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Applied Research Collaboration: North East and North Cumbria

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Connecting Evidence, Research, Practice & Decision Making



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THE ICB AS STRATEGIC COMMISSIONER

National direction, statutory research duty and the role of evaluation

November 2026

National direction: strategic commissioning is the central purpose

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A shift from transactional commissioning to population stewardship

LONG-TERM

Plan for current and future population need

EVIDENCE-BASED

Use research, intelligence and lived experience

OUTCOME-FOCUSED

Improve population health, access, quality and equity

RESOURCE STEWARDSHIP

Create best public value from the NHS budget

Strategic commissioning is a continuous evidence-based process to plan, purchase, monitor and evaluate services over the longer term.

The national policy architecture

Direction of travel and current legal responsibilities

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Model ICB direction	Strategic commissioning is the central purpose of future ICBs
Strategic Commissioning Framework	Defines the role, cycle, expected capabilities and scales of commissioning
10 Year Health Plan direction	Supports prevention, neighbourhood care and care closer to home
Health Bill proposals	Would increase ICB commissioning responsibilities and resource control
Current statutory framework	Existing ICB duties remain until legislation changes them

What the ICB does as strategic commissioner

Eight linked responsibilities

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Understand populations

Need, assets, inequality and future demand

Set priorities

Transparent choices within total resource

Plan pathways

Whole-pathway, place and neighbourhood design

Allocate resources

Investment, disinvestment and decommissioning

Shape markets

Provider landscape, collaboration and capability

Specify outcomes

Quality, access, experience, equity and value

Manage performance

Contracts, variation, risk and improvement

Evaluate and adapt

Learn, scale, redesign or stop

The ICB's added value

What only a system strategic commissioner can do at scale

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CONVENE

Bring together communities, providers, local government, academia and wider partners

INTEGRATE

Commission across pathways and organisational boundaries

PRIORITISE

Balance population need, statutory duties, evidence, risk and affordability

REDISTRIBUTE

Shift resource towards prevention, inequality reduction and higher-value care

ASSURE

Hold a system-wide line of sight from strategy to quality and outcomes

LEARN

Create a culture where evidence changes decisions and delivery

The commissioning cycle: a concise line of sight

An enabling framework, not the main message

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Research informs choices. Evaluation tests impact. Learning changes the next decision.

The statutory duty for research

NHS Act 2006, section 14Z40

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Each integrated care board must, in exercising its functions, facilitate or otherwise promote: (a) research on matters relevant to the health service; and (b) the use in the health service of evidence obtained from research.

FACILITATE

Enable research activity, relationships and infrastructure

PROMOTE

Make research an expected part of system culture and delivery

USE EVIDENCE

Apply research findings in healthcare and commissioning decisions

Research duty: accountability and planning

The duty must be visible in governance, plans and decisions

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PERFORMANCE ASSESSMENT

Assessment of ICB functions includes how well the research duty is discharged

JOINT FORWARD PLAN

Plans should explain how relevant duties will be discharged

ANNUAL REPORTING

Reporting should provide evidence of delivery and impact

BOARD ASSURANCE

Leaders need a line of sight across research culture, activity, evidence use and outcomes

How an ICB discharges the research duty

Six assurance domains

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STRATEGIC ALIGNMENT

Research priorities reflect population need and system strategy

COMMISSIONING LEVERS

Evidence and research expectations feature in pathways, specifications and contracts

SYSTEM LEADERSHIP

Partnerships with providers, universities, NIHR and communities

CAPABILITY

Staff can find, appraise, apply evidence and plan evaluation

GOVERNANCE

Clear SRO, oversight, risk, reporting and accountability

IMPACT

Evidence of adoption, improved outcomes, equity and value

The distinct role of evaluation

A commissioning capability for learning and accountability

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PURPOSE

Tests whether a policy, service or pathway achieved its intended outcomes

QUESTIONS

What worked, for whom, in what circumstances and at what cost?

METHODS

Quantitative, qualitative, economic and implementation approaches

USE

Supports assurance, adaptation, scaling, redesign and decommissioning

Important distinction: section 14Z40 explicitly concerns research and the use of research evidence. Evaluation is a critical commissioning mechanism, but should not be described as that statutory duty.

Embed research and evaluation in commissioning decisions

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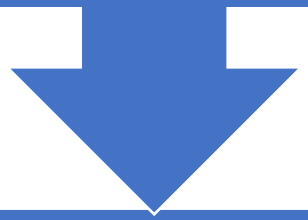
Five practical expectations

1. Start with an answerable decision question
2. Use research evidence alongside intelligence and lived experience
3. Set outcomes, equity measures and a theory of change
4. Build evaluation, data and learning into specifications and mobilisation
5. Agree in advance what evidence would trigger scale, adaptation or stop

Board-level assurance

NHS England's emerging Research Monitoring Framework requires ICBs to demonstrate delivery of their statutory research duties through effective governance, promotion of research, application of evidence in decision-making, evaluation of commissioning activity, workforce capability development and contribution to reducing health inequalities.



It confirms ICBs:

Should proactively support clinical trials where they undertake R&D office functions.	Must follow applicable research finance guidance where they deliver research finance functions.	Have an important role in collaboration across health and care organisations.	Should review primary care research activity every six months.	Retain their statutory responsibilities for promoting research and the use of research evidence.

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