

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

Report to: Executive Board

Date: 20th April 2016

Subject: A Business Case 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 checked="" type="checkbox"/> Yes	<input 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. In March 2015 Leeds City Council Executive Board supported, in principle, Leeds City Council's work with the city's universities and local NHS partners to establish a Leeds Academic Health Partnership (LAHP) to help improve the health of the local population by developing skills and technology and stimulating investment in health and social care. This was subject to the development of a business case setting out its priorities, funding, structure and metrics going forward and its work being positioned within the city's agreed Joint Health and Well Being Strategy with progress updates reportable to the Leeds Health and Wellbeing Board.
2. There has never been a more a compelling time to establish the Leeds Academic Health Partnership (LAHP). The NHS Five Year Forward View and financial climate make it imperative that health and care services work more closely together. Locally, partners in Leeds are seeking to utilise their assets to realise improved health outcomes with our universities included.
3. The LAHP has a clear purpose: ***To improve the health and wellbeing of the people of Leeds by engaging the educational and research capabilities of all three universities in Leeds with the health and social care system in order to speed up the adoption of research and innovation; creating inward investment, and raising the national and international profile and reputation of the city and its statutory authorities.***

4. It will support service improvement and deliver benefits focussed on improving health and wellbeing, reducing health inequalities and creating wealth. In particular, the LAHP will make a major contribution to two important areas of work that help to realise these benefits – developing our health and care workforce and harnessing information and technology (informatics).
5. It is uniquely well placed to deliver these outcomes. Whilst other major UK cities have the equivalent of a LAHP few are as inclusive as the Leeds model and Leeds has applied learning and also maximised our unique strengths and assets to place this partnership on a viable footing
6. The LAHP will remain for now as an informal partnership but as its capabilities develop in competing for investment against other cities this may need to be reviewed. This will be a lean structure with a small team. The costs will be shared across partners according to size with the Councils share at £102K. The metrics to measure the effectiveness of this spend include improved success rates for bids, jobs created, and lives improved

Recommendations

7. Executive Board is requested to:
 - i. Support the Business Case for the Leeds Academic Health Partnership and its programme to deliver better Health Outcomes, reduced Health Inequality and more jobs developing skills and technology and stimulating investment in health and social care.
 - ii. Support the City Council's contribution to the delivery of the LAHP's programme of work as set out in the business case including potential sources of funding and metrics identified in the document, to drive investment and create jobs in the City's health economy and that its work should be developed within the City's agreed Joint Health and Well-being Strategy.
 - iii Note that the Chief Officer (interim), Health Partnerships Team will be responsible for overseeing implementation by the LAPH of its Business Case.

1. Purpose of this report

- 1.1 This report explains why Leeds City Council should support the business case for a City Academic Health Partnership, summarises the business case and its purpose to act as a collaborative action. It places the role of the Leeds Academic Health Partnership in a wider strategic context of the Council's Corporate Plan priorities to create a strong economy and compassionate city. It describes the framework within which the proposed Leeds Academic Health Partnership will operate including its strategic priorities and opportunities, financial and non-financial outcomes, governance funding and fit with other partnership structures as well as some of the challenges it must address to remain successful between 2016-20.

2. Background information

- 2.1 In March 2015 Leeds City Council Executive Board supported, in principle, Leeds City Council's work with the city's universities and local NHS partners to establish a Leeds Academic Health Partnership to help improve the health of the local population by developing skills and technology and stimulating investment in health and social care. The LAHP Board consists of: Leeds City Council; the Leeds Teaching Hospital NHS trust; Leeds and York Partnership NHS Foundation Trust; Leeds Community Healthcare; the city's three Clinical Commissioning Groups; and three universities; University of Leeds, Leeds Trinity and Leeds Beckett. It makes provision for affiliate membership where this can add mutual value and includes The Yorkshire and Humber Academic Health Science Network as an affiliate member. It is currently Chaired by Sir Alan Langlands VC of the University of Leeds and supported by a small team including time from Council Officers
- 2.2 It was proposed that this new Academic Health Partnership (LAHP), would in particular bring the city's universities into the city's wider programme of partnership driven, citizen centred transformation to deliver funding, investment, education, skills and technology to drive economic growth and deliver its ambition to be the best for health and wellbeing in the UK. In its first year this would require support provided primarily through officer time
- 2.3 The Council's Executive Board also supported the development of a formal programme of work to support a funding contribution from the Council going forward including a business case, a proposed structure, sources of funding, metrics and targets to drive investment and create jobs in the City's health economy for approval by the Executive Board..
- 2.4 Business and Specialist Health Advisors, Ernst and Young (EY) were selected to produce a Business Case for the LAHP covering the period to 2020 following a competitive tendering process.

3. Main issues

- 3.1 **The Strategic Need for an Academic Partnership:** The LAHP business case sets out the key health and social care opportunities and challenges which create the need for a new Partnership arrangement. Nationally, the NHS Five Year Forward View sets out how health services in England need to change to address a mismatch between resources and patient needs of almost £30billion by 2020/21, suggesting that action will need to be taken in three areas; demand, efficiency, and funding to bridge this gap. It also argues for a more engaged relationship with patients, carers and citizens to promote well-being and prevent ill-health. These themes were further developed by the NHS Mandate which seeks to help create the safest, highest quality health and care service including support for support research, innovation and growth.

- 3.2 In Social Care, in the context of budget reductions, alongside the continuing rise in need and the most significant change in legislation for 60 years, the challenge is to seek to shape the future through a strong evidence base of how to promote approaches at a national and local level.
- 3.3 Analysis of the Public Health England health profiles for 2015 [55] illustrates areas where the city is facing significant health challenges. While there are a few exceptions, on the profile metrics the city is invariably “significantly worse than” or “in line with” the national average. Whilst the profile paints a picture of a city facing not untypical health challenges for an urban area of northern England it clearly underlines the need to a solutions with both scale and impact to effect rapid improvement. The Draft Health and Wellbeing Strategy seeks to respond to these challenges and sets out a vision to create a healthy and caring city for all ages, where people who are the poorest will improve their health fastest’.
- 3.4 Funding to deliver its outcomes remains a challenge. Work by the City’s Health and Social Care Transformation Board indicates that, net recurrent pressures for NHS providers and the Council are accumulating deficit for health and social care to 2020.
- 3.5 **The LAHP as a strategic response to the above issues:** It has long been clear that the nature of the health and social care challenges are such that individual statutory organisations cannot deliver alone. They need to work not only with each other but also with others outside the sector.
- 3.6 Working together in the Leeds Academic Health Partnership their strategic purpose will be ***To improve the health and wellbeing of the people of Leeds by engaging the educational and research capabilities of all three universities in Leeds with the health and social care system in order to speed up the adoption of research and innovation, creating inward investment, and raising the national and international profile and reputation of the city and its statutory authorities.***
- 3.7 Bringing partners and their assets and capabilities together in this way to address the problems and challenges set out above will support delivery of significant outcomes to benefit the city and its population including improved health, reduced inequality and the creation of wealth. These outcomes are aligned with the Vision in the City Council’s Corporate Plan for Leeds to be a compassionate city with a strong economy.
- 3.8 **Improving Health and Wellbeing Outcomes:** The challenge is to deliver quality care that is safe, effective and with good outcomes and which provides a good personal experience for both adults and children. Harnessing the strength of the academic sector in the current work of the health and social care sector provides both increased capacity and capability to bring skills and experience to bear. The Business Case illustrates how this can deliver benefits by citing Cardiovascular disease as a leading cause of death and disability which in turn impacts on economy including that of Leeds. The Leeds Institute of Cardiovascular and Metabolic Medicine (LICAMM) at the University of Leeds is a leading centre for research into cardiovascular disease and could potentially support partners to make significant improvements in the prevention of cardiovascular disease and reduce its incidence and effects in the population.
- 3.9 **Reducing Inequalities:** Given the city’s aspiration to improve the health of the poorest, the fastest – the LAHP could look at how the diversity of the City’s population as an important “asset” and use that to its advantage. The combination of significant local BME population groups, together with an almost uniquely inclusive set of partners from all sectors of the NHS, local government and universities, offers an opportunity for the LAHP to not only

address local health inequalities but also develop a national and potentially international reputation for addressing those issues that impact most on BME populations, for example the high levels of prevalence of cardiovascular disease and diabetes in groups from Asian backgrounds, and utilising the specific local expertise around the use of mobile digital technologies. Similarly in respect of Young People, the Leeds Children's Hospital is developing its established research portfolio, which includes early phase trials in a wide variety of paediatric specialities and promoting suitable research projects to integrate its research teams into routine clinical and community activity.

- 3.10 **Creating Wealth:** The city has been successful in its goal of delivering recovery across a broad range of growth platforms including financial services, professional services and the wider digital industries as well as health and wellbeing
- 3.11 The LAHP will also provide a means through which innovative SMEs in the industry clusters (particularly in health informatics and medical technologies) can get more rapid access to the NHS and the wider local health and care system to develop new solutions and benefit from engagement with both local health and care planning and delivery organisations. The LAHP also provides a route for these SMEs to access the skills and expertise of three diverse universities covering almost all aspects of personal and community health, care and wellbeing.
- 3.12 **Enablers:** Two of the critical enabling factors which will support delivery of both national and local objectives are workforce modernisation and health informatics, covering use of both data and digital technologies.
- 3.13 In terms of workforce, the changing demographics and needs of the population, together with changes in the way care is delivered, particularly in primary and community settings, means that the capacity, capability and competencies – and location - of the future health and care workforce will change, in some cases very significantly. The changing dynamics between patients, carers and professionals – with a greater emphasis on professionals supporting patients and carers to self-manage - will also lead to a change in the skills needed by professionals. The LAHP could provide a key co-ordinating role in the way partners train and educate the workforce of the future and the delivery of improved outcomes through an integrated approach to health and social care delivery and will offer the potential for accelerated speed in adoption of research, as well as being an opportunity for economic growth through attracting students
- 3.14 Health informatics also provides another huge enabling opportunity. The increasing use of advanced data analytics to identify population health needs and more effectively and efficiently target the right kind of services, the use of informatics tools to support personalised care planning, and the adoption of new technologies to enable patients to play a greater part on their own self-care and interact in new ways with health and care professionals has the potential to be truly transformational. The report illustrates this potential by noting the appointment of Leeds as a centre of excellence within the UK Precision Medicine Catapult programme which involves members of the LAHP and suggests that this asset could play a pivotal role in providing the evidence base required to support better decisions to improve the population health
- 3.15 **Measuring Impact:** LAHP member organisations are conscious of the need to demonstrate the value added by the LAHP and the return on their investment. Early discussions have centred on identifying a simple set of metrics, which could be derived from the three core benefits of the LAHP:

- Improving health and well being – measured by “lives saved”
- Reducing inequalities – measured by “lives improved”
- Creating wealth – measured by “jobs created” and “inward investment secured”

3.16 Other Academic Health partnerships around the country measure their impact on a project by project basis with project level metrics can be specific to each initiative and the Business Case recommends that a similar approach should be used in Leeds. The approach should be adapted to include use of two different types of success indicators

3.17 LAHP success indicators – which are “means measures” – will be measured using SMART and quantitative metrics to report how well the LAHP is performing against the use of LAHP resources. Examples include number of bids submitted, bid conversion rate, events held etc, and the LAHP is accountable to its members for delivery of these activities.

3.18 System success indicators – which are essentially “ends measures” – will be used as part of project selection process. Examples include improving health, reducing inequality, generating wealth. Although the role of the LAHP is a critical factor in identifying projects, the LAHP does not track these or hold itself to account for them as they will be the responsibility of the delivery bodies.

4. Governance

4.1 The LAHP members recognise that the current style of working has achieved much, as evidenced by the successful creation of a strong portfolio of initiatives, but it has been highly dependent on the goodwill and commitment of a number of key individuals with substantive roles within their employing organisations.

4.2 During the current phase of informal partnership the University of Leeds has been acting as the “host” organisation for the LAHP, holding funds and paying bills on behalf of members, providing accommodation and meeting facilities, and IT and financial support. The future intention, should be to establish a more flexible and agile vehicle through which to progress the aims and objectives of the LAHP, whilst remaining accountable to the LAHP members. The view of the LAHP members is that while a formal vehicle is likely to be required in the future, for the short term, the LAHP should continue as an informal partnership, hosted by the University of Leeds on behalf of the others, with a view to establishing an independent vehicle from 2017/18 onwards, subject to satisfactory progress in pursuit of the initial aims and objectives. Any formal decision for the City Council to participate in an independent arm’s length vehicle or company structure would be brought back to the Executive Board for approval.

4.3 As now, the LAHP will continue to operate as an informal collaboration of eleven fee-paying members (ten core plus one associate), supported by a LAHP team made up of a small number of substantive employees drawn from the core member organisations (with appropriate salary reimbursement to their employers to account for the time they spend on LAHP activity). Necessary “host” activity (such as financial and IT support) will continue to be provided by the University of Leeds.

4.4 A paper detailing the estimated cost of the Core Team – whether through directly employment, secondment or commissioned support – was submitted to and approved by the LAHP Board in May 2015, and this is estimated to be £683k for 2016/17

4.5 All LAHP member organisations have been engaged in a process to consider equitable methods for sharing LAHP costs, bearing in mind that the member organisations are of

widely varying size. Members have committed to a percentage contribution basis with the three largest Leeds City Council, University of Leeds and Leeds Teaching Hospital Trust each contributing 15% to the total cost of running the partnership. They have also agreed that any future expenditure agreed by the LAHP Board will be apportioned on the same basis, and in the event of there being any income to return to members, the same percentage shares will be applied.

4.6 **Delivering LAHP Activity:** As well as the tasks associated with establishing the LAHP as a sustainable body, the LAHP will progress the following priorities in 2016/17:

- Growth and development of a city-wide approach to personalised medicine and care, involving all LAHP member organisations, building on the early success of securing Leeds as a Precision Medicine Catapult Centre of Excellence
- Co-ordination of LIQH with the work of Clinical Senate and the LAHP
- Reassessment of the opportunity for local funding support for implementation of the NHS Innovation Test Bed Programme proposal
- Development of a Future Health and Care Academy to support local workforce development and develop national/international education and training offers
- Continued development of technological solutions including the Integrated Health and Care Record and associated related digital technologies and telesolutions.

5. Conclusions

5.1 While the Leeds health and care system has achieved much to date, there is still a strong case for the formal establishment of the LAHP to capitalise on the substantial assets already operating within the system, and to deliver added value for the LAHP member organisations in order to make a significant and measurable impact on the health and wellbeing of those people living and working in the city of Leeds

5.2 Of the eight English members of the UK Core Cities Group Leeds is one of the largest of cities to have not formally established any form of academic health centre or partnership.

5.3 Although the work of the individual partners to date has proved successful in attracting inward investment, creation of the LAHP on a formal basis will achieve a step change in the development of the city proposition to national bodies - and international bodies - and in attracting both public and private inward investment. It will also enable a more professional and integrated approach across the city to the development of responses to national and international initiatives.

6. Corporate Considerations - Consultation and Engagement

6.1 This report includes findings based on interviews with a range of key partners represented at the most senior levels and included the City Council, local NHS organisations and all three Universities. A list of the interviews has been included as Appendix C

7. Equality and Diversity / Cohesion and Integration

7.1 The Business Case includes reducing inequality as one of its three key priorities. It specifically refers to a shared goal by partners to bring an emphasis on health and wellbeing promotion, illness prevention and early intervention as a means of reducing inequalities. It notes that the LAHP can develop analytics-based insight and an understanding of the drivers and determinants which create and perpetuate health inequalities, and then through the research and application of that research – identifies the

actions to reduce levels of inequality whether at a personal level – such as the disparity in life expectancy across the city – or in the wellbeing of communities.

8. Council Policies and Best Council Plan

8.1 This Business Case proposes three key priorities of improving health outcomes, reducing inequalities and creating wealth which are aligned directly with the Council Plan's commitment to create a '**Strong Economy and Compassionate City**' and also commitments within the existing Joint Health and Wellbeing Strategy and the emerging Draft Joint Health and Wellbeing Strategy 2016-21.

9. Resources and value for money

9.1 Resources required to support the delivery of the Business Case by the LAHP will require an annual contribution of £102,450 from Leeds City Council towards total annual running costs of £683,000. This resource will be used to lever other flows of inward investment into the city health and care system arising from a number of public sector sources such as Innovate UK programmes and funding from Health Education England, all of which contribute to improve local services as well as support to local businesses applying for funding and support from sources such as the LEP, SBRI etc.

9.2 It is therefore proposed that City Development and Adult Social Care Directorates will contribute equally to the costs of running the partnership within existing budgets.

10. Legal Implications, Access to Information and Call In

10.1 This proposal is based on establishing a partnership which will be initially based on an informal partnership structure and without significant legal implications at this stage.

11. Risk Management

11.1 A full assessment of risk has been provided. This has been split into strategic risks and tactical risks. The greatest strategic risks is that Partners fail to agree support at the level required to ensure the LAHP remains viable and sustainably capable of developing and delivering its programmes in the longer term. By providing an ordered set of priorities, and activities to deliver these the Business Case helps to provide the assurance required to command support and mitigate this risk.

12. Recommendations

12.1 Executive Board is requested to:

- i. Support the Business Case for the Leeds Academic Health Partnership and its programme to deliver better Health Outcomes, reduced Health Inequality and more jobs developing skills and technology and stimulating investment in health and social care.
- ii. Support the City Council's contribution to the delivery of the LAHP's programme of work as set out in the business case including potential sources of funding and metrics identified in the document, to drive investment and create jobs in the City's health economy and that its work should be developed within the City's agreed Joint Health and Well-being Strategy.
- iii. Note that the Chief Officer (interim), Health Partnerships Team will be responsible for overseeing implementation by the LAPH of its Business Case.

13. Background Documents¹

None

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.