PURPOSE OF REPORT:

The purpose of this report is to outline to the Strategic Partnership Board the work that has taken place since mid-2016 to refocus Health Innovation Manchester (HInM) and create a sound platform for delivery. It will also outline the further work scheduled for the months to September 2017 which will complete the organisational restructure and drive implementation of the quick wins and priorities that have been approved by the HInM Board.

The paper also represents the HInM Business Plan for the Board to consider.

RECOMMENDATIONS:

The Strategic Partnership Board is asked to:

- Note the progress made in 2016 to establish HInM and provide a firm basis for implementation of the priorities in the Business Plan;
- Note and approve the next steps to be undertaken in 2017/18 to integrate the AHSC and the AHSN and determine the form of HInM entity and its future funding structure;
- Note the HInM Business Plan

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1.0 BACKGROUND AND PROGRESS SINCE SEPTEMBER 2015

1.1. Launched in late 2015 as a virtual organisation without dedicated resource, Health Innovation Manchester (HInM) had a difficult first 18 months.

1.2. Over summer 2016, the Steering Group initiated a series of changes, strengthening and formalising the Group as a Board, appointing an Executive Chair, and initiating discussions on bringing together the Academic Health Science Centre (AHSC) and the Academic Health Science Network (AHSN) within a single HInM brand and governance structure.

1.3. While the overall direction of the initial business plan remained appropriate, delivery had not matched its ambition, and efforts were renewed to sharpen the focus and get buy-in which was lacking from partner organisations.

1.4. Considerable progress has since been made. While there is not yet a dedicated team in place, levels of support and collaboration from the senior teams within both the AHSC and the AHSN are immeasurably stronger, and there has been more effective engagement from an enlarged Executive.

1.5. KPMG have provided support to the review and development of the Business Plan, but with strong “hands on” engagement from HInM’s leadership, so that there has been buy-in throughout, and real ownership of the deliverables in the Plan.

1.6. As the H&SC Partnership leadership team has come together, this has brought increasing clarity in relationships and coherence of direction between the two bodies.

1.7. The HInM Board has remained close to the work over this period, and given guidance and support to the Exec Chair as needed.

1.8. Work has been underway to:

- Establish HInM as ‘one team’, including creation of a shadow leadership team which brings together both MAHSC and GM AHSN leadership into a single team;

- Agree the vision, priorities, resources, governance and funding for the continued development of HInM;

- Develop the HInM Business Plan; and

- Complete and submit the case for development funding to support the continued development of HInM.

1.9. The HInM Board signed off the Business plan at its meeting in February, and is now strongly focused on its implementation.

1.10 The Business Plan is attached as an appendix to this paper. The remainder of this report summarises:
• the HInM vision;
• the strategy for its delivery; and
• the steps now being taken to create a single integrated team, secure the funding necessary to augment existing AHSC/N resources and drive implementation of the Plan for the next six months.

2.0 THE BUSINESS PLAN

2.1. Vision

2.1.1. To transform the health and well-being of Greater Manchester’s population by accelerating the introduction of innovation in our health and social care services. We will achieve this by aligning agreed GM health priorities with the exceptional academic and clinical assets of our partnership and the skills of industry innovators, and by creating shorter and more certain pathways to approval and adoption at scale.

2.1.2. We will discover, develop, and deliver innovations that:

• Improve population health at pace;
• Make a measurable and commensurate contribution toward reducing the cost pressures on the NHS;
• Enhance the global scientific standing of GM; and
• Act as a magnet for inward investment, wealth creation and employment.

2.2. A Unique Opportunity

2.2.1. Three things in combination will enable HInM to accelerate improvement in standards of health and healthcare at an exceptional pace.

2.2.2. Devolution, which facilitates a place-based, and citizen-centric approach to health priorities, aligns costs and benefits across a whole system, and with streamlined decision-making structures which bring together all care commissioners and providers.

2.2.2.1. Devolution can transform how we maintain health and treat ill-health and its causes. It also opens up the opportunity to tackle one of the greatest obstacles to the rapid deployment of innovations – the absence of clear pathways to adoption and deployment at pace and scale. Effective system-wide decision-making will of itself make the region globally attractive to world leaders in innovation.

2.2.3. GM’s first class academic and clinical assets and talent. These include:
Clinical and translational research, clinical trials, and groundbreaking work in real-world drug trials;

The Biomedical Research Centre (BRC)'s work, especially in Precision Medicine;

Experimental medicine and biomedical research;

Health informatics, the Farr Institute, NorthWest EHealth;

Social care and the training of allied health professionals;

High-performing NHS Trusts, including the internationally respected Christie Hospital.

2.2.3.1. The opportunity is to focus our academic assets more specifically on the identified health and care needs of GM citizens.

2.2.4. GM’s exceptional track record of partnership working, which made devolution possible, and which has played an important role in developing a strong and growing life sciences industry base in the region. In HInM, already established links with our academic and clinical assets and with regional businesses provide a powerful bedrock on which to build a partnership of unique strength and utility.

2.3. Aligned to national Policy and GM Strategy

2.3.1. Through the establishment of HInM, GM has a unified Academic Health Science System, which brings together basic research, translational research, clinical demand, and industry know-how and investment, within a single body, focused wholly on the needs of a population of 3 million people.

2.3.2. HInM’s approach is echoed strongly in emerging national life sciences strategy, ensuring GM is well-placed to benefit from initiatives to strengthen the contribution that regional innovation hubs make to the UK’s international competitiveness.

2.3.3. The HInM Board has agreed that GM will respond as One Manchester to any calls for proposals under the emerging strategy. An active influencing and relationship-building strategy also forms part of the Plan and will support GM HSCP to use innovation to deliver on the priorities outlined within Taking Charge.

2.4. HInM ‘One Team’ principles

2.4.1. We will:

- Engage all partners, including patients and citizens, in defining our priorities;
- Develop an agreed set of tools for evaluating innovation options, and measuring outcomes;
• Create an innovation access pathway for industry, with efficient decision-making processes and clear pathways to action;

• Use the Partnership’s joint commissioning and provider governance to shorten and make more certain the journey from trial to approval and system-wide adoption;

• Bring forward innovations which support all five of the Partnership’s strategic themes

• Work as one industry-facing brand, and promote our successes to patients, policy makers, investors, and industry;

• Bring together AHSC and AHSN colleagues within a single delivery team and governance structure.

2.5. **Our Priorities**

2.5.1. Our priorities for innovation will seek to balance:

• clinical need with innovation opportunity;

• longer-term, research driven innovation with quick wins which can be implemented with near-term returns;

• need and opportunity in all parts of the health and social care spectrum;

2.5.2. The Plan has three innovation themes: (i) strategic enabling initiatives which will provide the platform for innovation in all areas, and drive interest from industry; (ii) quick wins which can be brought forward for system-wide implementation; and (iii) calls to industry for Medtech and e-health innovations which align with GM priorities.

2.5.3. HInM's three strategic priorities will create world-leading infrastructure, by building on GM's existing strengths in Informatics, Clinical Trials and Research Excellence, and Precision Medicine.

2.5.4. In the early phases of establishing the innovation pathway and its supporting processes, HInM made an initial call for existing innovations that it could support. Six quick wins were selected for early support – diffusion and adoption of these initiatives can be considered as proof of concept cases, will drive early lessons learned, and give confidence to the wider H&SC system on the process. The opportunities which came forward as a result of the initial call were focused primarily on secondary care; in parallel with taking these forward, work will focus on adding quick win opportunities in primary care, mental health, and social care, as well as adding generally to the growing pipeline.

2.5.5. A pipeline of innovations in Medtech and e-health will be brought forward via a series of targeted calls to industry.
2.5.6. In 2017, we will deliver the following:

- An innovation access system to support and guide industry innovators;
- A strong pipeline of proposals which can be rapidly evaluated, trialled, and implemented;
- Partnerships with industry, through which new business models can be advanced, such as the ABPI/Partnership/HiNM MOU.
- Implementation of digital infrastructure which will connect the data systems in use across GM (part of our Informatics priority);
- A single research hub for GM, and an enhanced Clinical Trials Unit (part of our Clinical Research Excellence priority);
- Commencement of projects in Precision Medicine (a strategic priority), focused on new care pathways, novel diagnostics, more targeted treatments, the use of digital technologies to enhance self-care, and greater patient empowerment;
- GM wide adoption of the first “quick wins” – drawn from innovations being trialled at individual locality level – and;
- A pipeline of Medtech and e-health innovations, solicited via “calls” to industry against specified objectives, which are capable of rapid implementation and early return on investment;
- Engagement and ownership amongst stakeholders of our objectives, processes, and priorities; buy-in from industry partners, and strong market awareness of HiNM’s brand and objectives.
- Establish the HiNM delivery vehicle, bringing together MAHSC and AHSN into a single team and organisation.

3.0 TEAM DEVELOPMENT, GOVERNANCE, AND FUNDING

3.1. Development fund bid 16/17

3.1.1. An initial development fund bid was submitted to cover the pre-commitments/spend in 2016/17.

3.2. Development fund bid 17/18

3.2.1. An application has been made for Development Funding for the first 6 months of 2017/18, to support the first phase of business plan implementation, to support the integration of the AHSC and AHSN teams, review of options for HiNM’s corporate structure, and development of sustainable long term funding options.
3.2.2. This funding will cover activity until September 2017, when a revised Business Plan will be submitted, reflecting a full understanding of the combined resource base, and residual resource requirement, and incorporating the full range of activities carried out currently by the AHSC/N. This plan will have a full suite of KPIs and a measurement framework to demonstrate contribution to GMHSCP’s goals, and direct and indirect economic benefits.

3.2.3. Once this work and the integration of HInM is complete, there will be a clear alignment between HInM resources and the work to be done, and proposals will have been developed for the sustainable long-term funding of the single HInM entity.

3.2.4. There is an initial return on investment (RoI) evaluation of the measures in the Plan, but this will be reworked with fuller information by September, and there will be a full suite of KPIs to provide clarity on value for money and HInM’s added value.

3.3. HInM: Transition to one organisation and team

3.3.1. Work has already begun on the immediate priority to combine and consolidate the AHSN and MAHSC into a single coherent structure and delivery vehicle under HInM. A shadow leadership team formed of both MAHSC and AHSN leads, plus existing HInM leads, has been formed and meets fortnightly to deliver business.

3.3.2. A detailed transition plan is being worked out by this shadow leadership team, with the aim of delivering transition through summer/autumn of 2017.

4.0 NEXT STEPS

4.1. Over the next 6 months until September 2017, the key next steps will be:

- Confirm Transformation Fund development monies;
- Establish the HInM delivery vehicle and complete resourcing of the single HInM team;
- Revise the business plan to reflect the integration of the AHSC and AHSN, and the incorporation of all relevant workstreams;
- Completion of business case to fund HInM beyond September 2017;
- Extensive communication with partners and stakeholders, to improve understanding of HInM’s work, and of the processes through which innovations will be evaluated and adopted;
- Establishment of the Industry Advisory Board;
• Bringing forward quick win innovations in mental health, social care, and primary care, alongside implementation of the secondary care quick wins already identified.

5.0 RECOMMENDATIONS

5.1. The Strategic Partnership Board is asked to:

• Note the progress made in 2016 to establish HInM and provide a firm basis for implementation of the priorities in the Business Plan;

• Note and approve the next steps to be undertaken in 2017/18 to integrate the AHSC and the AHSN and determine the form of HInM entity and its future funding structure

• Note the HInM Business Plan
Business Plan 2017

Draft – 20 February 2017
This report contains 33 pages
Appendices contain 39 pages
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Executive Summary

1.1 Our Vision

Health Innovation Manchester’s vision is to transform the health and wellbeing of Greater Manchester’s population by accelerating the introduction of innovation in our health and social care services. We will achieve this by bringing together the exceptional academic and clinical assets of our partnership with the skills of industry innovators, and by creating shorter and more certain pathways to approval and adoption at scale.

We will discover, develop, and deliver innovations that:

- Improve population health at pace;
- Make a measurable and commensurate contribution toward reducing the cost pressures on the NHS;
- Enhance the global scientific standing of GM; and
- Act as a magnet for inward investment, wealth creation and employment.

1.2 The Health Challenge

The rising costs of health care, and relatively slow introduction of innovations which can address our health challenges, are a major frustration to policy-makers and care providers across the globe.

GM too faces significant population health challenges over the coming five years:

- **The population of the region is ageing**: the over 65 population is expected to increase by 20% between 2011 and 2021, while the number of over 85s will rise by more than 30%.

- **There are significant lifestyle challenges**: 17,000 deaths per year could be avoided through lifestyle changes. Over 110,000 people across GM are classed as long-term sick and inactive.

- **High rates of ill health and mortality linked to mental health**: Failure to address this link raises total health care costs by at least 45% for each person with a long-term condition, and causes around 15,000 excess deaths per year.
  
  - GM also has pockets of some of the most severe and enduring health inequalities in the country and also experiences significant variation within the GM conurbation, impacting on both the quality and the length of life.
  
  - Health and social care providers face financial challenges in dealing with this burden and the local health economy is estimated to be facing a funding gap of over £2 billion by 2021.

The obstacles to more rapid implementation of innovations which will improve health and the treatment of ill-health are well-rehearsed and understood – including fragmented decision-making, structures which do not assist collaboration and co-ordination, and lengthy and uncertain routes to adoption.
All of these discourage innovators, and, critically, militate against the development of approaches which marry strategies to improve population health and social care, with those which are more focused on short term challenges in the acute care sector.

For further detail on the health challenge see Appendix 7.1 Current Issues.

1.3 The Opportunity

Nationally, Government policy is recognising the need for a different approach. The Accelerated Access Review is based upon a clear appreciation of the issues, and proposes a way forward with which our plan is highly consistent. HInM will wish to work closely with the OLS as we step up our implementation.

The recently published Industrial Strategy provides a helpful context within which a refreshed Life Sciences Strategy can be progressed. Greater Manchester is uniquely well-placed to act as an innovation hub; an exemplar of public/private/academic collaboration in tackling the short-term financial challenges facing the NHS, and in creating a whole health system which is sustainable in the long-term.

Further detail on GM’s Assets as outlined below can be found in Appendix 7.2 GM’s Assets.

1.3.1 Health and Social Care Devolution

In Greater Manchester, the devolution to a single local body of accountability for the entire spectrum of health, ill-health, and care services for 3 million people, has created an opportunity which is unique in Europe and rare elsewhere. Controlling budgets of circa £6 billion per annum, the GM Health and Social Care Partnership is cutting across the silos which treat and fund as separate challenges the need to keep citizens well and economically active, and resolving the huge financial pressures on the acute healthcare sector. The strategy is place-based, rather than institutional, and the business model spans costs and benefits holistically, taking a person-centred approach.

The Partnership includes all NHS providers and commissioners, and providers of health and social care: decision-making is streamlined and accelerated.

Health and social care devolution creates immense opportunity to transform how we maintain health and treat ill-health and its causes. It is not Greater Manchester’s only advantage.

1.3.2 Research and Clinical Excellence

We have first class academic and clinical assets and talent, details of which are in appendix 7.2.

They include:

- A reputation for clinical and translational research, aligned to strengths in clinical trials, and ground breaking work in real world drug trials;

- Excellence in experimental medicine and biomedical research; including major infrastructure for stratified medicine, proteomics, biomarkers, molecular pathology and cancer research;

- Internationally recognised strength in health informatics, the Farr Institute, NorthWest EHealth;

- The work of the Biomedical Research Centre (BRC), especially in Precision Medicine;

- Academic excellence in the fields of social care and the training of allied health professionals.

- Greater Manchester also has leading clinical assets, and high-performing NHS Trust hospitals, including The Christie, globally respected for its work in cancer treatment, and Salford Royal, home to the most mature electronic patient record system in the UK.
1.3.3 Civic leadership and Partnership

GM has an exceptional track record for partnership working, and has a shared commitment to further developing the region’s life science sector as a central source of economic growth and societal well-being.

This is reflected in the city’s designation as European City of Science in 2016, and selection as a pilot for Government’s first Science and Innovation Audits.

Partnership also drives Manchester’s vibrant and fast-growing innovation ecosystem on the Oxford Road Corridor, and our extensive business support structures.

1.3.4 A strong and growing life science industry sector

Greater Manchester’s commercial life sciences sector is growing strongly, with assets including:

- Specialist bioscience and biomed facilities at Manchester Science Partnership’s (MSP) Alderley Park and Citylabs campuses;
- Over 300 thriving SMEs;
- The IUK Medicines Technology Catapult and The Centre for Antimicrobial Research at Alderley Park
- Regional centre for the IUK Precision Medicine Catapult and the Stoller Biomarker Institute at Citylabs;
- Comprehensive business support services, provided by both public and private sectors.

1.4 Health Innovation Manchester (HInM)

Devolution facilitates unified planning, faster decision-making and shared approaches to service improvement. Together with GM’s academic and clinical assets, it also creates an exceptional opportunity from which to accelerate innovation.

Health Innovation Manchester was set up to realise that opportunity, through collaboration with industry, and harnessing the power of GM’s academic and research assets. Our role is to connect, catalyse, and coordinate the work of all our partners and stakeholders, focused on system-wide priorities for innovation, with the interests of patients and citizens front and central in everything we do.

Health Innovation Manchester anticipated the vision set out in the Accelerated Access Review (AAR), which sets out recommendations to speed up access to innovative healthcare and technologies. HInM, with its aligned functions, embracing the AHSC/N, and the BRC, is uniquely placed to deliver many of the AAR recommendations, including the creation of innovation hubs which bring together clinical need and industry innovator, the use of real world evidence environments, where Manchester is a national pace setter, to support innovation evaluation, and the role of AHSCs and BRCs pioneering the evaluation and fast uptake of transformative products & championing early adoption in referring organisations.

What we have created in GM is an Academic Health System, which brings together basic research, translational research, clinical demand, and industry know-how and investment, within a single body, focused wholly on the needs of a population of 3m people.

We are tackling GM health challenges as “one team”, by:

- Engaging all partners, including patients and citizens, in defining a clear and shared set of health improvement goals where innovation is both necessary and possible, and where the pressures on costs are most acute;
Coordinating development of an agreed set of tools for evaluating innovation options, and measuring outcomes;

Creating an innovation access pathway for industry, with clear and efficient processes by which priorities are determined and decisions are taken, and with clear pathways to action;

Encouraging the creation of shorter and more certain pathways from trial to approval and system-wide adoption;

Seeking out innovations which support the drive to promote good health and mental well-being, as well as those which improve efficiency and patient outcomes within the acute healthcare sector;

Providing a single industry-facing brand for GM's work on health innovation, and promoting our work and achievements to patients, policy makers, investors, and industry;

Resolving activity overlaps between organisations which are inefficient, and confusing for ourselves and industry;

Clarifying individual partner contributions to meeting these goals.

Partners and industry stakeholders have told us that while we do much good work, they sometimes find our current organisation confusing, with overlaps and duplication. We agree, and are bringing together the research excellence of the Academic Health Sciences Centre and the implementation and industry skills of the Academic Health Science Network within a single Health Innovation Manchester organisation and brand.

As one team, with shared focus and priorities, HInM is uniquely placed to shape and drive accelerated development and delivery. As one powerful externally facing brand, we are better able to take advantage of the huge international interest which GM is attracting from academic and clinical collaborators and from industry.

Our Priorities

Our choice of priorities for innovation is designed to balance:

- clinical need with innovation opportunity;
- longer-term, research driven innovation with quick wins identified at the health and care “front line”;
- innovations which will support the work of population health and social care professionals, and the needs of primary and secondary care providers;
- innovations which deliver greater cost effectiveness in the short term, with those with a rate of return which is longer term.

We evaluate innovations in terms of their direct or indirect contribution to economic growth, and in all of our work are guided by the priorities of the GM Health and Social Care Partnership.

In 2017, our first year of operations, we will deliver the following:

- An innovation access system to support and guide industry innovators, large and small, and to build a strong pipeline of proposals which can be rapidly evaluated, trialled, and implemented;
- Implementation of digital infrastructure which will connect the data systems in use across GM, enabling better care to patients, and making GM globally attractive for clinical trialists, and innovators needing access to the transformative power of data analytics;
- Implementation of a single research hub for GM, and an enhanced CTU, both of which will provide a single front door for industry, and ensure that the benefits of comprehensive data infrastructure are fully realised;
Commencement of a series of projects in Precision Medicine which will introduce new care pathways, drawing upon novel diagnostics, more targeted treatments, the use of digital technologies to enhance self-care, and greater patient empowerment;

The first “quick wins” – innovations being trialled at individual locality level, which can be implemented rapidly across GM;

A flow of qualified innovations in the MedTech and e-health fields, solicited via “calls” to industry against specified objectives, which are capable of rapid implementation and early return on investment, and which have a pre-agreed route to adoption across the system;

Engagement and ownership amongst stakeholders of our objectives, processes, and priorities; buy-in from industry partners, and strong market awareness of HInM’s brand and objectives

1.4.2 Overall KPIs

In addition to specific KPIs used to measure HInM progress against its strategic priorities – see Section 3 below – HInM will agree a number of KPIs and a measurement framework to demonstrate contribution to GMHSCP’s goals: of creating health and wealth in GM, and tackling inequalities. An immediate priority for HInM is to develop the measures and agree them with the HInM Board.
The Innovation Pathway

HInM will develop an Innovation Access Pathway (IAP) in which priorities are clear and shared, and which has straight-forward and well understood pathways for new innovations and translation into routine clinical care within the NHS. Working across GM partners, the IAP will:

- Provide structure, organisation and a systematic approach to capturing, evaluating, developing and prioritising innovations, driving clarity for all stakeholders.
- Create a more agile, responsive and iterative process through which research & innovation can flow.
- Enable and support a more rapid journey through, and de-risking of, the development, testing and to-market process for innovators; and accelerate access to new, effective treatments.
- Work with partners across GMHSCP to facilitate the development of shared priorities for innovation, and to agree HInM’s criteria on which proposals will be evaluated and adopted.

HInM is working with the Pharmaceutical Industry on a strategic partnership to support delivery of its ambition and the GMHSCP goals. By the end of Q1 HInM will be a signatory on a Memorandum of Understanding (MoU) that sets out this partnership working. The main principles of the MoU are to:

- Embrace the GM vision, strategic plan and social values and contribute to its delivery of health and wellbeing improvements, financial sustainability and economic development.
- Involve Industry, as individual companies or collaborations of companies, as strategic partners in designing and delivering innovative new models of care as set out in the Five Year Forward View and Greater Manchester Taking Charge plan, actively incorporating appropriate, consistent and rapid uptake of innovative medicines as a factor in achieving transformation.
- Recognise Health Innovation Manchester (HInM) as the single coordinating point of contact through which individual companies, and/or collectives of member companies, can co-develop solutions to healthcare priorities identified by GMHSCP and others.

This is an important dialogue that will feed opportunities not only within the adoption space of the innovation pipeline but also earlier along the translational pathway, utilising the entirety of GM health and research ecosystem.

Figure 1: Flow of innovations

The innovation pathway is aligned to the well-established translational research pathway, which works to bridge the gaps between research, discovery and translation to humans (T1), patients (T2), practice (T3), and population (T4); with the aim of improving global health.
2.1 Organising Innovation

2.1.1 Annual Business Planning Cycle: Core themes

As part of its day to day business, Health Innovation Manchester will have regular and effective dialogue with all parts of the health and social care system, to build understanding, buy-in, and knowledge. Additionally, as part of the business planning cycle, HInM will issue a discussion paper to all partners on HInM’s strategy and proposed major priorities for the year. This will:

- Be set against an analysis of the GM context, industry trends, progress to date against previous goals, known challenges and priorities within the system etc.
- Ensure the underpinning criterion for all proposals will be their potential benefit to patients or to citizens.
- Set out options for prioritisation, and a timeline for responses. Critically, this process is intended to generate clear direction from each subsector within GM, on where, from a service perspective, innovation is most needed, informed by a research and industry-driven view of where the greatest opportunities lie.

Priorities will span the entirety of the health and social care including mental wellbeing, population health, social care, primary care and acute care. Within each area, priorities might relate to prevention, prediction, personalised treatment, and participation (as per the Precision Medicine P4 approach), or to more general themes of innovation such as medicines optimisation, devices and e-health, care pathways, trialling new business models etc.

An important benefit of this regular, formal consultation process is that it will encourage stakeholders to incorporate review of innovation as part of their normal planning agenda, and create expectations of HInM to deliver value to their work.

The AAR also recognises that medtech innovations will likely follow a different pathway to their pharmaceutical counterparts; coming to market with a less formed evidence base and as such may require further clinical and cost effectiveness data before the NHS can be certain of their benefits.

A recommended fund to support the commercialisation of disruptive innovative technologies highlights the strategic importance of such innovations and the need to have an agile process that can be flexed to suit the innovation.

### Key Annual Planning Milestones

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<th>Description</th>
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<tr>
<td>Production of discussion paper for stakeholder consultation</td>
<td>Q2</td>
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<tr>
<td>Stakeholder consultation on HInM strategy and priorities</td>
<td>Q2/Q3</td>
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<td>Agreement on plan priorities and implementation</td>
<td>Q3</td>
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<tr>
<td>Establishment of Expert reference groups for priority area</td>
<td>Q3</td>
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Targeted calls - Digital and e-health innovations

There will be targeted “calls” to industry during the year to submit proposals for medical technologies or e-health innovations in specified parts of the health and social care pathway. These may relate to the major priorities agreed for the year, and/or support needs identified by partners which have the opportunity to improve services, the effectiveness of treatments and care, or to facilitate reductions in costs. Those “calls” considered critical to the priorities of GM may be supported by funding for the trial or evaluation against agreed criteria to proceed through the Innovation Pathway.

Horizon Scanning

Health Innovation Manchester will work with both national and international bodies to identify selected new and emerging health technologies. These might require evaluation, consideration of patient/citizen outcomes and cost impacts, or modification of clinical guidance up to 2-3 years prior to launch on the National Health Service (NHS) in England. The scope of the horizon scanning activity includes pharmaceuticals, medical devices and equipment, diagnostic tests and procedures, therapeutic interventions, rehabilitation and therapy, and population health activities.

Opportunistic innovations

The process described above relates to HInM’s choice of strategic and major priorities, but we also need clear mechanisms for dealing quickly and effectively with valuable innovations which will arrive via many different routes throughout the year. Indeed, HInM will encourage such approaches, and give guidance to industry on GM’s priorities, and on the criteria we use to assess proposals.

For innovations that ‘walk through the door’ outside of the planning cycle, there will be a clear process that delivers an agile response to opportunities as they arise (see figure 2).

A single (virtual) ‘front desk’ will build on the Innovation Nexus already in place, responding to enquiries, providing guidance support and signposting, and as appropriate, access to pump-priming funding support and HInM Partners and stakeholders for co-development or evaluation and adoption.

Innovations that enter the system at this point will fall into one of two categories:

- Niche innovations: will be assessed via a delegated route on defined de minimis rules. This might include their alignment to defined HInM priorities, ease of implementation, quantum of benefits delivered etc.
- Significant innovations or opportunities: these may be bigger in investment requirement or change required within the system, and could be progressed via an accelerated version of the annual planning processes.

Figure 2: Overview of the innovation access pathway

The Innovation pathway is agile enough to allow for opportunities at different stages of maturity, entering from several different routes, to be effectively evaluated. This will inform quick decision making on how each should be taken forward – if not by HInM signposting to an alternative route.
2.1.5 Assessing value

The inputs from this process will be sifted and synthesised by the HlnM Executive Group, with support from an expert group (‘Expert Reference Group’ or similar) and the Health Economics team. The innovations will be assessed against a range of criteria, including potential efficacy, return on investment, and impact on the health economy (Health and Social Care) of GM.

There are a number of stages during the HlnM process where economic appraisal and evaluation of innovations will need to be undertaken and used as part of HlnM’s decision making:

1. At the early stages of engagement with HlnM on proposed innovations to demonstrate the potential benefits the innovation may have – this is likely to be an ex-ante cost benefit analysis based on anticipated or potential impacts based on other similar/comparable innovations and wider evidence.

2. At the “post pilot” stage of the innovation, an ex-post evaluation of the pilot will be required to demonstrate the realised costs and benefits at the pilot stage, and the expected scale of costs and benefits if rolled out more widely.

3. Following roll out of the innovation, an ex-post evaluation of the rolled-out programme will need to be conducted, to demonstrate the cost and benefits of the full roll out, and specifically the added value of HlnM support.

Those innovations identified as the most strategically important for the health and social care system could be considered for a “transformative designation” which would allow entry to an accelerated pathway to patients. This assessment could be phased and supported over time by clinical trials depending on the maturity of the innovation.
2.1.6 Adoption and Diffusion

The most important contributor to accelerated innovation across GM is reduction in the number of steps required and time taken to secure the approval for adoption across all relevant providers.

The ideal is a system in which the route from pilot to adoption across all providers is clear, and de-risked (other than the risk associated with success or failure of the innovation at trial stage).

HInM’s approach will be as follows:

- To ensure that all pilots have clarity from the outset in terms of the outputs sought, with an agreed monitoring and evaluation framework, and regular review to allow for early termination if appropriate;
- Throughout the Innovation Development Pathway make use of health economics to guide and support decision making;
- To discuss and agree the target outputs and return on investment (RoI) with all relevant system partners (i.e. those whose buy-in and approval are required to deliver subsequent adoption);
- To discuss with these partners the conditions on which they will agree to adopt the innovation;
- For major and strategically important innovations, to seek advanced and conditional approval to adoption – the conditionality relating to the achievement of target outputs/RoI;
- For all innovations, regular updates to all relevant partners throughout the pilot stage;
- For innovations without pre-agreement on adoption, ensure clarity on the next steps post successful trial – e.g. extension to other localities, further trials to give greater confidence on RoI etc.
- Involve patients and the public throughout the Innovation Development Pathway; influencing the innovation pipeline, partaking in research, championing the uptake of innovations and holding the NHS to account for the adoption and spread of the best innovations.
- Supporting SMEs and other innovators through our advice portal, Innovation Nexus

Advocating for the benefits and uptake of new innovations is an important role within the total process. HInM’s Expert Reference Group will have significant responsibility in this area to galvanise the relevant communities of practice. Each priority area (defined within the annual business planning cycle) will have a named ‘point person’ whose responsibility it is to take counsel from the right people within its community of practice and around the system, in order to feed into HInM decisions. They will also have responsibility, as leaders in their chosen areas, to champion the findings and benefits of new innovations being supported through the system, and enthuse others (practitioners, clinical leaders, patient leaders etc.) to adopt the innovation.

2.1.7 Evaluation and Continuous Learning Loop

HInM will also have a significant role to maintain a collective memory of lessons learned through the innovation pathway, to be fed back into both the pathway and wider system. This will be enabled by the strength of HInM’s evaluation strategy, and the support provided to measure the cost and benefits of innovations against expectations. This will facilitate a continuous learning cycle whereby lessons-learned are quickly converted into evolving practice within the health and social care system, contributing to a faster development, adaptability and the ability to effect real change for population health and wellbeing.
Figure 3: Health Innovation Manchester Innovation Development Pathway
3.1 Strategic Priorities

Our three strategic priorities are linked, and have at their core the transformative power of data analytics to enhance understanding, improve treatments, and create opportunities for innovation. The centrepiece is DataWell, a digital platform which will link health data from locality-based systems across GM, providing a unique healthcare database covering a population of 3m people.

To ensure that GM realises the opportunity of this unique infrastructure in attracting global partners and innovators, our second priority is to extend our already strong research and clinical trials expertise, creating a one-stop shop for industry wanting to access the GM health system.
Our third priority is to leverage our existing strengths in Precision Medicine, through further development of our data analytics capabilities, and by the application of the 4P principles of Precision Medicine to the re-design of clinical pathways in the treatment of chronic diseases such as psoriasis.

The broad aims of each priority area are summarised below. Further detailed implementation plans and considerations can be found in the appendices.

### 3.1.1 Informatics

**Aims**

The implementation of Health Innovation Manchester will support GMHSCP’s ambition of establishing a population-wide informatics capability and infrastructure to integrate health and social data and analytics. This is a vital tool in enabling better, connected care for the benefit of patient outcomes. The successful implementation of DataWell is integral to this.

As a federated data integration platform, DataWell is uniquely positioned to leverage inward investment and accelerate trials and adoption of new medicines, devices, diagnostics and new models of care through better access to research quality statistical data. Such data will be readily accessible to assist in the direct delivery of care in every care setting across GM, in addition to enabling GM data to enrich the Connected Health Cities network targeting care-record data-intensive research. This capability is also key to achieving HInM’s Clinical Research Excellence ambitions set out below, as it is a critical enabler in providing access to GM’s potential trial population of 2.8 million citizens.

Ownership of implementing the DataWell Exchange, the building of the new computer links, sits with the GMHSCP. HInM’s role is to ensure that the system stakeholders are fully engaged and sufficiently galvanised to support the platform’s successful implementation within, and between, their organisations.

HInM has a critical role to play in the development of DataWell’s Accelerator projects - the applications and innovations that will use DataWell to realise value: by resolving a problem, removing barriers, or developing an idea. Transformation funding requested within the HInM Business Case will be used to support a number of DataWell Accelerators described below.

**What will be delivered?**

**The DataWell Exchange** – owned by GMHSCP

Implementation of the DataWell Exchange will be owned by the GMHSCP and executed through a central GM DataWell team. Success of implementation is dependent on extensive stakeholder engagement, particularly to enable system leaders to champion the importance of integrating their organisation’s IT systems with the DataWell Exchange.

- Sign-up of GPs to use DataWell requiring ‘shoe leather’ to engage with GPs on the ground with a consistent narrative of the benefits and a short training programme to upskill GPs to use any new parts of the system implemented.
- GM-wide information governance model/Digital Design Authority that has the ability to coordinate digital planning for the region’s H&SC services around common standards and shared technologies.
- Alignment with the emerging governance model involving GM Connect and GM H&SC Information Management and Technology (IM&T) leadership with clear decision on ownership of DataWell Exchange, Connected Health Cities (CHC) City GM, and the related information governance.
- Development of the necessary protocols that govern the management of sensitive information whilst developing partnerships with industry as well as system leaders. HInM plays a critical role in facilitating the conversation at industry level.
Extensive communications and stakeholder engagement with public particularly around the DataWell agenda to gain public trust needed to improve health and care and accelerate economic growth through GM wide data integration.

DataWell Enabled Deliverables

**DataWell Accelerators**: HInM will support the rapid adoption and diffusion of a critical number of Accelerator projects within its initial two years to support the “internal commercialisation” of the DataWell platform. The below are indicative Accelerator projects that would be supported within the full GM TF application envelope:

- **Urgent care Record** – deployment of DataWell in A&E departments and other urgent care settings
- **Patient Portal** – rollout of a patient application to provide access to whole record, audit logs and consent options
- **Refer to Pharmacy** – Piloting options to support referral to pharmacy from an acute care setting
- **Practice Profiles** - Develop GP-led intelligence utilising predictive analytics and risk stratification to support preventative management of GP patients

**FARSITE**: a feasibility and recruitment system for improving trial efficiency that currently includes over 850,000 contactable patients in GM which can be connected to DataWell.

**Utilisation Management**: The utilisation management work programme will deliver a high quality offer of data analysis and interpretation, and development of new insights and knowledge creation particularly within the field of urgent and emergency care.

**Blockchain Technology** – The development of a sophisticated informatics infrastructure enabled through HInM will allow for advances to be made in blockchain technology. This might include work to develop a prototype application that support patients and carers manage personal health budgets and co-ordinate care across a complex pathway.

**Salford Lung Study**

The Salford Lung Study (SLS) provides an example of the magnitude of benefits that is directly enabled through DataWell’s functionality.

The Salford Lung Study (SLS) is the world’s first pragmatic randomised clinical trial (pRCT) of an investigational medication. The integration of electronic health medical records across primary care, pharmacies and secondary care allowed for near real-time monitoring of patients’ response and safety, with minimal intrusion into their everyday lives. In this ground breaking study chronic obstructive pulmonary disease (COPD) patients treated with a pre-licensed drug, Relvar Ellipta (FF/VI), achieved superior reduction in exacerbations compared with “usual care”. See appendix 7.9 for more detail on the SLS and its results.

See appendix 7.3.2. Informatics for case studies.
How we will measure performance

- All health and care stakeholders will be engaged for platform implementation in year 1, including education on DataWell capabilities, alignment with locality plan objectives, and understanding of opportunities for future innovation, including research.
- Delivery of first four accelerator projects supported through HInM within years 1 and 2 as outlined in the detailed delivery plan (see appendix 7.3.2).
- DataWell future governance model is agreed and aligned to HInM and GMHSCP objectives. This includes clarity on the reporting lines, ownership and strategic direction setting to be implemented by end of year 1.
- Development environment to support SME engagement is established and “Mobilise the NHS” programme is aligned as a digital factory to link digital SMEs to opportunities within the NHS.

3.1.2 Clinical Research Excellence

Aims

Through its Clinical Research Excellence (CRE) strategic priority, HInM aims to provide every patient in GM with the opportunity to participate in a clinical trial, and thereby access new and innovative treatments before they are available in the UK market. This opportunity will be made possible through the implementation of DataWell which will install the data infrastructure needed to link health and care data of 2.8 million citizens across GM. This will make GM a globally competitive centre of clinical research excellence with unparalleled access to potential trial patients.

To maximise this opportunity, HInM must ensure that supporting processes are as efficient and smooth as possible for those wishing to participate in this system. This includes creating a single one-stop-shop for interested players to access the clinical and translational pathway, a GM Research Hub, and enhancing the GM Clinical Trials Unit (CTU) and Sponsorship arrangements to support the next generation of clinical trials. HInM will do so through leveraging the existing clinical assets within GM to create an end-to-end service – shortening the total time required for innovations to be developed and reach the market.
What will be delivered?

- Tools and infrastructure that are able to identify and recruit patient cohorts more readily and in larger numbers, made possible through DataWell and FARSITE technology platforms (see section 4.1.1 on Informatics)
- A single access point for all clinical research and clinical trial queries, design and management via the GM Research Hub
- Enhance the GM CTU to support the next generation of clinical trials (including real world trials) that are more responsive to the demands of the private sector. This will include implementation of a more effective database to protect the safety of patients and enhance the pace of delivery.
- Enhance the infrastructure supporting sponsorship of highly complex, regulated clinical trials across GM
- A streamlined, one-stop shop for clinical research and trials that can be promoted to research funders and industry.

Milestone plan 2014 – 2019

For a more detailed milestone plan for delivery see Appendix 7.3.1

How we will measure performance

- One innovative case study published in each key disease area per year
- To develop 3 new nationally competitive (as measured by RAND analysis) experimental medicine research themes by 2022.
- GM becomes UK reference site attracting international visits for key disease areas.
- GM Commercial Clinical Trial income increased by 5% year on year.
- All GM Trusts to be in top quartile for meeting national targets for research initiation and delivery.
- GM Trusts and Primary Care to have capacity to meet the demand to deliver new clinical trials.
- NIHR to promote GM as UK reference site of best practice for research delivery.

- Research Management across all GM sites to be making a positive contribution to the £2 billion GM funding gap

- GM to see 80% reduction in number of research initiation and delivery issues reported to the GM Research Hub from 2014/15 baseline.

### 3.1.3 Precision Medicine

**Aims**

Health Innovation Manchester’s Precision Medicine (PM) strategy aims to transform the current patient management approach, into a proactive and agile one, bespoke to the individual. Health Innovation Manchester will work to inform and influence the GM work programme to deliver world class diagnostics and tailored intervention across the conurbation.

We will do this by building on Manchester’s national and global standing as a centre of excellence for PM; improving the links between innovation, research outcomes, and hospital and community care; and utilising the many assets that GM has in this space (see appendix 7.3.3).

Specifically, through HInM the PM strategy will deliver:

- Better prediction and prevention of disease progression: developing and embedding PM technologies and practice that will improve the prediction and prevention of disease progression in the GM population. This will ultimately result in better management of cases and improved health and wider wellbeing outcomes for patients.

- Personalised treatment pathways: developing GM’s PM capability will support delivery of more personalised treatment through companion diagnostics and personalised care pathways. Development and testing of these new innovations will be supported by HInM’s wider infrastructure: through clinical research, health informatics capability, and clear pathways to adopt and diffuse into routine clinical practice throughout GM.

A measurement framework is outlined in appendix 7.3.3.

**What will be delivered?**

- In order to deliver on the aims above, HInM will partner with PM Manchester to lead and support the implementation of four PM projects with the greatest potential, and run these as test cases to inform a decision on wider rollout to the NHS. These are to be confirmed and may include:
  - Psoriasis Rapid Access Clinic
  - Development of a research tool for stratification in lung cancer to clinical utility;
  - Maximising Therapeutic Utility in Rheumatoid Arthritis (RA).

- Planning is underway for the psoriasis rapid access clinic, with a pilot phase planned to start in early 2017 - see case study appendix 7.3.3. for more details.

- Raised awareness of the PM agenda and its potential benefits - for both the GM H&SC workforce and the wider public. This should include a wide range of stakeholders: NHS workforce, social and community care workers, the public, industry and businesses, and various funders.

- A diversified funding portfolio via investment from industry and research resources, in addition to GM H&SC and HInM contributions, to pump prime development and pilot testing. Strong links with industry and research sources will be required to support GM as a world-leading place for Precision Medicine.
A successful bid for a NIHR Medtech and In Vitro Diagnostic Co-operative (NIHR MIC) in Manchester

Milestone plan for delivery 2016 - 2020

Further detail on the milestone plan for delivery relating to the Psoriasis Case Study can be found in Appendix 7.3.3.

How we will measure performance

- Developed a pipeline of PM project opportunities with industry that converge to meet GM population health needs and GMHSCP priorities by year 1.
- First PM project pilot ‘live’ in year 1 and evaluation ongoing (expected to be the Psoriasis Rapid Access Clinic)
- Upcoming prioritised PM projects agreed for pilot phase by year 1; with pilots beginning in year 2.

3.2 Rapid Access Medtech Pipeline

Aims

The digital health technology sector is diverse, growing at pace and has a strong presence in GM. HInM will support GM’s commitment to support further growth through leveraging the region’s academic assets, private sector support from companies like MSP, and initiatives such as Innovation Nexus.

HInM seeks to develop a specific digital and MedTech health brand, designed both to attract investment from leading global corporates, and to drive further growth in start-ups and SMEs. HInM will actively seek out MedTech opportunities that drive improvements in GM’s population health and social care, in home-centred care technologies including Internet of Things technologies, and support clinical adoption.

What will be delivered?

- Launch of the GM MedTech health brand, jointly between HInM and industry partners, based on the strengths of GM’s digital health technology sector and their intersection with GM’s defined population health needs.
Feed MedTech, e-health and digital innovations into the HlnM innovation pipeline through “calls” for innovations from businesses in this space. We will use the consultation process with partners to identify priority areas where these innovations will have the most impact initially.

A proportion of innovations from these specific “calls” to MedTech, e-health and digital are expected to progress through the Innovation Pathway and be adopted in the wider H&SC system to benefit GM’s citizens.

GM’s devolved administration is uniquely well-placed to overcome the problem of currently misaligned, perversely incentivised financial structures in the H&SC system. MedTech, through a series of discrete technology innovations is an excellent focus for trialling new approaches.

**How performance will be measured**

- Brand recognition of HlnM’s joint MedTech brand with industry and what it stands for.
- Proportion of HlnM innovations delivered through the Innovation Pathway per year that are MedTech, e-health or digital health technology.
- Business growth in GM’s MedTech and digital health technology sector, including revenue and number of companies co-locating (new and existing).

### 3.3 Quick Wins

In the early phases of establishing the Innovation Pathway and its supporting processes, HlnM has selected a small number of existing initiatives that are already planned or underway in which to support. The six Quick Wins that were selected for early support, while representing only a subset of the types of project that are likely to be delivered going forward, illustrate some of the benefits that can be achieved through the implementation of successful innovations. Diffusion of these initiatives could also be considered as proof of concept test cases for the innovation pathway, driving early lessons for process design and giving confidence to the wider H&SC system in the supporting processes.

Mindful of the limited breadth of the initially selected quick wins, and in response to the themes and cross-cutting programmes of the GM HSP Transformation Portfolio, an immediate task for HlnM exists in bringing together a wider inventory of quick wins representing a broader spectrum of health, mental health and social care. Specifically, in population health we will target new innovations in health policy, public health, health services research (how services are organised and delivered), and individual patient care (clinical effectiveness). In mental health, we will harness our academic strengths in neuroscience, dementia, autism, schizophrenia and at-risk mental states (ARMS) for psychosis, and bring these together with the newly aligned clinical services and the opportunities to work with industry on innovative technologies. This work will be supported by our priority workstreams to ensure the best innovations are brought through our innovation pipeline into rapid adoption. At the same time we will work with primary care and social care organisations to identify the best innovations targeted at prevention.

Quick wins selected and appraised in detail within the Draft HlnM Business Case are outlined below:

<table>
<thead>
<tr>
<th>Innovation Proposal</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increasing Oral Anticoagulation of patients with known Atrial Fibrillation</td>
<td>Administration of anti-thrombotic medication to an identified population at risk of stroke due to pre-existing atrial fibrillation.</td>
</tr>
<tr>
<td>Troponin-only Manchester Acute Coronary Syndromes (T-MACS) decision aid</td>
<td>T-MACS is a computerised clinical prediction model which calculates each individual patient’s probability of an Acute Coronary Syndrome. This probability is</td>
</tr>
</tbody>
</table>
used to assign each patient to the relevant risk group and suggest a course of action for the clinician to follow.

**Manchester Acute Kidney Injury Strategy (MAKIS)**

The MAKIS programme began in Central Manchester University Hospitals NHS Foundation Trust (CMFT) with the development and implementation of an electronic alert system (e-alert) and a Priority Care Checklist (PCC) for patients with acute kidney injury (AKI). The roll out of the MAKIS programme would involve implementation of the PCC across all of GM.

**Outpatient administration of intravenous diuretics for decomposed heart failure - HeartFailure@Home**

CMFT has piloted the ‘HeartFailure@Home’ service which is the administration of IV diuretics as an outpatient procedure (where feasible and safe) rather than through admission to hospital.

**Enhanced Recovery After Surgery (ERAS+)**

The ERAS+ pathway builds on the success of the stepped in-hospital surgical programme (ERAS) but expands it to include a period of patient pre-surgery preparation 6 weeks before surgery and post-hospital recovery 6 weeks after.

**Nurse led Wide angle retinal imaging (Retcam) in Neonates for Retinopathy of Prematurity (ROP) Screening**

At risk neonates are identified through Badger Net EPR (Already established on all neonatal units); Those neonates suitable for nurse led screening include neonates from 30 weeks post menstrual age to 36 weeks (this incorporates the period of highest risk for neonates to develop sight threatening ROP).

**ZedScan – improved cervical cancer diagnosis**

The ZedScan is designed to be implemented alongside a colposcopy to improve the accuracy and timeliness of diagnosis. This improved patient care can reduce the number of biopsies needed, as well as reduce the number of referrals for a follow up appointments.

Analysis of these quick wins demonstrated a positive return on investment over 5 years, of between £1.6:1 and £2,201:1 if rolled out across all applicable GM NHS Trusts/ Hospitals. See further detail on the return on investment of each quick win within the HlnM Business Case.

There is an existing healthy pipeline of innovations at either early proof of concept or pilot stage across GM. An indicative outline of pipeline innovations can be found in appendix 7.5 Innovation Pipeline.
4.1 Working with industry

All of the equipment, drugs, therapeutics, devices, IM&T systems, and materials used to deliver health care and to support well-being are supplied by industry, service sectors and the third sector. Those organisations active in the life science sector are research and development intensive, and their ability to develop products and services which meet the needs of health and social care providers is entirely dependent on their access to information about needs and opportunity.

Health Innovation Manchester will harness the creative and commercial power of industry to the needs of GM citizens, patients, and providers. We start from a good place. Academic partners have extensive research collaborations and strategic relationships with industry. There is a strong and growing life sciences cluster in the region, particularly on Manchester’s Corridor, and in Cheshire East. Partners are already working strongly to build on these assets.

Health Innovation Manchester has an exceptional opportunity to make GM the most exciting and commercially attractive place in the UK for innovative life science and digital technology businesses to locate and to work. We shall realise that opportunity by:

- Promoting our assets as a single powerful brand – HInM
- Develop and deliver focused promotional strategies related to specific HInM assets and strategic priorities, including in particular, our strengths and objectives in PM, Informatics Clinical Research and Trials and MedTech
- Use the international “reach” of our university academic and research networks to attract collaborators working at the leading edge of life science innovation
- Engaging with senior industry representatives so that the development of our priorities and approach to industry engagement are properly informed by industry knowledge and ability to contribute
- Using our knowledge and feedback from industry to support further growth of the sector, working with partners to fill funding gaps, access talent, develop supply chains, encourage foreign direct investment and secure national infrastructure development
- Providing a single “front desk” for industry and other stakeholders, which can facilitate access to academic and clinical research partners, to partners in the H&SC network, to business support and funding structures, and which acts generally as a showcase for the GM system
- Communicating HInM’s strategy and priorities, generally and through targeted contact with potential partners and collaborators
- Encouraging industry to bring forward innovation opportunities aligned to our priorities and our overall health and care improvement goals
- Providing clarity about the processes by which innovations will be evaluated, trialled and adopted in GM thereby delivering a tried and tested route to market for the best industry innovation.
Our Priorities

We will:

- Set up an Industry Advisory Board, drawing on advice and input gained from structured discussion with corporate and some life science business leaders, including industry representative bodies, and dialogue with Pharma and other Industry players facilitated by GM H&SC.

- Create a direct link from this Board into the HInM Board.

- Implement the objectives of the MOU with the ABPI, using this as a platform to build a strong partnership with ABPI’s membership, and to bring innovations into the GM system.

- Hold regular workshops/conference events with businesses active in areas relevant to HInM’s priorities, to promote awareness and to secure industry collaborators in projects associated with these priorities.

- Promote the use and further development of the Innovation Nexus as a portal into HInM, and as the vehicle through which general innovation enquiries will be received and progressed.

- Develop an innovation access pathway to encourage a flow of medtech, digital technology, and e health innovations into the system via a series of specific calls for proposals, widely publicised, and with clear processes and evaluation criteria.

- Work with colleagues and partners to ensure a strong and effective HInM presence at major relevant conferences and events, supported by an ongoing programme of communication and events.

4.2 Principles and Values for Joint working

Our Approach

In working to a clear and transparent set of principles for joint working we will demonstrate:

- System Wide Leadership. A commitment to integrated Academic, Clinical and Industry Leadership

- Joint Decision Making. A positive, mutually supportive and transparent, ‘no surprises’ approach to build trust and ensure successful collaboration.

- Flexibility. Organisations should be willing to modify existing strategic plans and concede some resources and/or flexibility to each other in order to effectively deliver a single powerful externally facing brand and transform the health and wellbeing of the population.

- Engagement. The potential impact of any decisions on staff and other GM Health and Social Care Organisations (especially in terms of risk and competition) will be considered early to provide certainty in the local economy and to promote the widest stakeholder alignment. Existing staff will be fully engaged in co-designing the merged entity, its vision, values and objectives.

- Joint Communications. All communications concerning delivery of shared objectives will be issued jointly and in a timely manner to ensure staff across the system, and other stakeholders, are both engaged and kept informed.

In working to a clear and transparent set of values we will:

- Be audacious in our thinking, courageous in our decision-making

- Work collaboratively and act collectively even when it is difficult

- Drive the reliable implementation of innovation into practice and standardise implementation and adoption across Greater Manchester when the supporting evidence base is strong and robust
• Work in partnership, across institutional and sector boundaries to ensure effective, efficient and sustainable health and social care
• Remain open-minded about the solutions required and where they are sourced from
• Create, develop and support collaboration and partnerships that draw in expertise from diverse sources within and outside Greater Manchester
• Actively seek new solutions and look for novel ways to accelerate their development
• Be tenacious; driving the reliable implementation of innovation into practice
• Champion and celebrate research and innovation and the positive impact it has on society

4.3 Internal communications and engagement

Health Innovation Manchester’s success lies wholly in the value we add to the work of our partners – not as we judge it, but as judged by the extent of buy-in and ownership from all parts of the health and social care system. Active, consistent, and relevant communication is vital in securing shared ownership of HInM’s goals, priorities, and approach.

We will develop effective mechanisms for involving patients and citizens in our work, both in terms of our overall goals and priorities, and also via consultation on specific priorities and projects. We will work through established engagement mechanisms where these exist, and where there is alignment between their specific purposes and HInM’s need for input.

Our communication and engagement goals

Our strategy will be designed to achieve:

- Confidence amongst partners that HInM “gets” their needs and priorities – this is about listening and dialogue;
- A real appetite for accelerated innovation, based on informed understanding of how this can help – this requires quality case-making and tailoring of content;
- An understanding of how HInM works, and how partners will input – this is about clear information on structure and process, and consistent flow of relevant information
- Trust – delivering on our commitments, being open and objective about failure as well as success.

Our Approach

We will deploy a full range of communication channels – face to face, social media, on-line, and paper-based. Quality is crucial – measured in the effective combination of brevity, clear content, and objectivity.

While much of the work will be done by the HInM team, all partners will play an active part in promoting HInM’s work and progress, and we will work together to ensure they are equipped to do this.

Beyond the partners directly involved in delivering the HInM plan, we will also progressively develop a community of “champions” for innovation, and work with them as advocates and as willing participants in trials and pilot schemes.
We will create opportunities for collaboration between partners in different sub-sectors, patients and public, and in industry to meet and exchange perspectives or to work together on innovative solutions to problems and challenges.

We will use the formal processes around the business planning year as “anchors” for our communication process, which will reinforce understanding and create consistency of messaging and information flow. This structure will provide a context for more specific communications around events, news etc.

See a full list of key stakeholder in appendix 7.7 Stakeholder Engagement.

**Our Priorities**

In the next three to six months:

- Face to face presentations to all key H&SC commissioner and provider groups/boards, patient/public representatives, and to “internal” partner boards, focused on HInM’s role, partners, approach, initial priorities, and next steps for engagement – effectively a re-launch (within 3 months);
- Short publication summarising the above – paper and on-line (within 3 months);
- Specific consultation on DataWell (within 3 months);
- Tailored consultation paper overviewing current innovation activity across GM, and options for quick wins and first Medtech/e-health “call” to industry (within 5 months);
- Consultation and engagement arrangements in place for PM, Clinical Research Excellence, and Informatics priorities (within four to six months)

In the next six to nine months:

- Begin full year planning cycle, with consultation document as described in section 4.1 above.
5 HInM Costs

Total HInM costs requirement, in addition to existing pools of funding, is estimated to be £6.829 million over the next three years until 2019/20. Initial return on investment calculations indicate the following returns (see HInM Business Case for details):

- between £13:1 and £21:1 over the period to 2020/21 from total investment in HInM; and
- between £11:1 and £13:1 over the period to 2020/21 based on total GM system investment.

An application for development funding until September 2017 is currently being completed to secure funds for delivery of our priorities and development of a plan for the integrated organisation. During this time (January to September 2017) HInM will begin operationalisation, delivery of the priorities set out in this document, bring together the AHSC and AHSN into a single HInM entity, and complete a GM Transformation Fund application for full operational costs, to be effective from October 2017. The Business Plan will be updated at this point to reflect progress and changes in plans.

Further detail on the return on investment methodology can be found in Appendix 7.8 Overall indicative return on investment HInM.

Breakdown of estimated 3 year, full operational costs that will be required from the GM Transformation Fund are shown in this section.

5.1 Staffing costs

Outlined below is the expected additional skills requirement for HInM as far as we are able to estimate at the current time. While the detail of the governance and organisational structure is yet to be worked through, the requirements outlined below are the anticipated gaps after bringing together the AHSC and the AHSN within one team under a single governance structure, reporting to the HInM Board – see further detail in appendix 7.6 Governance. As we work through the detail, and coordinate our thinking with GMHSCP colleagues, we may find existing skills within the system that we can bring to bear, or find further gaps that need to be filled.

The September/October 2017 update to the business plan and GM TF bid will reflect our full understanding of the resource base which exists in the integrated organisation, and the extent of any additional requirement to be funded. In the first instance we will match skills and resource already available within the system to the requirements outlined below. Where the skills are not readily available in the system we will look to recruit. Detailed job descriptions for initial roles are currently being developed, the first of which is the Chief Executive.
### Workstream or area | Resource Type | Role/investment type | FTE | Cost 2017/18 (£'000) | Cost 2018/19 (£'000) | Cost 2019/20 (£'000) | Total Cost to 2020
--- | --- | --- | --- | --- | --- | --- | ---
Executive Team | Pay | Chief Executive and Directors | 3.0 | 340 | 340 | 340 | 1,020
Core Team | Pay | Programme and Project Managers to cover all workstreams | 6.0 | 280 | 280 | 280 | 840
Core Team | Pay | Strategist/Senior Advisors | 3.0 | 222 | 222 | 222 | 666
Clinical Excellence | Pay | World class clinical triallist and CTU core staff | 6.0 | 284 | 254 | 254 | 792
Subtotal | | | | 1,126 | 1,096 | 1,096 | 3,318

### 5.2 Service Costs

### Workstream or area | Resource type | Role/activity | Cost 2017/18 (£'000) | Cost 2018/19 (£'000) | Cost 2019/20 (£'000) | Total Cost to 2020
--- | --- | --- | --- | --- | --- | ---
Marketing/Comms | Non-pay | Brand, marketing, comms, including major conferences x2 per annum | 40 | 30 | 30 | 100
Office costs | Non-pay | General office and travel costs | 40 | 30 | 30 | 100
HR | Non-pay | HR service – contracted out | 35 | 35 | 35 | 105
Finance | Non-pay | Finance service – contracted out | 60 | 60 | 60 | 180
Health Economics | Non-pay | Health Economists (possible New Economy SLA) | 80 | 80 | 80 | 240
Reference group expenses | Non-pay | Expert Reference Group expenses | 10 | 10 | 10 | 30
 | Non-pay | Industry Advisory Board expenses | 20 | 20 | 20 | 60
Subtotal | | | 285 | 265 | 265 | 815
5.3 IM&T Costs

<table>
<thead>
<tr>
<th>Workstream or area</th>
<th>Resource Type</th>
<th>Role/investment type</th>
<th>Cost 2017/18 (£'000)</th>
<th>Cost 2018/19 (£'000)</th>
<th>Cost 2019/20 (£'000)</th>
<th>Cost 2020/21 (£'000)</th>
<th>Total Cost to 2020 (£'000)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Excellence IM&amp;T</td>
<td>GM RESEARCH: Quality Management system</td>
<td>27</td>
<td>2</td>
<td>2</td>
<td></td>
<td>31</td>
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<tr>
<td>Clinical Excellence IM&amp;T</td>
<td>CTU: Electronic data capture system</td>
<td>100</td>
<td>0</td>
<td>0</td>
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<td>100</td>
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</tr>
<tr>
<td>Informatics IM&amp;T</td>
<td>Additional DataWell accelerator projects</td>
<td>1,020</td>
<td>880</td>
<td>0</td>
<td></td>
<td>1,900</td>
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</tr>
<tr>
<td>Informatics IM&amp;T</td>
<td>Farsite</td>
<td>355</td>
<td>155</td>
<td>155</td>
<td></td>
<td>665</td>
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<tr>
<td>Subtotal</td>
<td></td>
<td></td>
<td>1,502</td>
<td>1,037</td>
<td>157</td>
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<td>2,737</td>
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</table>

5.3.1 DataWell Cost Breakdown

The IM&T costs shown above assume that DataWell platform implementation costs are borne elsewhere by the GMHSCP which has been agreed in principle with the DataWell team. For completeness we have included a breakdown of these costs and whom they will be borne by below.

The funding requested through HInM will be used to fund DataWell Accelerator Projects – this is additional funding to that included within the DataWell specific Transformation Funding request. Indicative projects HInM funding would support are outlined in section 4.1 Informatics below.

<table>
<thead>
<tr>
<th>Funding Requirement</th>
<th>Funding Route</th>
<th>Cost 2017/18 (£'000)</th>
<th>Cost 2018/19 (£'000)</th>
<th>Cost 2019/20 (£'000)</th>
<th>Cost 2020/21 (£'000)</th>
<th>Total Cost to 2021 (£'000)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Central Team Costs</td>
<td>Direct from GM-TF</td>
<td>543</td>
<td>543</td>
<td>298</td>
<td>273</td>
<td>1,657</td>
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<tr>
<td>Total Lumira Costs</td>
<td>Direct from GM-TF</td>
<td>4,850</td>
<td>775</td>
<td>775</td>
<td>775</td>
<td>7,175</td>
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<tr>
<td>Total Local Organisation Costs</td>
<td>Local Organisations</td>
<td>534</td>
<td>129</td>
<td>129</td>
<td>129</td>
<td>920</td>
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<tr>
<td>DataWell Accelerator Project Funding</td>
<td>HInM</td>
<td>1,020</td>
<td>880</td>
<td>-</td>
<td>-</td>
<td>1,900</td>
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<tr>
<td>Subtotal</td>
<td></td>
<td>6,947</td>
<td>2,327</td>
<td>1,202</td>
<td>1,177</td>
<td>11,652</td>
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</table>
### 6.1 Operationalising HInM: 2017-2019

During the Q1 to Q3 of 2017, HInM will focus on launching and operationalising its core operations, with emphasis on the Innovation Pathway set out above.

Activities assigned to this initial 9 month period require finite development funding to support necessary resource requirements whilst HInM has not yet secured full operational funding. HInM aims to have secured 3 year full funding for operations from October 2017 to support the full resource requirements of delivery (see Section 5 – Skills Requirement for detail). In the meantime, development funding will allow HInM to continue to progress development and delivery on its Business Plan at pace.

Critical activities that will set the foundations for HInM’s delivery objectives will be undertaken during this period. This will give the H&SC system confidence in HInM’s ability to mobilise the system for innovation. As such, our delivery plan in the next 9 months is as follows.

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<tr>
<th>Actions</th>
<th>Function</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
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<th>Nov</th>
<th>Dec</th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
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<tbody>
<tr>
<td>Sign off Business Plan with HInM Board</td>
<td>Core function</td>
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<tr>
<td>Complete development funding application to the Health and Social Care Partnership Executive Board for 6 months’ funding</td>
<td>Core function</td>
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<tr>
<td>Create HInM shadow leadership team by bringing key leads from key leads at the AHSC and AHSN</td>
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<tr>
<td>Produce a detailed transition plan and timeline for combining AHSC and AHSN into a single entity and single core team including staffing considerations, finances, operations and other governance issues</td>
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<tr>
<td>Agree KPIs and measurement framework for HInM to demonstrate its contribution to GMHSCPs goals</td>
<td>Core function</td>
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<tr>
<td>Report to GMHSC Partnership and ABPI group on quick wins.</td>
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<td>Fixed term contract to Commercial Director</td>
<td>Core function</td>
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<tr>
<td>Initial PR activity to launch innovation pipeline and promote its business plan</td>
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<td>Agree AHSN license terms and conditions for HInM</td>
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<tr>
<td>Face to face presentations to all key H&amp;SC commissioner and provider groups/boards, patient/public representatives, and to “internal” partner board</td>
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<td>Short publication summarising the above presentations – paper and on-line</td>
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<td>DataWell specific consultation – particularly with GPs</td>
<td>Comms</td>
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<td>Agree HInM entity’s legal form, create and register this with the relevant legal support</td>
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<td>Consultation with DH and NHS England regarding incorporation of the AHSN – specifically, agree AHSN license terms and conditions for HInM.</td>
<td>Core function</td>
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<td>Develop a detailed Integration Plan for all current and proposed future activity streams</td>
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<td>Agree a programme to Align and Transform Organisational Cultures</td>
<td>Core function</td>
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<td>Begin AHSC and AHSN formal transition to HInM</td>
<td>Core function</td>
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<tr>
<td>Agree the extent of HInM funding and other support that will be available to innovation projects emerging from the pipeline including detail around HInM Innovation Development Fund</td>
<td>Core function</td>
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<td>Recruit into remaining posts</td>
<td>Core function</td>
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<tr>
<td>Establishment of an Industry Advisory Board.</td>
<td>Core function</td>
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<tr>
<td>Consultation, engagement and mapping of current innovation activity across GM (including those emerging from localities), strategic priorities across the system, and initial options for quick wins and MedTech innovations</td>
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<td>First formal shortlisting of quick wins innovations from the pipeline via processes set out in the innovation</td>
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<tr>
<td>HInM to support implementation of DataWell accelerator projects</td>
<td>Informatics (DataWell)</td>
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<td>Complete and submit full 3 year funding application to the GM TF</td>
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<tr>
<td>Tailored consultation paper overviewing current innovation activity across GM, quick wins and MedTech options</td>
<td>Comms</td>
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<td>Consultation and engagement arrangements in place for PM, Clinical Research Excellence, and Informatics priorities</td>
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<td>Innovation access pathway “open” for proposals</td>
<td>Core function</td>
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<td>Preparation of new business plan (from October 2017)</td>
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<td>Develop medium to long term financial model and options for sustainable funding structures</td>
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<td>Agreed GM-wide information governance model / Digital Design Authority for DataWell Exchange</td>
<td>Informatics (DataWell)</td>
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<td>Agreed governance model for DataWell</td>
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<td>Launch GM CTU</td>
<td>Clinical Research Excellence</td>
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<td>Begin discussions around enhanced support for Sponsorship of Clinical Trials</td>
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<td>Recruit and train staff for Psoriasis Rapid Access Clinic pilot</td>
<td>Precision Medicine</td>
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<td>Decision on third DataWell Accelerator project for implementation</td>
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<td>Develop and define education strategy for PM support integration into routine clinical practice</td>
<td>Precision Medicine</td>
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<td>Complete HInM organisational transition and single team fully functional</td>
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<td>Implementation of quick wins innovations</td>
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<td>Develop a HInM Marketing and Comms Strategy and Plan</td>
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<td>Development of new business models that address current financial structures in the H&amp;SC system and perverse investment incentives</td>
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6.2 Operationalising HInM: 2017 Q1-Q3

2017 Q1: January to March

- Sign off Business Plan with HInM Board
- Submit successful development funding application to the Health and Social Care Partnership Executive Board for Q2 to Q3 (6 months’) funding to support delivery of priority HInM Business Plan activities as detailed here.
- Create HInM shadow leadership team by bringing together key leads from AHSC and the AHSN into one team.
- Produce a detailed transition plan and timeline for combining the AHSC and AHSN into a single core team – including staffing considerations, finances, operations and other governance issues. Requires full and involved consultation with affected parties and approval from HInM, MAHSC and AHSN Boards.
- Agree KPIs and measurement framework for HInM to demonstrate its contribution to GMHSCP’s goals of creating health and wealth in GM, and tackling inequalities. Ensure alignment with AHSC and AHSN’s current performance targets.
- Report to GMHSC Partnership and ABPI group on quick wins.
- Fixed term contract awarded for Commercial Director role.
- Initial PR activity to launch the innovation pipeline and promote its business plan

2017 Q2: April to June

- Agree AHSN license terms and conditions for HInM. A business plan to assure delivery against the full licence agreement, including some required deliverables outside of HInM’s core remit, will be completed as part of this.
- Agree HInM entity’s legal form, create and register this with the relevant legal support.
- Consultation with DH and NHS England regarding incorporation of the AHSN – specifically agree AHSN license terms and conditions for HInM
- Develop a detailed Integration Plan for all current and proposed future activity streams
- Agree a programme to Align and Transform Organisational Cultures
- AHSC and AHSN formal transition to HInM begins.
- Agree the extent of HInM funding and other support that will be available to innovation projects emerging from the pipeline, including the form, size and funding source of a HInM Innovation Development Fund.
- Recruitment to remaining posts
- Develop medium to long term financial model and options for sustainable funding structures; with decision from HInM Board on how to proceed.
- Establishment of an Industry Advisory Board.
- Consultation, engagement and mapping of current innovation activity across GM (including those emerging from localities), strategic priorities across the system, and initial options for quick wins and MedTech innovations.
- Consultation and engagement arrangements in place for PM, Clinical Research Excellence, and Informatics priorities.
- Innovation access pathway “open” for proposals.
- First formal shortlisting of quick win innovations from the pipeline via the processes set out in the Innovation Pathway, including rapid assessment and planning for adoption and diffusion.
- Complete and submit full 3 year funding application to the GM TF, for full operational funding of HInM.
- Launch GM CTU (Clinical Research Excellence strategic priority)
- Begin discussions around enhanced support for Sponsorship of clinical trials
- Recruit and train staff for Psoriasis Rapid Access Clinic pilot (Precision Medicine strategic priority)
- Decision on third DataWell Accelerator project for implementation (Informatics strategic priority)

### 2017 Q3: July to September

- Develop a HInM Marketing and Communications Strategy and Plan
- HInM organisational transition complete and single team fully functional
- Implementation of quick win innovations
- Launch of BRC/GM Research Hub (Clinical Research Excellence strategic priority)
- Precision Medicine pilot delivery begins: Psoriasis Rapid Access Clinic opens (Precision Medicine strategic priority)
- Round two of calls for innovations into the pipeline, qualification and rapid assessment
- Development of new business models that address the currently misaligned, perversely incentivised financial structures in the H&SC system e.g. investment in social care saves money in the NHS but savings are not shared, so there is no incentive to invest.
- Decision on fourth and fifth DataWell Accelerator project for implementation (Informatics strategic priority)