the momentum arising from the strategy development process. The business planning process will move ‘quick win’ elements of the strategy to implementation as soon as possible, provided this is consistent with the overall plan and interdependencies. Planning to March 2023 will give greater certainty on the actions we need to take than would be possible to a shorter timescale.

Implementing our strategy: Interdependencies between our strategic goals

1	Outcomes-led national programmes
2	New commissioning partnerships
3	Best practice and structured knowledge-sharing
4	Unifying our offer to innovators
5	Strategic partnerships
6	Real world evaluation and validation
7	Strengthening our voice nationally
8	Influencing policy to increase the impact of our work
9	Building strong relationships
10	Supporting our people to work together
11	Network capabilities



This figure represents the interdependencies between our eleven strategic goals (with arrowheads pointing toward the dependent goal in each case). For example goal 9 building strong relationships) is dependent on goal 8 (influencing policy) and 7 (strengthening our voice nationally), and is itself a dependency for goal 2 (new national commissions).

Plotting the interdependencies between our goals in this way allows us to:

- Articulate how our individual goals support and build on one another, and in particular how the goals relating to the functioning of the Network (3 and 7-11) will be vital in enabling those goals which will transform our offer to partners (1-2 and 4-6).
- Guide our implementation planning and phasing – starting with those goals which have no or few interdependencies, and which therefore provide a logical starting point. For example, goals 3 (best practice approaches and structured knowledge sharing) and 11 (enhancing the governance of the Network) are not dependent on any other goals.

Our ability to effectively implement outcomes-led national programmes (goal 1) – the heart of our new strategic approach – will depend on a large number of other goals. It therefore cannot be pursued in isolation, but must form part of an integrated approach to make progress on all areas of the strategy.

