

Report of: Report of the Director of Public Health and Director of City Development

Report to: Executive Board

Date: 18th March 2015

Subject: Proposal for a Leeds Academic Health Partnership

Are specific electoral Wards affected? If relevant, name(s) of Ward(s):	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Are there implications for equality and diversity and cohesion and integration?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Is the decision eligible for Call-In?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Does the report contain confidential or exempt information? If relevant, Access to Information Procedure Rule number: Appendix number:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Summary of Main Issues

1. The Vision for Leeds 2011 to 2030 sets an ambition for the city become the best city in the UK and more specifically the best city to live in with the best health and well-being, best businesses and communities. The success of our city depends on our partners and communities working together to deliver our Vision. The health and wellbeing of our community delivered through growing prosperity and a strong economy provides a key foundation upon which this work must be built
2. The focus of this partnership opportunity would be to accelerate the translation of leading edge research to improve health outcomes, reduce health inequalities and drive the growth of our health economy. This draft proposal would draw the City's academic, health and science assets into a new partnership, the Leeds Academic Health Partnership (LAHP), would bring the City's universities into our programme of partnership driven, citizen centred transformation to deliver funding, investment, education, skills and technology against targets needed to drive economic growth and deliver its ambition to be the best for health in the UK.
3. Moreover this partnership would potentially, play a key part of the solution to the tight financial climate in which the transformation of our health system is taking place by increasing the city's effectiveness in attracting funding and investment and generating innovation and jobs across the health economy. It is expected that , subject to approval, the partnership would deliver projects covering inequalities, integrated care, better services, wealth and jobs, in its first year of operation

Recommendations

Executive Board is requested to:

- Support in principle Leeds City Council's work with the City's universities and local NHS partners to explore the establishment of a Leeds Academic Health Partnership
- Support the development of a formal programme of work leading to a business plan, a proposed structure, sources of funding, metrics and targets to drive investment and create jobs in the City's health economy which would sit within the City's agreed Joint Health and Well-being Strategy and be brought back following a wider consultation with other potential partners, for approval to the Council's Executive Board by March 2016.
- Support the leadership arrangements proposed to cover this preparatory stage of the partnership's work including the seconding of a Director (who would be a qualified clinician) seconded from within local networks in Leeds. The City Council's contribution of resources provided 'in kind' would be led and co-ordinated by the Chief Officer Leeds Health Partnerships.

1.0 Purpose of this report

- 1.1 This report explains why Leeds City Council should support the creation of a Leeds Academic Health Partnership, summarises the proposal and places it in a wider context of similar partnerships established in other cities and the City's wider economic agenda to create wealth and jobs . It describes the framework within which the proposed Leeds Academic Health Partnership will begin to operate including initial exploratory work to establish its functions, governance, resourcing and fit with other partnership structures. It makes recommendations for its establishment initially as an informal partnership structure covering its funding and business plan development following further consultations with partners.

2.0 Background information

The Vision for Leeds 2011 to 2030 sets an ambition for the city to become the best city in the UK and more specifically the best city to live in with the best health and well-being, best businesses and communities. The success of our city depends on our partners and communities working together to deliver our Vision. We need the best partnerships and partnership working therefore to build on our assets and realise our potential.

- 2.1 Leeds is widely recognised for the quality of its health assets and also, as a major urban centre and economy, for the scale of both its opportunities and challenges, particularly its priority of reducing health inequality. It is in this context that the city's ambition to be the 'Best for Health and Well Being' can be best understood together with the potential value of deploying those assets to deliver this priority.
- 2.2 The fragmentation of our health system and its growing budget deficit are critical barriers to realising these opportunities. Pooling talent and resources will help to tackle

this challenge and to realise opportunities through a new approach to partnership in Health and Social Care Innovation.

- 2.3 Leeds is not alone in seeking to realise the benefits of closer collaboration between leading local academic partners in Health and Social Care. In London UCL Partners, combines health trusts, and community providers, Clinical Commissioning Groups (CCGs), higher education institutes and research networks and 26 local councils in one partnership with the aim of translate cutting-edge research and innovation into measurable health and wealth gain for patients and populations in London. Its top headline achievements include
- Saving lives: Supported projects to reduce mortality from cardiac arrests (of those admitted to hospitals) by up to 50%
 - Reducing strokes; introducing a preventative strategy across the whole partnership could prevent 700 strokes each year and save over 200 lives
 - Building capability among staff: led the partners to train over 13,000 staff to improve care for patients with dementia
- 2.4 Similarly Bristol Health Partners is a collaboration between six NHS organisations serving the area, the city's two universities and its local authority. Their mission is to generate significant health gain and improvements in service delivery in Bristol measured by reduction in the discrepancy in life expectancy between adjacent wards in the city by integrating, promoting and developing Bristol's strengths in health services, research, innovation and education.
- 2.5 This approach is typical of similar partnerships in place in many other English cities including Birmingham and Manchester.
- 2.6 The emergence of these new partnerships to accelerate innovation and focus impact on local population health outcomes has a bearing on the potential for collaboration in Leeds. In addition to demonstrating the positive benefits available from bringing Universities into the wider health partnership of the city these partnerships are also gaining competitive advantage in bidding for funding and attracting investment which through time could, if unchecked, reduce the availability of funds from these pots for Leeds.
- 2.7 Leeds is already recognised as an exemplar for its strong partnerships, led by the Health and Well Being Board through its Joint Health and Wellbeing Strategy. The Strategy has an overarching ambition to 'improve the health of the poorest fastest' and seeks to achieve this in a structured approach to produce key health outcomes for our population, delivered through fifteen priorities with progress measured by twenty two indicators.

2.8 The City also has an agreed agenda for Economic Growth which was approved by Executive Board in November 2011. This strategy included a statement of intent about the opportunities and priorities the City would pursue to deliver growth and get Leeds working to its fullest capacity. It recognised that Health is already a major contributor to the city's economy but has the potential to make a much larger impact. The concentration of expertise and jobs in health sector has the potential to translate into wider wealth and well being for our population by attracting investment and jobs to the city

2.9 Following discussions between partners including all three of the City's Universities, NHS Trusts, CCG's and City Council there is an emerging consensus and agreement that a new partnership should be established to accelerate the translation of leading edge research into measurable health and wealth gain with and for patients and our population to reduce health inequalities in Leeds.

3.0 Main issues

3.1 ***Drawing together a fragmented system.*** This draft proposal for a Leeds Academic Health Partnership would (in the context of the Joint Health and Well Being Strategy) connect both assets and talent in the Leeds Health System and bring them under a single umbrella to deliver a coherent co-ordinated set of priorities. It would for example bring our universities into the wider health partnership in Leeds and link their strength with other initiatives such as the Leeds Innovation Health Hub, Leeds Institute of Quality in Health Management and the Leeds Health and Social Care Transformation PMO to deliver funding, investment, skills and technology needed to really propel the city towards its ambition of being the best for health in the UK.

3.2 ***Draft Vision for the Leeds Academic Health Partnership;*** It is proposed that the partnership vision could be a coherent joined-up strategy (sitting within the Health and Well Being Strategy) for research-based health improvement by creating a world leading hub for proven, healthcare and education that will be applied to deliver solutions to successfully address the most pressing healthcare challenges for our local population and progressively make this available for others.

The strength of our Vision will be based on the premise that it represents the city speaking with one voice and that it's easy to see what Leeds stands for.

Moreover it will make Leeds the leading location for people who want to live and work together in health and health-related activities to make things better for the entire population. Taken together the partnership has the potential to have a significant role and impact in the city, not only as service providers but also as employers, community hubs and purchasers of supplies and commissioners of locally-sourced services.

3.3 ***Potential Areas of Focus;*** The starting point for the new partnership is our Vision to be the 'best city' and in particular the best city for health and for business with a focus on key components of this including wealth generation and distribution so as to reduce health inequalities. In short - Improved health, better services, more jobs and lives saved.

3.4 The Leeds Academic Health Partnership would focus on a limited number of thematic programmes supported by cross cutting education, clinical quality and research and development programmes to deliver both 'health and wealth' outcomes. Examples of integrated programmes that will directly deliver better health outcomes might include

- the creation of new knowledge about health and social care, by ensuring we are carrying out research in those subject areas which will make the most difference to the public and patients – for example, health inequalities, inequalities, integrated care and better services,
- the translation of the new knowledge into training for academic and healthcare professionals.
- The application and spread of the new knowledge as widely and as quickly as possible to effect improvements in population health in Leeds and beyond
- the development of innovation projects through technology or better ways to deliver services, that are world-leading in their boldness and impact,
- the use of that knowledge to create jobs (including apprenticeships) and wealth for the region.
- the promotion of the City's strengths as a Health Systems Leader by setting the context for debate nationally and internationally including the leading of global conferences on Health Innovation

The partnership will make a critical contribution to the growth of the City's health and wider economy through wealth creation based on maximising the strength of relationships between for example the City's Universities and LTHT. In this respect there is real potential to create

- a portal for SME engagement providing rapid NHS access and evaluation including research offices, a clinical trials engine, more health economic analysis.
- a co-ordinated approach to providing "Hotel" accommodation for incubation, proof of concept studies and delivery innovation with SME's
- strengthening our Regional/ National hub for informatics development, innovation and outcome driven studies –driving a digital economy in health.
- strengthening and improving access to existing assets such as the City's Bio Imaging facilities, Clinical Simulation Facilities, Information Knowledge Centres, medical engineering, and other technology hubs

In addition to these benefits the partnership will help to deliver partners' ambitions for the city to be a centre of excellence for training and education.

There is also an opportunity to develop through its programme of work a strategy that strengthens connections between economic growth and deprived neighbourhoods and which ensures jobs growth in the health economy and directly contributes to the Cities

joint Health and Wellbeing Vision ‘where people who are the poorest will improve their health fastest’

All of these activities will drive job creation and economic growth. This will include a requirement to ensure that jobs and wealth created will bring benefit to those neighbourhoods experiencing the greatest need

3.5 The formal priorities for the partnership would be included as part of a formal business plan and presented to Executive Board by March 2016

3.6 **Activities in LAHP’s first year of operation;** Clearly the focus (above) will require an early launch of projects across a number inequalities, integrated care, better services, wealth and jobs, to inform and shape the development of the formal business plan. It’s expected that these will include mapping studies and engagement events to scope opportunities and identify and agree priorities for the partnership. This will include early engagement with the Leeds Health and Wellbeing Board and involvement in the revision of the Joint Health and Wellbeing Strategy under the Board’s lead.

3.7 **Potential Governance Structure and membership:** this type of Partnership would usually be a forum attended by the most senior level leader from each of the participating organisations. Without further consultation it’s too early to say with certainty what the best structure of the partnership will be except that it should begin as an informal partnership This is expected to evolve into a more formal structure with the consent of its partners including the Leeds Health and Wellbeing Board. Details of a formal structure would be included as part of a formal business plan and presented to Executive Board by March 2016.

3.8 Early conversations with other partners indicate that in the initial period there will be a need for a transition steering group to be appointed to establish the LAHP whilst each Partner determines its own level of commitment and progresses through its own approval procedures. This group will initially represent the “founding partners” who are committed to providing the senior leadership required, particularly during the early stage of LAHP development, to ensure its success. All the steering group members will ensure that the LAHP operate as an inclusive network and that it is not perceived as the preserve of the founding partners. It will be initially chaired on a rotating basis.

The proposed membership of the partnership remains subject to confirmation via the ongoing programme of consultations with partners but the primary criteria for eligibility would be for partners to have altruistic aims, be based in Leeds and willing to contribute to the costs of running the partnership. The following partners have, in addition to the City Council, been invited to consider participation;

- Leeds Teaching Hospitals NHS Trust
- University of Leeds
- Leeds Beckett University
- Leeds Trinity University
- Leeds Community Healthcare NHS Trust

- Leeds North CCG
- Leeds South and East CCG
- Leeds West CCG
- Leeds and York Partnership NHS Foundation Trust

It's expected there may be further representation from the third sector. Initially the partnership will be led by a Director seconded from within local networks in Leeds and will be a clinician

3.9 **Potential Funding:** A primary aim of the partnership will be to enable the city to secure significantly more success in generating income, attracting funding and investment across the health spectrum from research through to the delivery of transformational programmes. However to be effective the delivery arm of the partnership will require priming with funding from each active partner.

Both the UCLP and Bristol Partnership Models are funded through a combination of funding support from successful research grant applications and subscriptions from local partners. It is likely that the business plan to support a formal partnership arrangement in Leeds will also include a similar mix of funding sources including subscriptions from participating partners.

It's too early to state without further work (to be included as part of the business plan) what the cost for a partnership in Leeds would be. However as an indicative benchmark of the possible scale of partnership ; The Bristol Health Partnership costs £600k pa and includes subscriptions from nine partners in addition to other regional or national funding streams. UCLP (London) started its activities with £500k per annum funded through subscriptions from 5 partners but now has running costs of £1.5m funded in part from subscriptions from over 40 subscribing members. This, in turn, also attracts £14m in additional funds pa). In Leeds, it is expected that, similarly, the cost of running the partnership will be met through subscriptions from each of the 10 partners listed above. The business plan will include the priority projects to be delivered, the size of team and budget to support this together with the mix of funding required.

Where subscriptions are required it is expected that these would be tied to the delivery of specific measurable targets including the reduction of inequality, the attraction of investment and creation of jobs and would be set out in the business plan which would be presented to the Council's Executive Board by March 2016.

Resources required to support the inception and launch of the partnership and preparation of the business plan will be provided 'in kind' through officer time and be based on existing arrangements in place to support liaison and engagement with Partners co-ordinated through Leeds City Council's Health Partnership's Team in addition to its responsibilities for supporting the Leeds Health and Well-being Board

3.10 **How it will fit with other Partnership Structures** The Health and Well Being Board is the statutory committee that provides city wide leadership for those involved with reducing health inequalities and improving health and wellbeing. It does not include

representation from the Universities. The work of the Leeds Academic Health Partnership will sit within the city's agreed Joint Health and Well Being Strategy and will provide progress updates to the Health and Wellbeing Board. This relationship will be further developed as part of the business plan and will be presented to the City Council's Executive Board for approval. This will also take account of the wider opportunities which may become available through the emerging devolution agenda in the city.

The Leeds Innovation Health Hub (LIHH) has been established, locally, over the last two years to begin the task of aligning and co-ordinating opportunities for introducing innovation into the Health and Social Care sector in the City. The LIHH (Chaired by Leeds and Partners) has promoted greater co-ordination of Partnership activities but, following the decision (approved by Executive Board) 17th December 2014 to discontinue Leeds and Partners, this role is under review offering an opportunity to include some of the functions of the LIHH with those of a Leeds Academic Health Partnership.

Similarly, a Yorkshire and Humber Academic Health Science Network has been created by NHS England as one of 15 innovative health networks set up to create and harness a strong, purposeful partnership between patients, health services, industry, and academia to achieve a significant improvement in the health and wealth of the population. However this Network, with its regional remit, is fulfilling an enabling role and serving to support the deeper reach which would be delivered on the ground through local partnership arrangements. There will be links between the Y&H Ahsn and the LAHP but the LAHP will primarily provide a local focus in Leeds.

- 3.11 The Leeds Academic Health Partnership itself could potentially help us to simplify the existing landscape by becoming the place where a number of existing initiatives might sit under a single umbrella which would be created and led locally, thus saving time and resources

4 Conclusions

- 4.1 The difference made by the Leeds Academic Health Partnership on the ground would be to ensure that some of the best UK and world leading research capabilities are aligned with the City's priorities to deliver improved health, better more integrated services, more jobs and lives saved in Leeds.

The means by which this will be achieved will be through

- Building on existing expertise, targeting research, spreading new knowledge and making sure that this is available to support population health and wealth
- More partnership based bidding and endorsement of each other's bids to create a larger number of successful bids
- Ensuring the completion of the 'discovery' to implementation pathway and feedback is accelerated to attract investment and create jobs in our economy

5 Corporate Considerations

5.1 Consultation and Engagement

This report is based on meetings held individually with all NHS Trusts and Universities based in the city.

5.2 Equality and Diversity / Cohesion and Integration

The work laid out here would necessitate further analysis with regard to the setting of potential targets in respect of reducing health inequality in Leeds. The business plan for the partnership will provide details as to what could be achieved within given time-scales and the programme of work will indicate the steps and activities planned to achieve these targets.

5.3 Council policies and City Priorities

This report relates directly to the commitment within the Joint Health and Wellbeing Strategy to improve health and wellbeing in Leeds including jobs creation and skills development, and the fifth outcome in the strategy that people will live in health and sustainable communities.

5.4 Resources and value for money

At this stage the Council is required only to support the establishment of the Leeds Academic Health Partnership to cover its initial set up period up to and including the completion of a detailed business plan which will be presented to the Council's Executive Board for approval in March 2016.

Resources required to support the inception and launch of the partnership and preparation of the business plan will be provided 'in kind' through officer time and be based on existing arrangements in place to support liaison and engagement with Partners co-ordinated through Leeds City Council's Health Partnership's Team in addition to its responsibilities for supporting the Leeds Health and Well-being Board.

Further investment by the Council beyond this stage would be tied to the delivery of specific measurable targets including the reduction of inequality, the attraction of investment and creation of jobs.

5.5 Legal Implications, Access to Information and Call In

This proposal is based on establishing a partnership which will be initially based on an informal partnership structure and therefore without significant legal implications. Any proposed change in the status of the partnership would be reported on a timely basis back the Executive Board.

5.6 Risk Management

As with all partnerships there are risks associated with the creation of any new partnership which requires direct funding and which will be tasked with the delivery of improvements at pre-set targets. These would include the non-achievement or non-completion of tasks set for the informal partnership within the time frames set. However these risks will be shared with at least three other partners in the city, with time limited to mitigate and reduce any wider impact on the Council's budget. These risks should also be understood in the context of opportunities to achieve greater returns arising from a pooled approach to increase the probability of success in bidding for funds and investment.

Recommendations

Executive Board is requested to:

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- Support the leadership arrangements proposed to cover this preparatory stage of the partnership's work including the seconding of a Director (who would be a qualified clinician) seconded from within local networks in Leeds. The City Council's contribution of resources provided 'in kind' would be led and co-ordinated by the Chief Officer Leeds Health Partnerships.

Background documents¹

None.

¹ The background documents listed in this section are available to download from the Council's website, unless they contain confidential or exempt information. The list of background documents does not include published works.