Leicestershire Academic Health Partners

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Trust Board paper F

Executive Summary

Context

Over the last 18 months detailed discussions have taken place between UHL, University of Leicester (UoL) and Leicestershire Partnership Trust about the establishment of a more formal strategic partnership to replace the informal arrangements that each Trust currently has with UoL, with the aim of strengthening the academic underpinning of healthcare delivery across LLR. The accompanying paper explains the rationale for this development. The paper has evolved following discussion at the UHL Trust Board Thinking Day on two occasions in 2017 and 2018, and multiple other meetings with senior stakeholder representatives. The paper was approved by the UHL Executive Strategy Board in October 2018 and by the University of Leicester Leadership Team in November 2018. The paper was also presented to the LPT Executive Team in November 2018.

Questions

1. Is the establishment of Leicestershire Academic Health Partnership (LAHP) appropriate at this stage?
2. Are the financial and governance arrangements satisfactory?
3. Is the Trust Board happy with the stated milestones?

Conclusion

1. This is an opportune time to establish LAHP.
2. The governance arrangements are pragmatic and acceptable at this stage of LAHP development
3. Senior leadership and oversight will be put in place to maximise chances of success.

Input Sought

Report is presented for approval.

For Reference

Edit as appropriate:

1. The following objectives were considered when preparing this report:

Safe, high quality, patient centred healthcare	[Yes]
Effective, integrated emergency care	[Yes]
Consistently meeting national access standards	[Not applicable]
Integrated care in partnership with others	[Yes]
Enhanced delivery in research, innovation &ed'	[Yes]
A caring, professional, engaged workforce	[Yes]
Clinically sustainable services with excellent facilities	[Yes]
Financially sustainable NHS organisation	[Yes]
Enabled by excellent IM&T	[Yes]

2. This matter relates to the following governance initiatives:

Organisational Risk Register	[Yes]
Board Assurance Framework	[Yes]

3. Related Patient and Public Involvement actions taken, or to be taken: [Insert here]

4. Results of any Equality Impact Assessment, relating to this matter: n/a

5. Scheduled date for the next paper on this topic: [TBC]

6. Executive Summaries should not exceed 2pages. [the paper does comply]

7. Papers should not exceed 7 pages. [the paper does not comply]

Leicestershire Academic Health Partners

1.0 BACKGROUND

Over the last 18 months discussions have taken place between senior colleagues from the University Hospitals of Leicester NHS Trust (UHL) and the University of Leicester (UoL), and more latterly Leicestershire Partnership Trust (LPT) to explore the possibility of establishing Leicestershire Academic Health Partners (LAHP) group to harmonise activities in key areas.

A UHL/UoL Joint Strategy Board already exists, chaired alternately by the UHL Chief Executive and the UoL Head of College of Life Sciences, with wide senior representation from both organisations. UoL and LPT have regular senior strategy meetings. These activities form a nucleus around which an LAHP model could be developed. With respect to the current UHL/UoL Joint Strategy Board, much progress has been made around several projects although the Board has no executive powers, no budget, and often before any proposals can be implemented they need ratification through the internal governance processes of two separate organisations.

In addition, regular high-level strategy working dinners are held between UoL and UHL, and UoL and LPT hosted by the UoL President and Vice Chancellor.

These important strategic activities between the NHS organisations and their academic partner are completely lacking in external visibility.

There are other problems to be addressed.

- NHS clinical teams are busy and service focused, thus academic concerns are often not well integrated into clinical service development plans, even when there are strong research elements to the clinical speciality
- UoL academics are often not able to use their considerable expertise to influence health policy and service developments
- there is often a ‘disconnect’ between academic excellence and clinical service delivery
- there is an absence of academic input into LLR-wide healthcare system leadership
- recruitment and retention of healthcare workforce is challenging

- there is currently no joint vehicle to present a unified academic ‘offer’ to potential investors such as industry, local government, or private philanthropy.

1.1 Existing AHP Models in the UK

In 2014 the Department of Health designated 6 Academic Health Science Centres in England:

- Cambridge University Health Partners Academic Health Science Centre
- Imperial College Academic Health Science Centre
- King’s Health Partners Academic Health Science Centre
- Manchester Academic Health Science Centre
- Oxford Academic Health Science Centre
- University College London Partners Academic Health Science Centre

These AHSCs are high profile, internationally recognised partnerships of multiple large NHS and academic institutions with senior leadership and well developed infrastructure.

In 2014 a joint bid was made to NIHR for an East Midlands AHSC. This was unsuccessful, and probably some distance from being competitive.

In addition across the UK there are 7 other Academic Health Partnership Groups in existence with a web presence (see Appendix 1 for details on structure and finance where available):

- Academic Health Science Partnership for South East Wales
- Academic Health Partnership Tayside
- Birmingham Health Partners
- Bristol Health Partners
- Leeds Academic Health Partnership
- Liverpool Health Partners
- Newcastle Academic Health Partnership

There is also a Nottingham Health Science Partners group which lacks a web presence and may be dormant.

This type of organisation may represent a more realistic aspiration for Leicestershire. Indeed some of these AHPs are not that much more extensive than the existing UHL/UoL strategic partnership, albeit better publicised and more professionally presented internally and externally.

1.2 Leicestershire Academic Health Partners (LAHP) Model

Although there are several existing models nationwide, the current strategic meetings between UoL and NHS partners already fulfil some of the functions of an AHP, but in an informal way with low visibility.

Therefore rather than directly adopting a model existing elsewhere, it is may be most appropriate to identify the local challenges that a well-planned LAHP could more effectively address, and then evolve the existing strategic relationship accordingly such that 'form follows function'. These challenges may include:

- Increasing the visibility of the LAHP to the public, industry and other potential partners
- Ensuring support and development of areas of strong biomedical research with alignment to clinical developments
- Providing robust support to develop nascent areas of research strength
- Supporting excellence in education
- Highlighting academic excellence in teaching and research to attract, motivate and retain a highly trained healthcare workforce
- Where possible using a joint approach to shared estate and facilities
- Supporting local investigators, clinicians and managers to implement local projects into the LLR health landscape
    - Provides important evidence of impact
    - Fulfils NIHR remit
    - Improves healthcare for LLR patients

Furthermore there is a very clear message from NIHR that future priorities (and funding) will include public health research and enhanced implementation activity. UoL and NHS partners alone cannot lead public health research, but academics associated with UHL, LPT and UoL could if the right people were round the table. LCRN is being given a very clear indication that they need to deliver more public health research. Unless their budget increases accordingly, more public health research will result in reduced income to NHS provider trusts, unless UHL/LPT/UoL researchers feature prominently.

With regard to implementation, LLR researchers are prominently involved in health services research often with outstanding results (eg CLAHRC, Leicester Diabetes Centre, frailty). However, there is a disconnect between the findings of these

researchers and the operations of service providers who could benefit from implementation. There is no established path or structure for these academics to implement their research for the benefit of LLR residents or use LLR healthcare system as a 'test bed' for evaluation. Bringing partners to the LAHP table could allow greater scope of activity and greater impact across the healthcare system.
At the UHL Trust Board Development Day on 21st June 2018 the LAHP development team were asked to develop a more detailed proposal for LAHP, and in July 2018 senior colleagues from LPT expressed an interest in becoming founder members of LAHP and requested sight of a more detailed proposal.

1.3 External Consultation

In August 2018 the UoL President and Vice Chancellor hosted a dinner at Knighton Hall inviting Dr John Williams, Managing Director of Birmingham Health Partners to discuss his experience of developing an effective academic health partnership in the Midlands. His advice can be summarised as:

- The senior leaders of partner organisations must be fully committed to the project
- The AHP Board should be chaired by the senior leaders of partner organisations
- Need pragmatic approach to identifying and solving problems
- MoU based agreement allows quick start and flexibility
- Final strategy can be developed after the partnership is established
- Choosing the right individuals to lead projects is crucial
- Selecting promising and driven individuals to contribute to project leadership and delivery gives opportunity to develop new leaders
- Academic health partnerships can be key levers for obtaining continued and increasing funding from NIHR for BRCs and CRFs

2.0 STRATEGY

The overarching vision for LAHP is to create an integrated partnership to harness academic excellence in an environment that facilitates the performance and implementation of excellent research to improve healthcare for the people of LLR delivered by a highly trained workforce.

This will be achieved through a series of mutually agreed work programmes subject to robust operational management and accountable to the LAHP Board.
A detailed strategy will be developed following discussion and agreement between the partners comprising LAHP.

3.0 GOVERNANCE AND LEADERSHIP

The governance arrangements for LAHP will build on the existing Joint UHL/UoL and Joint UoL/LPT Strategy Board meetings, together with the existing close professional relationships and bilateral/trilateral working agreements already in place between the members. The outline governance structure of LAHP is shown in Figure 1.
Initially, LAHP will be developed and based around a Memorandum of Understanding to be signed by all partners. Depending on the views of members this structure may progress to a more formal legal entity in the future, but the existence of LAHP is not contingent upon this.

3.1 LAHP Board

The LAHP Board will meet quarterly and will be chaired in rotation by the UoL President and VC, the Chair of UHL and the Chair of LPT. The LAHP will report to the Boards of the partner organisations (see 3.5). The proposed membership will include the UoL Pro Vice Chancellor and Head College of Life Sciences, the Chief Exec of East Midlands AHSN, the LAHP Director, and a senior industry representative(s).
The key functions of the Board are to agree and approve the LAHP priorities and the establishment of individual AHTs, to monitor the activities of the Operations Group and to identify and remove any barriers to delivery. The Board will also quickly identify resources needed to support delivery. The Board will receive quarterly finance reports from the Operations Group.

3.2 LAHP Operations Group

The Operations Group meet monthly, will be accountable to the Board and will be chaired by the LAHP Director, supported by a Chief Operating Officer/Manager. The proposed membership will include R&I Directors, LPMI Director, BRC Director, HDRUK Leicester, PPI/E, LHEA Director, AHT Leads will attend where necessary,

additional members may be co-opted onto the Operations Group as required for specific projects.

The key functions of the Operations Group are to establish AHTs, aligned with LAHP strategic priorities, for approval by the Board. The Operations Group will ensure full engagement of partners and will monitor delivery of AHT projects, whilst escalating and reporting delivery issues to the Board. The Operations Group will monitor the finances of LAHP.

3.3 Academic Health Teams

The AHTs are the delivery arms of LAHP. They will be established by the Operations Group following approval by the Board and will have an allocated budget where necessary. AHT activities will be guided by the strategic priorities of LAHP partners and closely aligned to the Leicester Biomedical Research Centre and other elements of NIHR architecture in LLR. Each AHT will have a lead and a support team drawn from the partners, and beyond as necessary. The AHTs will be accountable to, and report to, the Operations Group.

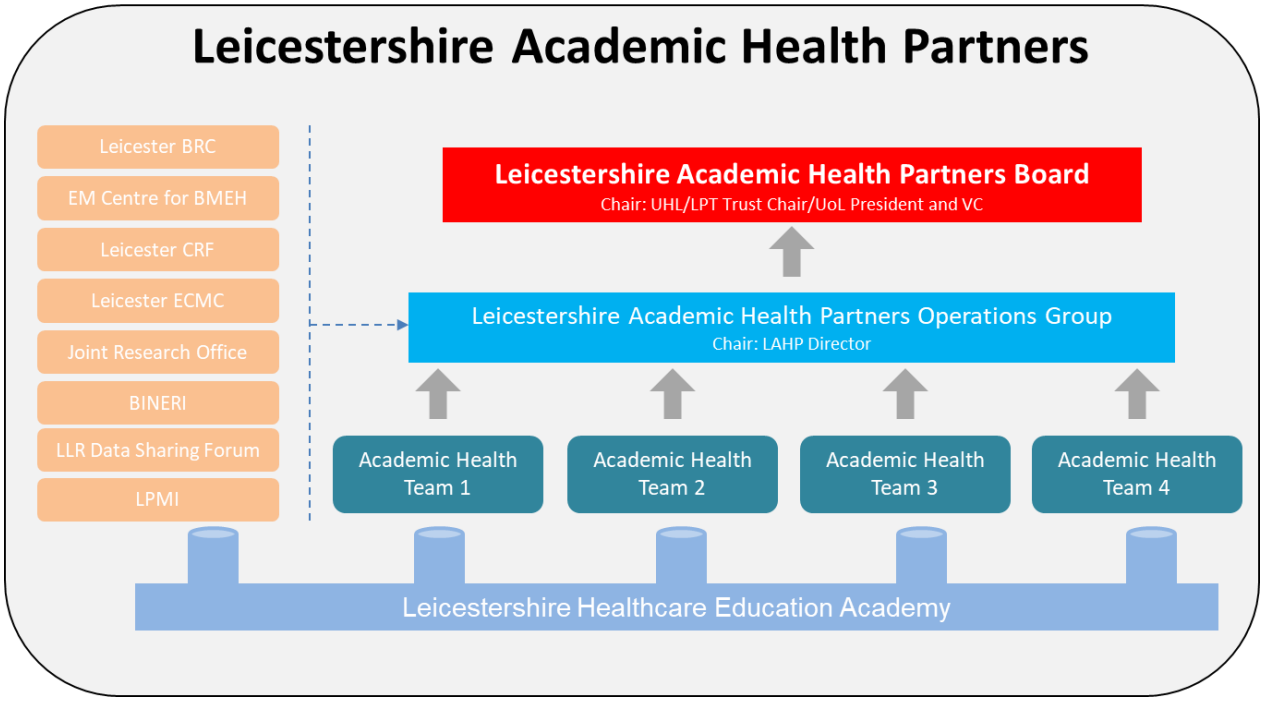

Figure 1. LAHP Governance Structure – underpinned by Leicestershire Health Education Academy (Appendix 2).

3.4 Financial Arrangements

LAHP will require some financial support and key posts. It is anticipated that the LAHP partners will find this, at least in part, by the re-purposing of existing funding and/or staff.

The box below outlines the budget based on each partner contributing £75,000 per annum:

Income:				
Partner 1				£75,000
Partner 2				£75,000
Partner 3				£75,000
			Total	**£225,000**
Expenditure:				
LAHP Director	NHS Consultant	2 PA		£20,000
LAHP COO/Manager	AfC mid Band 8b	1 WTE		£68,856
LAHP Secretary	AfC mid Band 3	0.5 WTE		£11,674
LAHP Administrator	AfC mid Band 3	1 WTE		£23,348
AHT Budget				£100,000
			Total	**£223,878**

It is expected that LAHP will be self-sustaining financially and profit generating by 3 years.

3.5 Reporting Lines

LAHP will be accountable through the internal governance processes of the partner organisations as follows:

- For UHL, minutes of the LAHP Board will be reported with an explanatory covering paper to the Executive Strategy Board on a quarterly basis. In addition, an LAHP paper will be presented to the UHL public Trust Board every 6 months.
- For UoL, an LAHP progress paper with Board minutes will be reported to the University Leadership Team on a quarterly basis.
- For LPT, an LAHP paper will be presented to the Trust Board every 6 months.

4. THEMES AND WORK PROGRAMMES

The key themes will be determined by LAHP on behalf of the partner organisations and will address key issues where there is significant underpinning academic activity or realistic potential to develop new activity in LLR.
The identified thematic elements of LAHP will be led by individual AHTs. Each AHT theme will have a budget and may include several workstreams.
The AHT themes listed below are for illustration (Figure 2) only and the final form will depend on input from LAHP partners, However AHT themes may include:

4.1 Big Data

Harnessing the power of big data to improve healthcare and support research is recognised as a national priority area. Some cities (eg Leeds and Manchester) have made big advances in their local health informatics systems. Leicester is strong in big data research. There is much academic activity and potential in Leicester – eg HDRUK, Digital Innovation Hub, data sharing between primary and secondary care – but a lack of coordination and senior oversight. An LLR Big Data AHT accountable to LAHP would make big advances in this area.

4.2 Body and Mind – Managing Multi-Morbidity for Holistic Health

Multimorbidity, including mental health and dementia are NIHR priority areas for future research funding and healthcare system challenges for LLR. The challenges of multimorbidity and frailty cross organisational boundaries and a coordinated approach to identify key local issues for research and healthcare improvement would be appropriate for an AHT supervised by LAHP.

4.3 Diversity in Healthcare

Ethnicity and health research is a key USP for Leicester. There is much excellent activity particularly in the EM Centre for Black and Minority Ethnic Health based at Leicester General Hospital. A focused strategy to deliver key local projects led by an AHT accountable to LAHP will enable more focused progress to be made.

4.4 New Partnership Models between NHS, Academia and Industry

LAHP will provide a new interface for business to interact with the NHS and academia in LLR, enabling a co-ordinated local response to, and engagement with the UK Life Sciences: Industrial Strategy (2017). An appropriately constituted AHT will provide access for business to senior academic and healthcare leaders in LLR

will allow formation of AHTs to deliver projects of mutual interest and drive inward investment. Specifically, an LAHP AHT in this area will establish key local priority areas for the LLR healthcare system to capitalise on the Life Sciences Sector Deal in areas such as diagnostics, clinical trials, regulation, skills, and artificial intelligence – all proposed priority areas for the next phase of the Life Sciences Sector Deal.

4.5 Precision Healthcare in LLR

Precision medicine is a theme of the Leicester BRC and the Leicester Precision Medicine Institute (LPMI) has been established between UoL and UHL to support precision medicine research in LLR. An AHT focused on precision healthcare will provide test-beds for implementation of local research findings in LLR increasing research impact and health of the LR population. The AHT will ensure that BRC precision medicine outputs are implemented rapidly and widely.

Figure 2. LAHP Possible Theme Structure and Relationships

5.0 PERFORMANCE OBJECTIVES

The specific objectives of LAHP are:

5.1 Short Term Deliverables (1-2 years)

- Appoint LAHP Director and Chief Operating Officer
- Establish a functional LAHP Board and Operations Group
- Implement a communications strategy for LAHP
- Establish single strategic oversight for clinical academic developments in LLR
- Establish Academic Health Teams (AHTs) in priority areas
- Begin discussions with potential additional members
- Work with LPMI and AHSN to develop commercial/philanthropic opportunities

5.2 Medium Term Deliverables (2-3 years)

- Monitor delivery of AHT projects
- Membership of LAHP completed
- Integrated data sharing platform across LLR
- Establish 'LAHP Associate' status for pharma and SMEs

5.3 Long Term Deliverables (3-5 years)

- Complete delivery of AHT projects
- Implement new pathways for multi-morbidity management across LLR
- 10 LAHP Associates

5.4 Initial Project Milestones

No	Description	Start Date	End Date
1	Announce formation of LAHP and sign MoU	01/01/2019	31/01/2019
2	Existing strategic groups coalesce to form LAHP Board	01/01/2019	31/01/2019
3	LAHP Board meets to discuss and agree priority areas for Academic Health Teams	01/01/2019	31/03/2019
4	Appoint Director/Manager and key staff	01/01/2019	30/04/2019
5	Establish LAHP Ops Group and first meeting	01/01/2019	31/03/2019
6	Establish AHTs and appoint leaders and team members	01/01/2019	30/06/2019
7	Finalise LAHP strategy	01/01/2019	20/06/2019

8	Develop communications strategy and website	01/01/2019	30/06/2019
9	Explore other potential partners	01/01/2019	31/12/2019
10	Use LAHP to support applications for research funding >£1M	01/01/2019	31/12/2020

5.5 Key Performance Indicators

Whilst some KPIs will necessarily be based around AHT activities yet to be decided, the following will be specific high level KPIs:

- Increased external grant income for research
- At least one successful LAHP supported grant application >£1M by 30 months
- Successful BRC application with increased number of themes and increased overall funding
- Evidence of improved recruitment and retention of staff at partner organisations by 5 years
- >£5M external investment into LAHP projects in first 5 years of operation
- Self-sustaining financially at 3 years

5.6 Critical Success Factors

The following are regarded as being essential to a functional LAHP:

- Engagement of senior leaders of partner organisations
- Board reliably chaired by senior leaders
- Dedicated resources/staff to LAHP
- Robust selection of AHT topics
- Appointment of appropriate individuals to lead AHT topics

6.0 DRIVING INVESTMENT

LAHP will offer a new way for industry to interact with senior NHS and academic leaders across LLR by providing a robust structure for engagement with the UK Life Sciences Industrial Strategy (2017). Selected business representatives will be invited to become members of the LAHP Board.

7.0 STRATEGIC PARTNERSHIPS & WORKING WITH NIHR FUNDED RESEARCH INFRASTRUCTURE IN LLR

UHL hosts the NIHR Leicester BRC, the NIHR Leicester CRF and the EM LCRN. UHL and UoL jointly host an ECMC. The EM CLAHRC Director is based in Leicester. Leicester contributes many trainees to the NIHR Integrated Academic Training Pathway.

A key goal of LAHP is to maximise delivery from the currently funded NIHR infrastructure across LLR, and to increase future funding into LLR from NIHR by developing new research opportunities. The senior leaders of the NIHR infrastructure in LLR will contribute to LAHP governance and to the scoping, development and delivery of LAHP AHT themes. Furthermore, LAHP will provide a delivery vehicle for NIHR and other researchers to implement research findings into NHS practice.

7.1 LLR Stakeholders & Interested Parties

Who?	How will they be involved?
Other local universities	Explore possibility of partnering
Patients/public	PPI input into operations group and AHTs as appropriate
CCGs	Explore possibility of partnering and contribute to AHTs
Public Health/Council	Explore possibility of partnering and contribute to AHTs

8.0 WORKING WITH NHS AND OTHER INFRASTRUCTURE

Close working between the partners in LAHP already exists. The formal establishment of LAHP will provide a new impetus to agree, and monitor delivery of, academic components within large NHS service developments and reconfigurations. The senior leadership of LAHP will ensure engagement with Clinical Commissioning Groups and Public Health to open new test beds for research and provide a seamless pathway to implementation.