Adopting Innovation

Call for applications
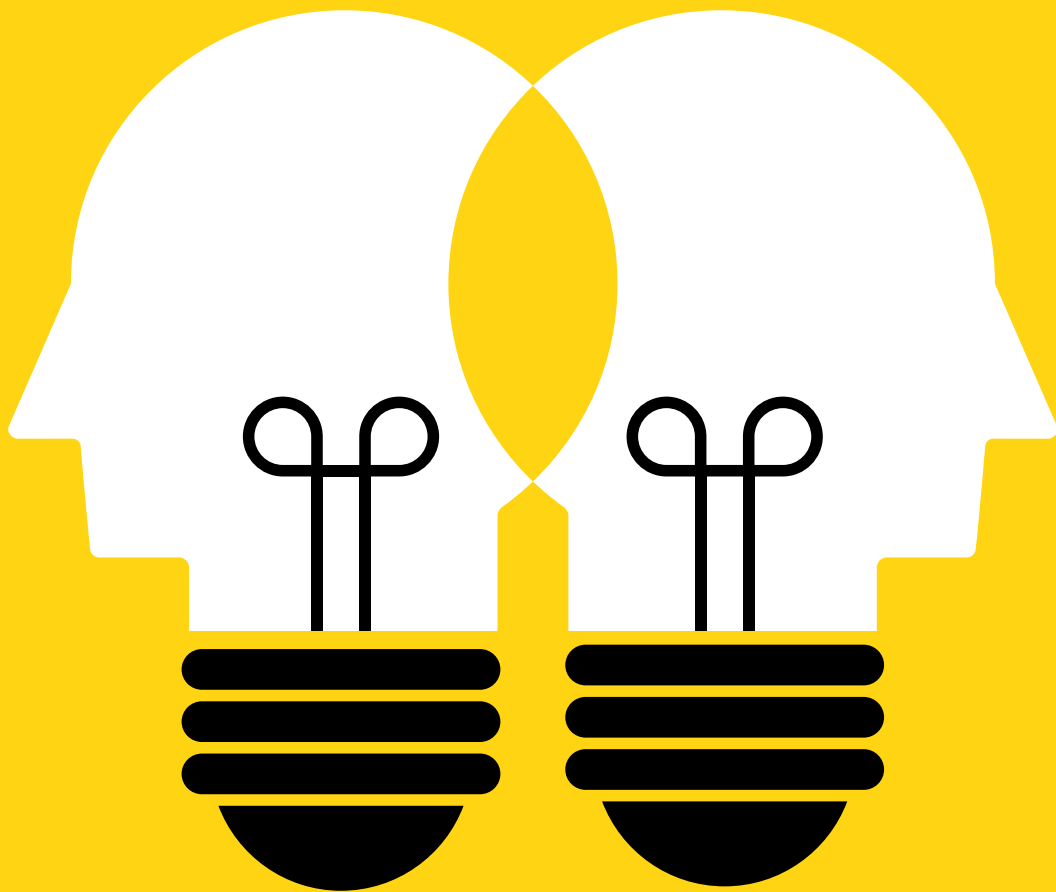
The Health Foundation

Contents

The Health Foundation

The Health Foundation is an independent charity committed to bringing about better health and health care for people in the UK.

Our aim is a healthier population, supported by high quality health care that can be equitably accessed. We learn what works to make people's lives healthier and improve the health care system.

From giving grants to those working at the front line to carrying out research and policy analysis, we shine a light on how to make successful change happen.

We make links between the knowledge we gain from working with those delivering health and health care and our research and analysis. Our aspiration is to create a virtuous circle, using what we know works on the ground to inform effective policymaking and vice versa.

We believe good health and health care are key to a flourishing society. Through sharing what we learn, collaborating with others and building people's skills and knowledge, we aim to make a difference and contribute to a healthier population.

For more information visit
www.health.org.uk

Our commitment to diversity and inclusion

The Health Foundation is committed to embracing values of equality, diversity and inclusion by promoting and sustaining an open, inclusive and supportive environment which affirms the rights of individuals to be treated fairly, equitably and with respect. Our equality and diversity policy applies to our relationships within and between our staff, our board of governors and the external stakeholders, grant holders, partners and suppliers with whom we work.

Download our equality and diversity policy

Introduction and overview

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1.1 Overview

Health care improvement is not only about identifying innovative solutions to the challenges facing the health service, but ensuring those solutions are taken up successfully. This programme will support NHS teams to create the conditions within their organisations that evidence shows lead to more effective implementation of innovations.[1] In establishing these conditions, teams can deliver the best possible care for patients.

The COVID-19 pandemic is creating unprecedented demands on the health service. Teams are having to rapidly adopt new ways of working and adapt to constant change. As we move into future stages of the response, time and support are needed for new ways of working to be sustained and create long-lasting impact for patients.

This is a unique opportunity for local health economies to secure investment towards accelerating effective uptake of new ideas that meet the challenges of delivering care to all who need it during and beyond the pandemic.

## 1.2 Adoption and adaptation of innovation

Evidence from 10 years of investing in scale and spread in the NHS tells us that it is not simple to take an innovation that has worked successfully in one location and make it work in a new context. Our report, *The spread challenge*[2], discusses the importance of supporting adopters as well as innovators and highlighted that funding and support is often concentrated on the development of solutions as opposed to paying attention to the challenges of adoption. Making an innovation work in a new context is more likely to succeed if the new context – the resources, local culture and infrastructure – is better understood and those adopting the improvement are given the time, skills and support to do so.

Following the publication of *The spread challenge*, we have been working with system partners including Care Quality Commission, NHS England and Improvement, NHSX, Academic Health Science Networks (AHSNs), the Accelerated Access Collaborative (AAC) and others to develop principles for spread and adoption of innovation. The recent publication *Enabling innovation and adoption in health and social care: developing a shared view* describes the following six principles based on our learning (**see Figure 1**).

This is the culture we think the evidence shows is required for successful adoption of innovation.

1. We are taking a broad definition of innovation to include systems, technologies, ideas and service changes.
2. Horton T, Illingworth J and Warburton W. The spread challenge: How to support the successful uptake of innovations and improvements in health care. The Health Foundation. 2018.

Figure 1
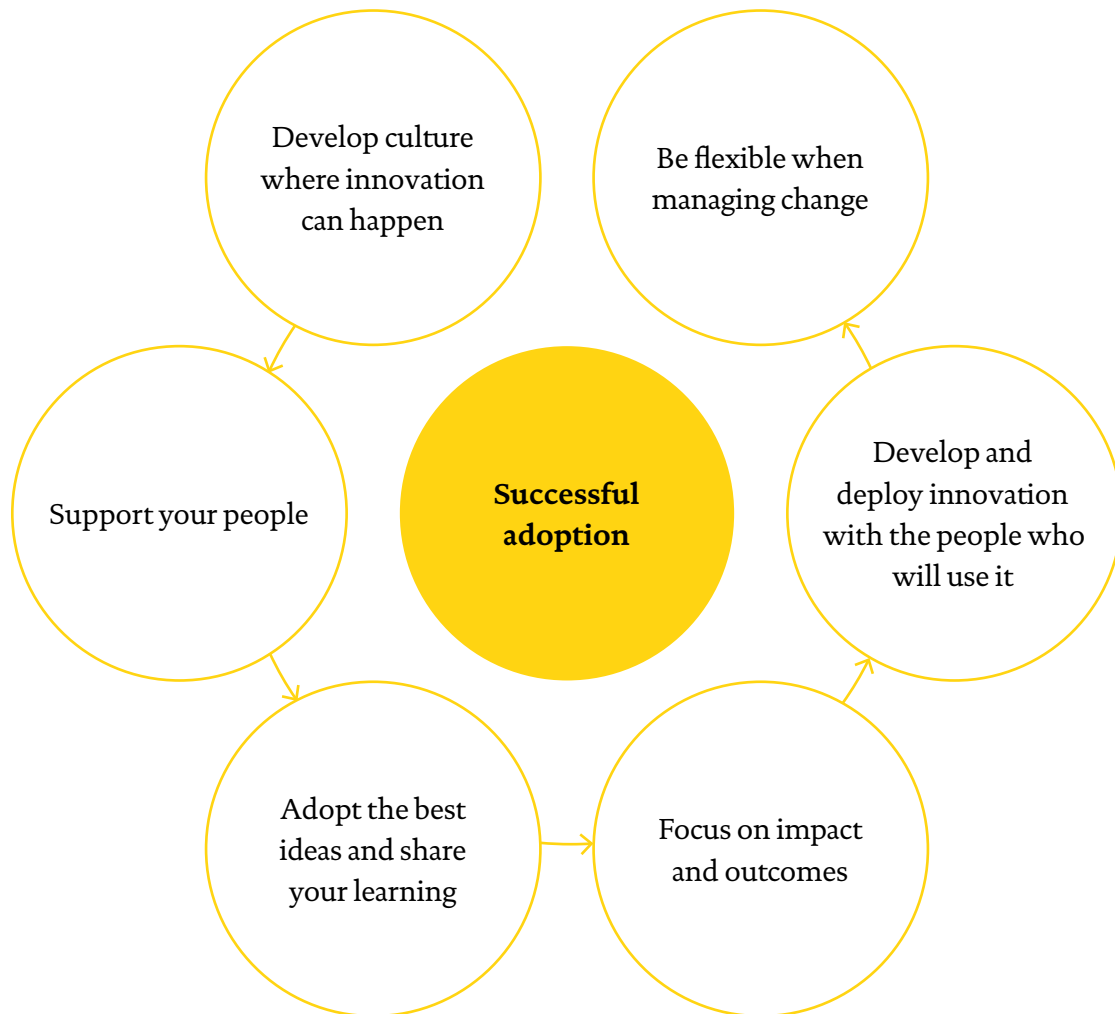
Develop culture where innovation can happen
Organisations have open dialogue between organisational leadership and staff, with leaders seeking ideas for improvement and listening to staff feedback. There is permission to innovate and high standards for safety.

Support your people
Organisations build on the strengths of their people. Staff are given time to develop and deliver ideas, supported to secure external resources and to develop the capabilities and connections they need to innovate.

Adopt the best ideas and share your learning
Organisations tap into networks and learn about what other organisations are doing. They understand what is important to make innovations work and share learning with others.

Focus on impact and outcomes
Organisations articulate realistic objectives and success measures that are linked to outcomes for people who use services. Outcomes should be monitored to understand whether the innovation is delivering intended (or unintended) benefits, and how it can be adapted to achieve more for people.

Develop and deploy innovation with the people who will use it
Where possible, organisations involve staff, people who use the services and anyone else who is going to use an innovation. This should include co-production to help shape the innovation and how it is implemented, as well as user testing once it is in place.

Be flexible when managing change
Implementing new ideas (or adapting existing solutions in a new context) can be unpredictable, so it is important that plans and resources are flexible enough to cope with unexpected changes. Innovators need to engage early with concerns to understand what is needed to make their idea work and build support for what they are doing. The success of an innovation depends on involving the right people.

1.3 The opportunity

The Adopting Innovation programme will provide funding for the creation of innovation hubs – centres of expertise and support within NHS provider organisations to help them become better adopters. It will also offer opportunities for peer learning with other organisations.

We plan to fund up to four hubs, led by an NHS provider organisation in partnership with other local organisations who will receive:

- grants of between £400,000 to £475,000 to fund a programme of work that will run for two and a half years
- tailored support packages in addition to the grant, which could include coaching, training and facilitation
- a programme of activities, including regular events, to help teams to build a supportive community, share experiences and offer each other peer support.

The Health Foundation will commission an independent evaluation of the Adopting Innovation programme. This programme-level evaluation will draw shared learning from the set-up and implementation of hubs, which will be used to inform hub development and influence wider system learning on the adoption of innovation.

Eligibility criteria

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2.1 Who can apply

We will provide between £400,000 and £475,000 of grant funding to a lead organisation that will lead a partnership within a local health care system.

Potential applicants should:

- be an **NHS provider** that can receive grant funding. We are open to applications with joint lead organisations where one is an NHS provider, but we will need one nominated lead organisation to receive the funding and be the lead contact in the application process

- be able to **provide in-kind support and funding** to establish and deliver the hubs

- have **a named senior leader** (at executive director level) who is accountable for the hub

- have a partnership that includes a **regional or national health care organisation** that plays a key role in establishing and delivering the hub. We expect this organisation to be the national improvement or innovation bodies in the devolved nations: Healthcare Improvement Scotland, Health and Social Care Quality Improvement (HSC QI) in Northern Ireland, and in Wales Improvement Cymru or Life Sciences Hub Wales. In England, we expect this partner to be an AHSN, Integrated Care System (ICS) or Sustainability and Transformation Partnership (STP). We acknowledge some applicants may choose more than one of these organisations to partner with depending on the local health care economy

- ensure **evaluation and measurement expertise** is held by one of the hub partners in order to demonstrate impact and success of the hub.

We encourage applications from across each of the four nations of the United Kingdom and from smaller NHS providers and organisations that have not applied for Health Foundation funding before. We are interested in funding hubs led by organisations of various sizes in order to learn more across the programme.

Current and past grant holders from the Health Foundation are eligible to apply, but we would encourage applicants to consider their capacity to deliver on multiple awards.

2.2 What we expect hubs to use the grant funding for

We expect the lead organisations to use the funding to establish and deliver hubs for the two and a half years' lifetime of the programme.

Our expectations of hubs are as follows.

1 **Hub activities**

Hubs will work to support the adoption of mature and tested innovations and service changes rather than focus on more developmental work around new innovations. We would expect applicants to have a good understanding of their local context and patient and staff priorities, which will inform decisions on the priorities to be addressed by the hub.

Hubs will work through the process of problem definition, identifying a range of potential solutions and giving insights as part of small-scale testing processes to adapt and implement existing innovations in their localities. The majority of the hubs' work will focus on the adaptation of innovation to the local context, using co-production principles to ensure that the process takes account of and is sensitive to the needs of patients, staff, existing culture and working practices (**see Figure 2**).

Figure 2

Themes identified

Problem
definition

Innovation
identification

**Adaptation of
innovation to a local
context supported by
co-production**

Implementation
and iteration

Scale

2 Hub principles

We expect hubs to work to the principles outlined below:

- commitment to focus resources on adoption of solutions to address local need and demand
- valuing co-production and engagement with beneficiaries
- working to reduce the health inequalities that are present in the local health economy
- having a learning culture within and across the network of four funded hubs, including commitment to engage in the programme evaluation
- senior level commitment to drive the success of hub development.

3 Hub leadership

Hubs will be required to have robust local leadership and sponsorship in place to ensure that they have the credibility and authority to convene system partners and drive change around agreed priorities. For example, they should have a clear reporting line into existing governance processes for the NHS provider and system partners.

We expect leadership and ownership of the hub from a senior leader in the organisation (at executive director level or equivalent). We see this as a vital part of securing the long-term success and sustainability of the hub. The senior leader will be expected to be present at the assessment day and reporting meetings, taking ownership of ensuring the success of the hub.
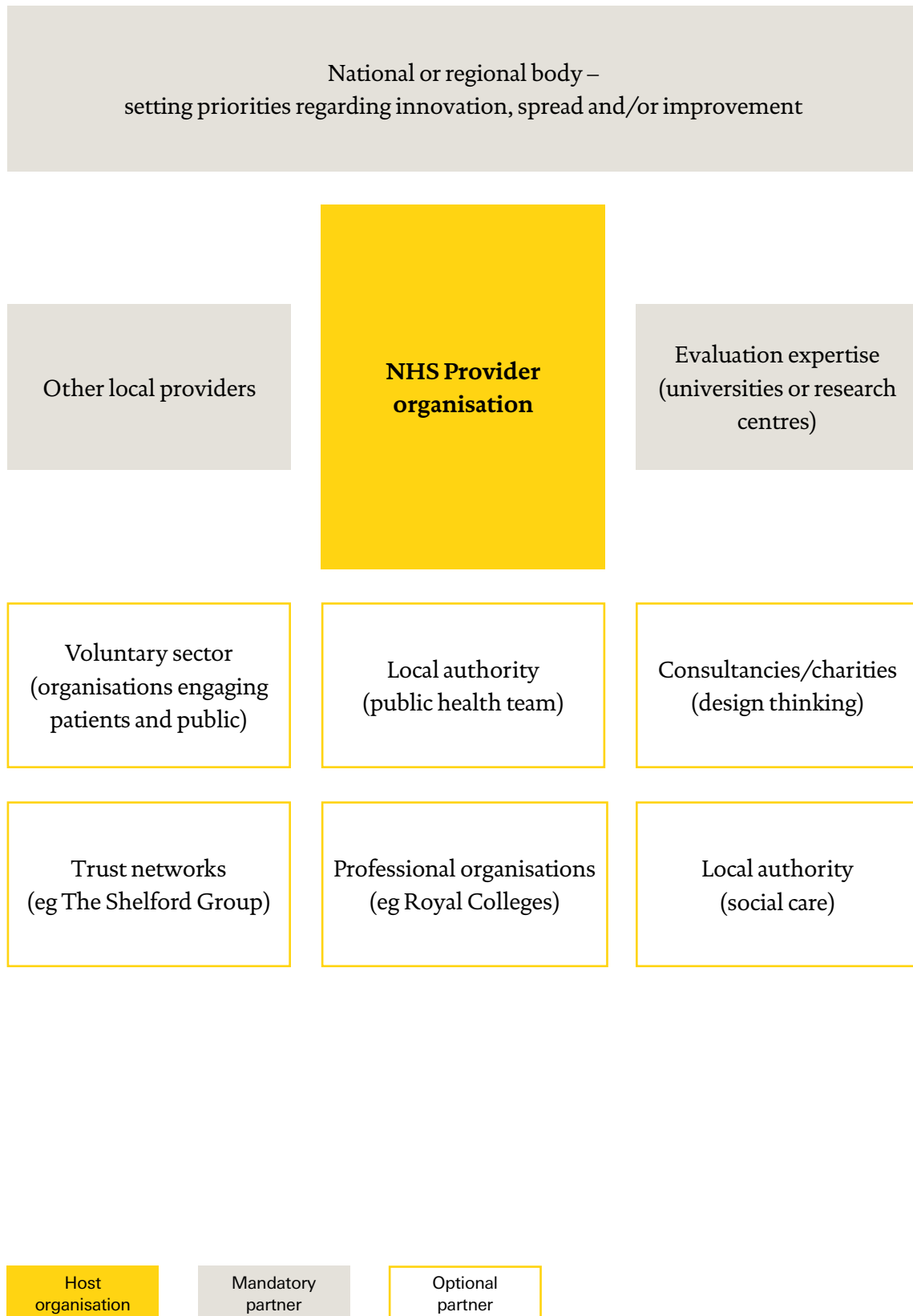
4 Interaction with local health care system

Hubs will be hosted by an NHS provider organisation working closely with a core group of partners bringing together existing skills and expertise from the local system. The balance and structure of these partnerships will vary between hubs, and we will encourage teams to develop partnerships to meet the needs of their local context. Hubs should not duplicate existing infrastructure but instead strengthen and complement it.

We expect hubs to be closely linked into the local system priority setting. This must include partnering with and reporting directly into regional or national improvement or innovation bodies. Healthcare Improvement Scotland and HSC QI (Northern Ireland) are keen to work closely with organisations in their respective nations. AHSNs will be important regional partners for hubs in England.

We have actively engaged with the AAC, which works across the UK, to develop the Adopting Innovation programme, and it aligns with the AAC vision for adoption of innovation. In order to demonstrate and support the case for sustainability, hubs should work on priorities for the local system and on innovations that have the potential for significant patient impact and wider scale in the NHS. We would expect hubs to be thinking about and planning for local sustainability from early on in their inception.

In addition to their local partner organisations, hubs may also partner with organisations that have remit beyond their local geography to support development and scale-up of projects, for example national charities or professional organisations. You can find the diagram outlining the expected partnerships in **Figure 3**.

Figure 3: Hub core relationships

National or regional body –
setting priorities regarding innovation, spread and/or improvement

| Other local providers | **NHS Provider organisation** | Evaluation expertise (universities or research centres) |

| Voluntary sector (organisations engaging patients and public) | Local authority (public health team) | Consultancies/charities (design thinking) |

| Trust networks (eg The Shelford Group) | Professional organisations (eg Royal Colleges) | Local authority (social care) |

| Host organisation | Mandatory partner | Optional partner |

5   Skills and expertise

Hubs will bring together a broad range of disciplines to support the successful adaptation of existing innovations. They will convene and draw expertise from a range of traditions using design thinking, co-production, workforce planning and redesign, and technology development expertise. These centres of practical expertise will also have the necessary project management and measurement and evaluation capability to ensure that hubs are embedding reflective learning when it comes to understanding the mechanisms linked to supporting adoption, implementation, spread and scale.

We expect hubs to draw on existing expertise and capability in the system, for example existing quality improvement and transformation teams in NHS providers and also the expertise that is hosted in regional AHSNs and other improvement bodies in Wales, Scotland and Northern Ireland. Through the rigorous selection processes, we will ensure that our funding is adding value and additionality to existing system improvement capability and not acting as a substitute. **See Figure 4** for expected skills and expertise.

2.3 Capturing learning and evaluation

The Health Foundation will commission an evaluation to draw together learning on how the hubs support the adoption of innovation, with a focus on a formative approach to share practical learning for those spreading innovation. Hubs will be expected to participate in the programme level evaluation, and be willing to share their learning and experience.

We will also expect the hubs to measure the impact of their own work, with plans for how they will share the benefits of this way of working with their local health care system, which will in turn support their sustainability beyond the grant funding period. We would expect the hubs to either source measurement and evaluation expertise from within the host organisation, or partner with an organisation who can bring this experience, for example a local university.

Figure 4: Skills and expertise

Through the proposed hub partnerships, the hubs will bring together key skills and expertise required to support effective adaptation of innovations to suit a new local context.
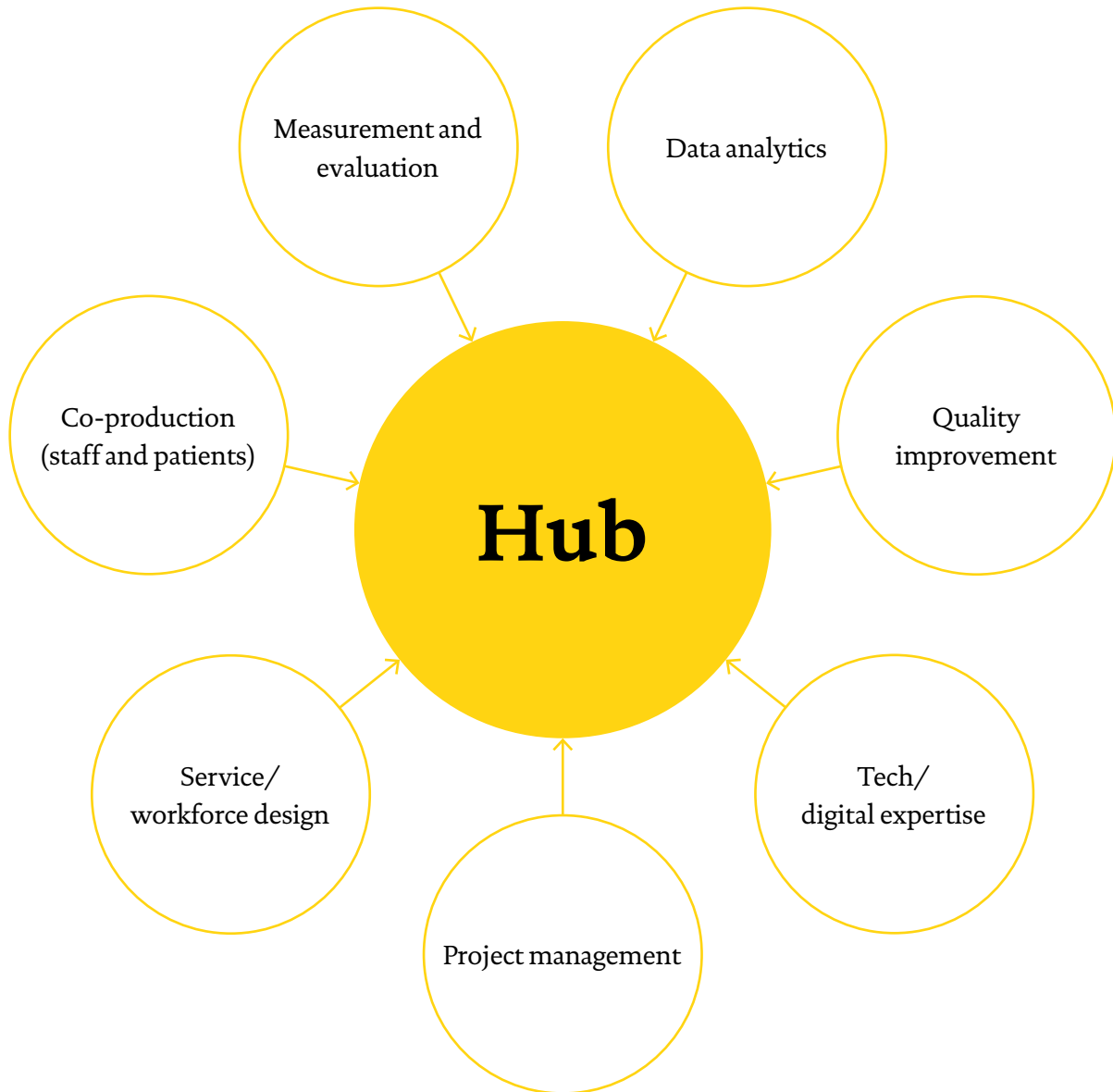
How to apply

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3.1 Application timetable

The application process for the Adopting Innovation programme will follow the timetable below. Dates beyond the deadline for expressions of interest are provisional and may change due to the uncertainty around the COVID-19 pandemic.

Activity	Date
Expressions of interest open	Wednesday 7 October 2020
Deadline for expressions of interest	12.00 (midday) on Wednesday 11 November 2020
Invitation to submit full application	Early January 2021
Deadline for full applications	12.00 (midday) on Friday 19 February 2021
Invitation to attend an assessment day	End of March 2021
Assessment days	22 and 27 April 2021
Teams notified of final decision	Early May 2021

3.2 Application process

We are running a three-stage application process:

Expressions of interest

Full applications

Assessment days
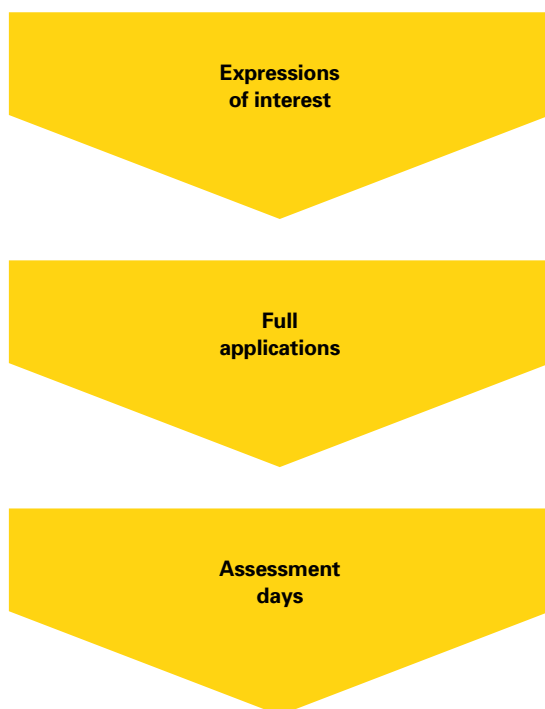
Stage

1

Expressions of interest

7 October 2020 – 11 November 2020
The Adopting Innovation programme opens for expressions of interest on Wednesday 7 October 2020 and closes at 12.00 (midday) on Wednesday 11 November 2020.

To begin your expression of interest, **register for our applicant portal**. Then you will receive an email with a link to complete an expression of interest form.

Expressions of interest must be submitted via the portal by the deadline, 12.00 (midday) Wednesday 11 November 2020. Expressions of interest submitted via alternative means will not be considered, and late submissions will not be accepted.

Note that as you are completing the form, you will be able to save your progress and continue at a later time. Please avoid copying text from a Word document as this will lead to formatting problems in your answers.

A single organisation from each partnership must lead the application process. The lead organisation must submit the expression of interest form. We will only accept one expression of interest per partnership.

The Health Foundation will review expressions of interest against the programme's assessment criteria (see section four). A team from the Health Foundation will review all expressions of interest. We will then invite up to 12 teams to submit full applications.

Unfortunately we are not able to offer individual feedback to unsuccessful applicants at this stage.

Stage

2

Application form

Early January – 19 February 2021
In early January, we will invite the selected teams (12 maximum) to submit a full application for the programme by 12.00 (midday) on Friday 19 February 2021. The full application must be submitted on our online portal by the same applicant who submitted the expression of interest.

In the full applications, partnerships will be asked to expand on their expressions of interest by submitting detailed descriptions of their overall aims, partnership models, measurement and evaluation plans, and sustainability strategies. This will include a budget outlining how the funding will be used.

Full applications will be assessed against the programme's assessment criteria (see section four) by panels composed of Health Foundation staff and external assessors, including members of the public and health care professionals. In March, we will shortlist six to eight partnerships to invite to our assessment days taking place in April 2021. Teams that submit full applications but are not shortlisted for an assessment day will be offered feedback at this stage.

Stage

3

Assessment days

April 2021
We will invite each shortlisted partnership to participate in an assessment day, which will be held on 22 and 27 April 2021. The assessment days will either be held virtually or in person at our offices at 8 Salisbury Square, London (depending on the COVID-19 restrictions at the time).

At the assessment days, we expect each team to have representation from all partner organisations and we ask that the senior leader named on your application form is present.

We understand that it may be challenging to convene partnership stakeholders to all participate in an assessment day, and we can be flexible with the timing of the assessment sessions to accommodate for this.

The assessment days will include group exercises and an interview. The interview panels will include health care professionals and Health Foundation staff. The Health Foundation will notify teams of the final decisions on their applications in early May 2021. Unsuccessful teams will be offered feedback on their applications and assessment days.

Assessment criteria

4

Throughout the application process we will be assessing against the three key areas detailed in this section. We will expect more depth in your answers and evidence as your plans and local partnerships develop during the course of the application process. There are further details of how each stage will work in section three, How to apply.

4.1 Local context and interest in adoption of innovation

How will your hub support local adoption of innovation?

During the expression of interest phase, we are looking for applications that demonstrate:

- knowledge and understanding of their local system challenges

- understanding of how their hub would support local adoption of innovation

- commitment to local adaptation

- commitment to co-production.

4.2 Skills, experience and commitment expected of hubs

Why would your partnership make a good host for a hub?

During the expression of interest phase, we are looking for applications that demonstrate:

- description of skills that would be brought in through partnerships in the local system and from the trust itself

- commitment from senior leadership and acknowledgement of the need for in-kind support and funding

- experience of working in partnership with other organisations to broaden and strengthen local partnerships.

4.3 Aspiration of hub

What will your hub aim to achieve? What impact will it have after this programme?

During the expression of interest phase, we are looking for applications that demonstrate:

- an outline of what they hope to achieve through the two and a half years of funding

- an outline of the long-term impact they expect this funding to have.

4.4 Application stage

At this stage you will have more opportunity to expand on your plans. These will be assessed over the same criteria as before but we will also expect to see the following:

- commitment to in-kind support and funding

- evidence of ownership by senior leadership

- evidence that core partners will be in place

- plans for governance and links to wider system priorities

- early thoughts on sustainability planning

- plans for the set-up phase and developing hub methodology, including local plans for evaluation and how impact will be measured

- a detailed budget for the work, including what the funds will cover.

4.5 Assessment day

At the assessment day we will assess your application over the same criteria as before and also expect the following:

- ✓ a senior leader (executive director or equivalent) present at interview

- ✓ a clear sense of how you will identify and implement solutions

- ✓ insight into your approach to effective partnership working.

Other factors may be considered during the assessment process, including the geographical spread of the proposals and the type of provider organisation.

Terms of funding

5

Applicants can apply for between £400,000 and £475,000 of funding over two and a half years. We will not support proposals that are contingent on another grant funding application.

We are open to other partner organisations providing funding and in-kind support. All arrangements for any necessary subcontracting and/or transferring of funds to other supporting partner organisations are the responsibility of the lead organisations.

Successful applicants must be:
ready to **begin the programme within three months** of application outcomes in May 2021. A key aspect of the programme's impact will be through the collaborative effect of a number of hubs working to the same timescale
able to **evidence funding and/or in-kind support** by the end of the application process
able to **evidence a senior leader's accountability** for the hub
prepared to **report on their award activity including award spend** throughout the award period.

5.1 What our funding can be spent on

During the full application phase, you will need to provide a detailed budget for the work, what the funds will cover and details of in-kind funding being provided.

The following is a list of types of expenditure we would expect to be funding (this list is not exhaustive):
backfill costs for leadership and clinical time spent on the partnership
substantive posts vital to the success of the hub
honoraria for patient and public involvement
project management for the duration of the funding period
administrative support
supply of technical expertise from innovation or design organisations
expertise to support with co-production
partnership meeting costs, including room hire and catering where appropriate
backfill costs for staff (clinical and non-clinical) attending relevant training or events
communication materials and associated staff time
workshops, learning events and team development.

5.2 What the funding cannot be spent on

| The following is a list of types of expenditure our funding cannot be spend on: |
| --- |
| costs of product and/or technology development as a primary focus – we will fund time associated with adapting existing technology to their context, but not the cost of the technology itself |
| substantive clinical posts linked to the specific intervention that will not be sustained after the funding period |
| capital expenditure such as for vehicles or for building acquisition or refurbishment |
| costs of traditional research or laboratory-based activities |
| organisational overheads such as costs of premises, management and HR |
| procurement of day-to-day consumables or of 'business-as-usual' equipment |
| general conference attendance if attending only, as opposed to using the conference to present findings and spread learning specifically from this programme |
| costs for education and training as a primary purpose or focus of the work |
| costs of any development or capacity building that is unlikely to have a direct impact on the target beneficiary population within the lifetime of this programme |
| costs of development of technical or clinical interventions focused on clinical effectiveness such as (but not limited to) surgical techniques/procedures and medicines. |

5.3 Intellectual property

Any intellectual property generated from the Health Foundation's funding will be owned by the organisations delivering the work but must be licensed to the Health Foundation to support its charitable objectives. Applicants might find it beneficial to discuss how intellectual property will be shared by the partnering organisations during the application process. Applicants invited to an assessment day will be expected to demonstrate how their partnerships will manage the intellectual property generated during the programme.

5.4 Communications

Applicants will need to clearly demonstrate how the learning from the partnership will be communicated, both internally and to wider (national and international) stakeholders. As part of the partnerships' communication strategies, teams may choose to present papers and posters at relevant conferences. These should be made available for publication on the Health Foundation's website. The Health Foundation is interested in learning from the partnerships it funds. Teams may be asked to host site visits for Health Foundation staff and stakeholders for learning and knowledge sharing purposes.
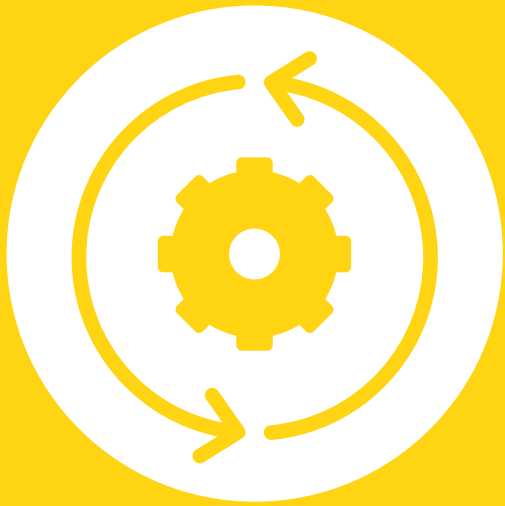
Contact information

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If you have any questions,
please contact us by email on
AdoptingInnovation@health.org.uk

Connect with us
@HealthFdn
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